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**A phenomenological study of the experiences of pregnant, black adolescent girls
living with HIV/AIDS**

By

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ABSTRACT

Even though it has always been widely believed that HIV affects mainly the underprivileged and unemployed, the scourge is fastest growing in the educated and employed. Despite this, it is still the unemployed and underprivileged that are still of concern. According to the UNAIDS (2004) South Africa has the fastest growing HIV/AIDS epidemic in the world and this situation poses a great threat to the country's economic, political and even social development. Within the socio-economic landscape of South Africa, the most adversely affected is the youth, women and those in poverty. It is this vulnerable social group (the underprivileged youth and women) who is of concern to this study.

Adolescent pregnancy also seems to be increasing in South Africa - a trend that seems to be influenced by various personal and socio-cultural factors. Not only do some adolescent girls find themselves faced with a presumable adult challenge for some of these girls also seem at greater risk for sexual transmitted diseases, particularly HIV and AIDS. Dealing with the reality of adolescent pregnancy and HIV/AIDS could be challenging as the adolescents try to take care of themselves and their children in an environment often filled with stigma, uncertainty, and limited access to information and health care. This situation calls for those in the field of research to understand teenage pregnancy in the context of HIV and sociological and psychological pressures that these girls find themselves in as they manoeuvre through this challenge. Perhaps by understanding their personal experiences, society can best devise ways to assist these girls.

Even though a lot of research has been conducted in South Africa on HIV/AIDS, a considerable amount of it has focused on males and pregnant women in general. In situations where adolescents are studied, a lot of focus and emphasis is put on their sexual behaviour and the causes of their pregnancy. The purpose for this study therefore was to get an in depth view of the experiences of three pregnant, black adolescent girls living with HIV/AIDS.

A qualitative phenomenological approach with in depth interviews was conducted. The method of analysis used was Interpretative Phenomenological Analysis (IPA). Four themes or categories of meaning units were derived from the analysis of the interview material. These themes are extrapolated and described and representative quotations from the raw data are included. In exploring these themes and making sense of the data, Erikson's psychosocial theory of development was used as a frame of reference to contextualise the themes derived from the study in the light of the relevant development stage.

ABBREVIATIONS/ ACRONYMS

- AIDS Acquired Immune Deficiency Syndrome
- HIV Human Immune Virus
- STI's Sexually Transmitted Infections
- IPA Interpretative Phenomenological Analysis
- UN United Nations
- UNAIDS The Joint United Nations Programme on AIDS

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CHAPTER 1

INTRODUCTION

1.1 INTRODUCTION

This chapter aims to introduce the reader to the research carried out by a researcher who was concerned about what was happening in the area that she grew up in and the extent to which adolescence pregnancy and the Human Immune Virus (HIV)/Acquired Immune Deficiency Syndrome (AIDS) has taken over and was starting to ravage the lives of people she had always considered to be the ‘rising jewels’ of Soweto. Among some of the issues that will be covered in this chapter is the contextualisation of the research project, explanation of the research problem, the primary and secondary aims and the rationale for carrying out the study. The researcher will also briefly describe the key concepts of the study. Finally an outline of the structure of the research report will be discussed.

1.2 CONTEXTUALISATION

HIV/AIDS is a world-wide epidemic which is increasing daily. In 2000, an estimated 5.3 million people around the world were infected with the HI virus, 600 000 of them were children under the age of 15 years (UNAIDS, 2001).

According to the UNAIDS (2006) statistics, by the end of 2005 there were approximately 45 million people estimated to be living with HIV/AIDS. In South Africa alone they estimated that there were 5.5 million people living with HIV with almost 1,000 AIDS related deaths occurring every day resulting in an estimated 320 000 AIDS related deaths in the year 2005 alone. They further (UNAIDS, 2006) estimated that South Africa has the sixth highest prevalence of HIV in the world, with 18.8% of the population estimated to be infected. This making South Africa one of the countries with the highest and fastest growing HIV prevalence in the world, followed by India and Nigeria (UNAIDS, 2004).

HIV/AIDS also affects developed countries such as the United States of America (USA). It appears that even in the USA, certain groups within its population seem to be more at risk and more affected by HIV/AIDS. The Centre for Disease Control (CDC) (2004), are of the opinion that although rates of HIV infections in the United States were relatively low among black women in the early years of the epidemic, the epidemic is now disproportionately affecting the African American community greatly. They also believe that this effect can mainly be observed amongst young black women. This then rendering young black women more vulnerable to contracting HIV than any other group within the American population.

In addition to young, black women being identified as especially vulnerable to HIV/AIDS, pregnant woman constitute another affected group. On studying the pandemic from 1995 to 1997, there were indications that the HIV prevalence rate among pregnant women rose by 3.8 % from 1995 to 1996, and again by 2.8% from 1996 to 1997. By 1998, the prevalence rate had risen to 22.8%. There has thus been an increase of HIV amongst pregnant women of almost 13% in just three years, indicating an increase of 12.4% in three years. The annual HIV/AIDS survey conducted by the South African National Department of Health (2000), on pregnant women attending public antenatal clinic in 1998 found that one in every eight adults was living with HIV, which denotes an increase of 33.8% from the previous year's figures. These statistics thus meant that one in every eight adults who are pregnant also has HIV.

Kaufman, de Wet and Stadler (2001), found that South Africa's fertility rate was estimated to be the lowest in sub Saharan Africa, with fewer than three births per woman nationally. Despite this comparatively lower fertility rate, they found the figure to be declining. During the same time they found that within the Sub Saharan Africa adolescent childbearing remained high with more than 30% of 19 year old girls reported to have given birth at least once. According to Kaufman, de Wet and Stadler, (2001) the number of births to adolescents in Sub Saharan Africa is projected to increase over the next decades, exceeding 4.8 million births to girls between 15-19 over the period 1995 to 2020. This despite the decreases shown over the past 25 years in industrialised countries (Singh & Darroch, 2000). These current and projected

increases of adolescent pregnancy rates in Sub Saharan Africa stands in contrast to the decrease in adolescent pregnancy rates over the past 25 years in industrialised countries (Singh, 1998).

1.3 RESEARCH RATIONALE AND PROBLEM

Within South Africa, the youth in particular seems to be adversely affected by HIV/AIDS. Among the youth, young girls aged 15 to 24 from poverty stricken areas constitutes an especially vulnerable group (UNAIDS, 2001). In addition to these young girls being vulnerable to HIV/AIDS they also appear to carry a further potential burden of falling pregnant and although pregnancy is a natural process, it can present with its own challenges, particularly when one is an adolescent.

Pregnancy is a natural occurrence for women and physiologically most women experience the same changes associated with childbearing. However, the emotional experiences of being pregnant may differ vastly. Whilst this time could be exciting and positive for some, other women may experience it very negatively. The individual's particular developmental stage along the lifespan continuum seems to also influence the experience of pregnancy. In this regard Nuble (2005) states that unplanned teenage pregnancy is one of the most difficult experiences a young woman can encounter.

According to Bezuidenhout (2002), statistics on adolescent pregnancy resulting in illegitimate births in South Africa indicate a gradual increase. Although statistics for black adolescent pregnancies have not been easily available in South Africa, researchers have published figures ranging from 3-25% (Ncayiyane & Ter Haar, 1989; Mfono, 1990).

The statistics discussed in the next chapter allude to the fact that HIV/AIDS is prevalent mostly among the youth. This poses a problem in that the infected youth is not only HIV positive but because of their early experiences with experimentation, may find themselves pregnant. The problem with this is that 'children are not supposed to have children'. Once pregnant, these young girls are forced into adult decisions which

they had not been adequately prepared for. They are suddenly presented with a lot of challenges. What do they do? How does this change the course of their lives? How do they deal with issues of stigmatisation and ostracism? Although they go through the same developmental stages and task, do they experience the same challenges and how do they resolve these? These are some of the questions this study aims to explore in the lives of three black adolescent girls attending an antenatal clinic in Mofolo South Clinic in Soweto as the researcher gets insight into their lived experiences of living with HIV/AIDS while pregnant.

Much as there has been a number of studies that have focused on pregnancy, literature review indicates that studies of pregnancy mainly focused on medical and psychiatric models (Smith, 1999), for example anxiety during pregnancy and complications during labour. The focus on the illness or pathology presents a narrow, one-sided picture and neglects the experiences of women during pregnancy and at different stages of development.

There are several studies on the psychological aspects of pregnancy and related parenthood that have been carried out. In an older study Antonucci and Micus (1988) evaluated personality and attitude changes associated with being a parent. Yali and Lobel (2002) also indicate that several other studies such as Holahan and Moos (1994), Folkman and Moskowitz (2000) and Taylor, Kenny, Reed, Bower and Gruenewald (2000) have focused on coping in pregnancy. These studies investigated an individual's adaptation, resilience and personal growth, psychosocial resources and ways of coping with stressful circumstances.

Kaufman, de Wet and Stadler (2001) are of the opinion that most pregnancy related research has only focused on the event of early pregnancy and first births and their correlates for example knowledge of reproductive physiology or contraceptive use.

Although Lesser, Koniak-Griffin and Anderson (1999) are also of the opinion that although there is an increase in research in the areas of adolescent pregnancy, they

acknowledge that little was known about the more personal experiences of these adolescents.

There thus seems to be limited research studies conducted on the lived experiences of black, pregnant adolescent girls living with HIV/AIDS. This is somewhat unexpected considering the vulnerability of this specific group.

1.4 RESEARCH QUESTION

What are the lived experiences of pregnant black adolescent girls living with HIV/AIDS?

1.5 AIMS OF THE STUDY

The primary aim of this study is to explore the lived experiences of black pregnant adolescent girls living with HIV/AIDS.

The secondary aim is to use the constructs of the psychosocial theory of development pertaining to adolescence as a theoretical tool to enhance the theoretical conceptualisation of this study.

1.6 KEY CONCEPTS

1.6.1 HIV/AIDS

The abbreviation HIV refers to Human Immune Virus. Being infected with HIV can lead to a progressive loss of one's immune functioning which eventually results in the manifestation of opportunistic infections and malignancies used to define the presence of AIDS (Reuter, 2005). People infected with HIV can live many years without treatment if they receive sufficient medical, nutritional and emotional care and support. This duration however varies from one person to another. HIV can be transmitted through a number of ways including sexual intercourse, injection drug use, transfusion

of blood products, mother to child transmission, organ transplantation and occupational exposure (Reuter, 2005).

1.6.2 Adolescence

The Oxford English Dictionary (2002) defines adolescence as the process of developing from a child into an adult. This word is derived from a Latin verb *adolescere*, which means ‘to grow up’ or ‘to grow to maturity’. According to Perkins (2001) this period is ushered in by the beginning of puberty and ends at the beginning of adulthood. Adolescence can thus almost be likened to a bridge between childhood and adulthood over which a person must pass in order for growth to take place. Puberty is the period during which adolescents reach sexual maturity and have the ability to have children (Oxford English Dictionary, 2002). It usually begins two years earlier for girls than it does for boys. Associated with puberty are events like, menstruation in girls and ejaculation in boys. This period is characterised by rapid growth and change in a child’s physical, mental, social and emotional life.

Bergevin, Bukowski and Miners (2003) describe adolescence as a time when an individual struggles against a sense of identity confusion in order to attain a sense of identity. Many definitions have been used over the years for different purposes. For purposes of this study, Erik Erikson’s psychosocial definition will be used as a basis for conceptualising this study (paragraph 2.8).

1.6.3 Pregnancy

The Oxford English Dictionary (2002) defines pregnancy as a “state of being pregnant”, which is a female or animal having a child or young developing in a womb. This is a finite event, lasting approximately 40 weeks with an objective, well identified end point unlike many other stressful life events (Yali & Lobel, 2002). The 40 weeks is divided into three sections referred to as trimesters, during which different changes take place in a woman’s body and the foetus. During the first trimester (week 1 – week 12), a woman’s body goes through changes that enable her to accommodate the growth

and development of the foetus. In the second trimester (week 13 – week 26), women tend to feel more comfortable. It is also during this time that the pregnancy is noticeable to the naked eye. The last trimester (week 27 –week 40) is characterised by changes in the shape of the abdomen before the onset of labour as the foetus drops towards the opening of the pelvis. Over and above the physiological changes, social and emotional changes also take place. Medical issues, parenting concerns and financial difficulties many all be potential sources of distress (Lobel, 1998) characterising pregnancy. Pregnancy also implies social change. This means that the mother has to redefine her self-concept and renegotiate relationships with and responsibilities to significant others in her life.

1.7 OUTLINE OF THE STUDY

Chapter two will focus on literature review with the main emphasis on defining the population from which the sample was drawn – ‘the vulnerable population’ – this being black, young women vulnerable to HIV/AIDS and other social issues. The reviewed literature will also pay attention to the extent of the HIV/AIDS epidemic (globally and locally – South Africa) and the phenomenon of adolescent pregnancy. This chapter will conclude by looking at the theoretical framework that will be used for the conceptualisation of the results of the study.

Chapter three will focus on the research methodology used in this study. Issues of research design, sampling, data collection and data analysis will be discussed. Issues relating to validity will be discussed as well as all ethical considerations, which had to be taken into account during this research study.

In chapter four the findings of the study with specific reference to themes extrapolated from the analysis of data will be discussed. In accordance with the primary aim of this research study, the lived experiences of the participants will be portrayed. These experiences will furthermore be explored in light of the chosen theoretical paradigm.

The last chapter will summarise the entire study with specific reference to developmental aspects of adolescence pregnancy and the impact of living with HIV/AIDS. Finally the limitations and strengths of the study will be explored and recommendations also suggested.

1.8 SUMMARY

This chapter was aimed at giving an overview of the extent of the research problem. Key concepts of the study were defined and the research rationale and objectives discussed. As an introductory chapter it also attempted to ensure logic and justification of the whole research. A detailed literature review will be discussed in the next chapter.

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

This chapter starts off by reviewing relevant world-wide and South African statistics on HIV/AIDS. Literature concerned with the characteristics of the research population will then be explored. Based on these characteristics, a description of the proposed vulnerable population under study will be described. Finally a detailed overview of Erik Erikson's' psychosocial developmental theory regarding adolescence will be discussed as the theoretical paradigm in which the research study is situated.

2.2 GLOBAL AND SOUTH AFRICAN STATISTICS ON HIV/AIDS

HIV/AIDS affects people of all ages, cultures and across the world. However research has indicated that the prevalence varies in terms of gender, age and geographic area.

According to the UNAIDS statistics, there are approximately 45 million people infected by HIV in the world (UNAIDS, 2004). In 2002 this figure stood between 40 and 42 million (Sebitloane, 2002), and of those 29.4 million were in sub-Saharan Africa, which constitute 70% of the global total. It thus seems as if HIV/AIDS is more prevalent in developing countries than industrialised, developed countries.

As a developing country South Africa has been identified as having the highest and fastest growing HIV prevalence in the world, followed by India and Nigeria (UNAIDS, 2004). A study by the Nelson Mandela Human Sciences Research Council (HSRC, 2002), reports that 14.4% of all people living with HIV/AIDS reside in South Africa. More recent research estimates that by the end of 2005, there were approximately five and a half million people living with HIV in South Africa, (UNAIDS, 2006; HSRC, 2002) and that there were 1600 new infections in South Africa per day.

According to Phaswana - Mafuya and Peltzer (2006) the prevalence of HIV/AIDS poses a threat to countries' economic, social and political development. People may live for many years with HIV/AIDS, however no cure has been discovered yet and the cost in terms of human lives are great. It is estimated that in Africa alone HIV/AIDS claims more lives than war. During 1998, 200 000 people died as a result of war in Sub Saharan Africa versus the 2 million who died from AIDS (UNAIDS, 2001). In South Africa an estimate 1000 AIDS deaths occur every day (UNAIDS, 2006; HSRC, 2002).

According to Drower (2005), the most vulnerable to HIV/AIDS are *women*, those in poverty, young adults, adolescents and children. With reference to gender distribution, a national community based survey found that in South Africa alone the HIV prevalence was approximately 12.8% in females and 9.5% in males (Connoly, Colvin & Shishana, 2004). This seems to be because women are biologically more susceptible to HIV infections than men (HSRC, 2002; CDC, 2004) and young women even more vulnerable due to their less matured reproductive tracts (Eng & Butler, 1997). HIV/AIDS has been found to be the leading cause of death amongst women between the ages of 25 and 44 and still rising among the minority (black) women in the United States (Lorion, 2001).

Women are often isolated and stigmatised because being diagnosed with HIV is sometimes seen as a curse, or affecting those who are promiscuous. In Africa being infected with HIV is still sometimes attributed to witchcraft. Tuan (2006) found that in the United States women who were living with HIV/AIDS were discriminated against. They were given less access to quality education and health care, fewer opportunities for gaining employment and promotion resulting in loss of power and self esteem. Over and above these, some women were said to face racism, and gender discrimination (National Alliance of State and Territorial AIDS Directors, 2005).

The second group greatly affected by AIDS in South Africa is the *youth*. The largest proportion of HIV infections in the country occur amongst people between 15 to 24 years of age. (UNAIDS, 2001). This age group of adolescents and young adults appears to be a vulnerable group world wide. According to statistics from The Centre

for Disease Control (CDC, 2003) young people between the ages of 15 to 24 accounts for approximately 50% of all new infections in the world, and represent almost a third of the total global population living with HIV. LoveLife (2004) also reported that one in two adolescents were likely to be infected by HIV/AIDS.

Among the South African youth more *adolescent girls* than adolescent males are infected with HIV. In an antenatal survey conducted in 2002, the HSRC found that an estimate of one in five South Africans aged between 15 and 24 were HIV positive, and that more than half (77%) of these were young women. A study conducted by the EThekweni Municipality (2006) found that each year thousands (amounts not specified) of adolescent girls fall pregnant. In their latest survey, they found that there has been an increase in the incidents of HIV infections among local adolescents. Those who are affected most are girls who are sexually active between the ages of 13 and 19 years of age. To be more specific, the CDC (2005) states that women accounted for 90% of all recent HIV infections. The incidence rates among young women in the prime childbearing age are especially alarming. The HIV incidence in the age group 20-29 years was 5.6%, which was 6 times more than in males of the same age (0.9%).

The literature reviewed thus far indicates that the most vulnerable to becoming HIV positive are adolescents and particularly women. Among some of the reasons why adolescent females are at risk of contracting HIV is their attitude that ‘it will not happen to me’. Young people tend to think of themselves as invincible and invulnerable. This was also evident in Francis and Rimensberg’s (2005) findings which they believed were complicated by the fact that “many young people either take the attitude that they are going to get it anyway, or that the campaigns have nothing to do with them: AIDS is about ‘blacks’ or ‘gays’ or ‘township youth’, or just ‘somebody else’” (Mitchell & Smith, 2001, p.60). In a study by Campbell (2003), it was found that young people had reasonably accurate knowledge of HIV/AIDS and its prevention measures. This means that their vulnerability cannot be completely attributed to lack of information, although this view cannot be completely ruled out.

The third group that is particularly susceptible to being infected by HIV/AIDS is the *black* population, particularly those living under the scourge of poverty. Studies have found that there is a strong link between poverty and vulnerability to HIV/AIDS, particularly in Southern Africa. In a report released by Save the Children UK and Oxfam International (2002), attention was drawn to the relationship that exists between HIV/AIDS and food insecurity in Southern Africa. They observed that the epidemic was driven by poverty and inequality. Kallman (2003) describes this relationship as mutually reinforcing, creating a vicious systemic circle and as a result people living in poverty are more susceptible to HIV/AIDS compared to any other group.

Through reviewing literature, it stands without reason that the three variables represented in this study, could be used to put together a profile of those who are at the centre of this study and are more vulnerable to HIV/AIDS. The profile of an individual at highest risk of becoming infected with HIV in South Africa is a black adolescent female. Pregnancy among adolescent girls is another variable of interest to this research study.

2.3 ADOLESCENCE

As discussed before, the population concerned in this study is situated within the developmental stage of adolescence. The World Health Organization (WHO) 2002 defines adolescents as young people aged 10-19 years and representing about a fifth of the world's population with four out of five living in developed countries.

For purposes of this study, adolescence will be defined from a developmental psychology perspective. Although adolescents are no longer children, they are also not adults yet. Even though they might seem or appear older than they actually are, they still need adult support and supervision. This developmental period bridges the gap between dependence and independence, or childhood and adulthood (Polan & Taylor, 2003).

From a developmental perspective, adolescence is a fascinating time because of the many physical, psychological and social changes that occur. It may present as a difficult passage for many girls, even those who have a strong safety net of support at home and in school as they are a vulnerable population with the potential of being exposed to many forms of abuse. The physical changes of puberty coincide with enormous emotional and psychological challenges (Brooks-Gunn & Reiter, 1990).

During this time, girls begin to separate from their families, assert their own identity, identify with their peers, redefine their relationships with nurturing adults, explore their sexuality, develop their own moral and ethical sense, and prepare for the responsibilities and challenges of adulthood. It is seldom a smooth or easy metamorphosis. For example, “the formation of a girl's mature identity cannot be based solely on separation from her parents, but must also include her enduring relationships with adults” (Acoca, 1995). This includes anyone who plays an important role and show ongoing commitment and caring in the girl’s development (for example, a parent, teacher or another adult). In the same light the lack of a close, caring adult during adolescence could interrupt or delay a girl's development. The absence of a close adult and lack of confidence in a teenager’s own judgment or abilities could result in them turning to their peers for support and validation.

During the adolescence years, when girls are transitioning to adulthood, unresolved issues from earlier stages of their development may come to a head. Incomplete bonding in infancy, sexual abuse in childhood, failed relationships with adults, and other problems can result in an inability to form positive relationships, lack of self-respect, ignorance of physical health and sexuality issues, and low self-image (Oregon Commission on Children and Youth Services, 1990). This could be some of the factors influencing these young girls to engage in risky, health compromising or group-conforming behaviours such as unprotected sexual intercourse with the resulting risk of falling pregnant and/or potentially contracting HIV.

In order to get a clearer understanding of this developmental stage, three areas of development, physical, cognitive and psychosocial development are of importance.

2.3.1 Physical development

From the beginning of adolescence, teenagers experience changes in their physical and biological development ‘at a rate speed unparalleled since infancy’ (Huebner, 2000).

These developments include:

- Rapid gains in height and weight
- Development of secondary sex characteristics (Newman & Newman, 1999)

During this time, changes in hormonal levels start to play a significant role in the activation of the development of secondary sex characteristics. These include;

- The growth of pubic hair
 - Voice changes and facial hair growth (for boys)
 - Growth of penis (for boys) or menarche (first menstrual period for girls)
 - Growth of under arm hair
 - Increased production of oil, increased sweat glands and the start of acne
 - Continued brain development
- According to Huebner (2000), research suggests that up to this point of their development, the adolescent’s brains are not completely developed. He estimates that this process is only completed around late adolescence.

There seems to be a close link between physical and psychosocial development. Early or late physical maturation can have an impact on the social and psychological development of the adolescent. Van Schalkwyk and Prinsloo (2004) state that the consequences for early or late maturation differ for girls and boys. They found that girls who experience early or late maturation often experienced tension when it came to their physical development. For those girls who mature earlier, they tend to stand out from their peers. They may be physically different by being taller, having breasts and pubic hair and already experiencing menstruation. Because they are less likely to have been prepared for the onset, they may not have peers or friends with whom they can talk to about their experiences. This sometimes leaving them with feelings of loneliness and rejection by the group because of looking different and experiencing different psychological events. Van Schalkwyk and Prinsloo (2004) conclude by saying that “differences in timing of physical maturation can result in perceptions of

body image and dissatisfaction with one's physical appearances that persist well beyond adolescence" (p.74).

2.3.2 Cognitive development

During this time, adolescents develop better thinking skills compared to previous developmental stages. The changes include:

- Developing advanced reasoning skills.

This includes the ability to think about a number of options and possibilities inherent in a situation (Vander Zanden, 2000). This also includes logical thought and the ability to 'think about their own thinking' – the ability to “deal efficiently with the complex problems involved in reasoning” (Bukatko & Daehler, 2004, p.341).

- Developing abstract thinking

This is the ability to think about things that cannot be seen, heard or touched. These include concepts like faith, beliefs, and values.

- Developing the ability to think about thinking in meta-cognition. This is the awareness and knowledge of cognitive processes (Bukatko & Daehler, 2004).

This is the ability to think about how an adolescent feels and what they are thinking. This also allows for one to think about how they are being perceived by others. This ability allows adolescents to develop strategies, for improving learning.

2.3.3 Psychosocial development

According to Huenber (2000) there are five psychosocial issues that adolescents have to deal with.

- Establishing an identity

Over time this has been known to be the most important task of adolescence. The overall challenge of this stage is the creation of a unique personal identity. This involves the integration of the opinions of those influential people into their likes and dislikes. The ultimate goal of is a person with a clear sense of their values and

beliefs, occupational goals and relationship expectations. Adolescents with a secure identity tend to know where they fit in the world.

- Establishing autonomy

Autonomy in this context does not mean being completely independent from others but rather, becoming ‘independent and self-governing with relationships’ (Huebner, 2000). During this time, adolescents need to develop emotional and behavioural independence. Adolescents who have gained autonomy possess the ability to make and follow through with their decisions, live by their own set of principles of what is right or wrong, and the ability to become less emotionally dependent on parents. Being autonomous is a necessity for adolescents in becoming self sufficient.

- Establishing intimacy

Intimacy in this context refers to “close relationships in which people can be open, honest, caring and trusting” (Huebner, 2000, p.5), rather than a sexual relationship. Friendships normally provide a setting for adolescents to practice social skills with their peers. This is an important process since through it adolescents learn how to begin, maintain and terminate relationships, practice social skills and become intimate.

- Becoming comfortable with one’s sexuality

- Achievement

People start to see the relationship between their current abilities and future aspirations. This includes adolescents, figuring out what they are currently good at and those areas in which they would be willing to strive for success.

It is important that one understands these developmental area as they have a direct link to the adolescent’s psychosocial development.

2.4 PREGNANCY

Being pregnant is a major transition in the female life cycle – a transition from woman to mother. In most cases being a mother entails assuming an additional care-taking role. The experience of child bearing, of conceiving, carrying or bringing new life to

the world, is a fundamental one. It is a passage through a woman's life and a pivotal moment (Nuble, 2005).

Among the major and recurring psychological themes prevalent in pregnant and new mothers are feelings of depression, emotional liability, self-esteem issues, body image issues and personal feelings regarding control. Much as it is associated with mixed emotion, it is also – a fulfilment of needs and desires that at the same time, may also give rise to a range of conflicts and anxieties. It is clear that for a portion of women, pregnancy constitutes a major life stress (Lobel, 1998; Dunkel-Schetter, Gurung, Lobel & Wadhwa, 2001). Both positive and negative events may be stressful (e.g. planning a holiday, getting married). Regardless of the attached emotions to pregnancy, it is a time of change, challenges and stress. Stress is exacerbated by factors such as being young, poor, illness, unplanned social support and stigmatisation.

During this time it is expected that a woman starts making changes in her lifestyles in preparation for this stage of their lives. According to Roca (2006) many women also experience difficulties with adjustment resulting in symptoms like depression, irritability, anxiety, and fears (justifiable or unjustifiable). For many though, it is also a time of great joy.

2.5 ADOLESCENT PREGNANCY

Research has shown that much as pregnancy (in general) is a developmental transition, it can also be stressful for both women and their families. Pregnancy at any stage could be a challenge, even when it is fully wished for and in a supportive environment. This transition is a challenging time when issues of both relatedness and self-definition are said to become salient (Besser & Priel, 2003). This then calls for the renegotiating of relationships, and the reassessment of identity, autonomy and close interpersonal relatedness (Whiffen & Gotlib, 1993). When an adolescent, pregnancy can present with a lot of challenges based on the development stage because most adolescents may face ostracisation by their peers and sometimes educators should they decide to continue schooling. The perceived problem with adolescent pregnancies is that

adolescents are not ready, emotionally and financially, to raise children, even if they are physiologically able to. In many cases, the father of the baby is of similar age and equally unprepared to raise a child.

For an adolescent, pregnancy comes upon ongoing dynamics and stressful process of adolescent psychosocial development itself. This being a phase of discovering and understanding who they are and what they are about and because the pregnancy is usually the first one and often unplanned, this period is met by a lot of complications. What is of concern is that many young girls give birth when they are neither economically nor emotionally ready to deal with responsibilities of being a parent.

According to Bezuidenhout (2002), statistics on adolescent pregnancy resulting in illegitimate births in South Africa indicate a gradual increase. South Africa has been described as having one of the highest levels of adolescent child bearing: where about 30% of 20–24 year-old girls have given birth by the age of 20 (Central Statistical Service, 1997). Although statistics for black adolescents' pregnancies have not been easily available in SA, researchers have published figures that range from 13-25% (Ncayiyane & Ter Haar, 1989; Mfono, 1990). Among pregnant 15–19 year-old girls attending antenatal clinics, HIV prevalence increased from 7% in 1994 to 22% in 1998 then fell to 15% in 2001 (South Africa Department of Health, 2002).

Statistics are often inconsistent depending on the source of information. In South Africa alone the department of education recorded a total of 5 349 school pupils' pregnancies in 2005 and 5 358 cases in 2004 (Madlala, 2006). In 2007, The Star newspaper reported that the number of Gauteng schoolgirls who fell pregnant in 2006 was double that of the previous year. This despite them not revealing their statistics for the previous year. Mooki (2007) also reported that 300 school girls fell pregnant in Gauteng West's school in the first eight months of 2007 alone. The Eastern Cape Education Department revealed that 5 015 schoolgirls became pregnant in 2006 - almost double the previous year's figure. The youngest were in Grade 5 (55) followed by 129 in Grade 6, 346 in Grade 7, 648 in Grade 8, 913 in Grade 9, 1131 in Grade 10, 1003 in Grade 11 and 790 in Grade 12 (Makwabe, 2007). Although these figures

exclude those teenagers who are not school going, and are insistent depending on their source, there is clearly a concern on the alarming rates of pregnant adolescents.

2.5.1 Causes of adolescent pregnancy

The reasons why young women become pregnant are multifaceted and complex. Reasons often relate to characteristics of the individual, the relationship as well as social and cultural circumstances.

Some adolescent girls become pregnant while involved in long-term dating relationships. Other girls become pregnant after ‘one night stands’ and other girls may become pregnant as a result of forced sex or rape. Speaking to young people in the township, one also got the sense that, adolescents are often encouraged to fall pregnant by their partners under the pretence of proving their love for them, their womanhood and fertility. Sometimes they are even encouraged by their families to produce a baby for the family to strengthen their lineage. In some societies, early marriage and traditional gender roles are said to play important factors in the rate of teenage pregnancy. For example, in sub-Saharan Africa, early pregnancy is often seen as a blessing because it is proof of the young woman's fertility (Locoh, 2000). This enhances their vulnerability to conditions such as sexually transmitted infections (STI's) and HIV/AIDS.

According to Dilworth (2000) the reason(s) why adolescent women become pregnant are difficult to categorise. In the body of literature he examined, he found that the reported rise in rates of adolescent pregnancy was due to the fact that more teenagers were sexually active, were using less contraception, or that there was an individual desire to become pregnant (Dilworth, 2000). The first two factors are from the National Longitudinal Survey of Children and Youth conducted by Stewart and Associates (1998) who estimated that 12% of boys and 13% of girls had sexual intercourse by ages 14 or 15.

Within the South African context, Bezuidenhout (2002) identified what he thought were situations or circumstances that can propel adolescent girls to becoming pregnant.

These include:

- **Home conditions of the unmarried mother**

Parents are usually responsible for the physical and emotional care of their offspring. They also act as a primary socialisation agents and it is through socialisation that important values and standards are transferred to the child.

Bezuidenhout (2002), identified problems that are often found in the families of pregnancy adolescents and these include:

- A situation in which the parents are separated or divorced
- One or both parents are known to be an alcoholic
- One parent is or has been in prison
- A family history of illegitimacy

- **Early independence**

When children leave home early, the sexual values or morals they have learnt may start to fade away.

- **Lack of information**

Among black families, sex is the least spoken about subject. Parents are also in denial about their children taking part in sexual activity. In need of information they then turn to their peers who often give information that is either not true or incomplete.

- **Problem solving behaviour**

An unknown percentage of adolescents may fall pregnant intentionally hoping to find a solution to their problems. They may want to leave home, avoiding staying with a stepparent or hope to be married by the baby's father.

- **Peer group influence**

Peer groups are most influential during this time and they are the primary source of information. Either than it being about the information not being correct, they feel pressured to 'do it' because 'everyone is doing it'.

- **Poor self image**

During adolescence, the young woman seeks to build an esteemed self-image, and this is done through the interactions with significant others. If the interaction and feedback is positive, then a positive self-image is developed. Those who find themselves unworthy, or experience an identity crisis, may seek attention outside home, which may then result in sexual experimentation.

- **Loneliness**

Some adolescents may fall pregnant due to feelings of loneliness. Social isolation may result from unhappy family circumstances, poor peer relationships and poor self-image. Through engaging in sex with the opposite sex, they try to gain friendship, which unfortunately results in them falling pregnant.

According to Phoofolo (2005), today's young people are more emotionally troubled, more self-centred and materialistic than their counterparts of earlier generations. In support of this view, Bee (2000) cited high rates of delinquency, drug use, adolescent suicide, high rates of adolescent pregnancy and their preoccupation with self-fulfilment at the expense of societal concerns.

2.5.2 Effects of adolescent pregnancy on the life of an adolescent

Adolescent pregnancy has also been thought to be associated with a spectrum of psychological, physical and societal problems. Pregnant adolescent girls could be described as having their lives rewritten. This entails rewriting the sequence of their lives, termination of ambitions, goals and future plans. According to Boulton and Cunningham (1991), dropping out of school, inability to find employment of their choice and feeling impelled to marry someone they might not have chosen to marry becomes inevitable. In South Africa though, pregnant adolescents are allowed to

continue schooling while pregnant and even after having the baby. Even though this is the case, their lives are interrupted to a great extent.

The costs of adolescent pregnancy are numerous and include physical, emotional, social, medical and even financial.

With regard to physical costs, pregnancy involves many physical changes, like painful and swollen breasts, nausea and morning sickness, tiredness, and uncustomary food cravings, all physical problems pregnant adolescent may experience. (Option Line, 2007; eMedicine Health, 2007). The physiological changes during puberty could place an extra degree of stress on the adolescent's sense of body integrity. The new physical limitations of pregnancy as well as social restrictions placed by parents, schools, friends or the adolescent herself could also result in the pregnant adolescent isolating herself from her peer group.

Like any new pregnancy, being pregnant while still an adolescent may entail some emotional costs. When an adolescent discovers that she is pregnant, she can go through many different emotions. These can vary from shock, dismay, happiness, confusion, fear, guilt, denial or generally a combination of emotions (Option Line, 2007). As a result these abrupt emotional changes can cause depression, feelings of isolation and anxiety. Because the young girl abruptly ceases to be a learner who plays and pursues her own interests and who is free to experiment with different people and to plan for her future with more options, this could be further contributing to her depression and feelings of loneliness (Bezuidenhout, 2002). Many pregnant adolescents might start having little interest in pursuing their interests (Boult & Cunningham, 1991) and may then expect pregnancy and motherhood to provide a new sense of achievement and fulfilment. Therefore they have to redefine their sense of self, what gives meaning in their lives, issues of roles and their goals and expectations

Another issue that could determine how the adolescent girl deals with their challenges and cope is social ostracism. In this regard the mother may be rejected by her family and sometimes peer group. There is a possibility that her children might also suffer

psychological consequences, e.g., not knowing who their father is, a lack of a father figure as a role model, and the trauma of guilt for the mother's ill-fortune and subsequent poverty. According to Cunningham and Boulton (1996) the absence of a father role-model has been shown to affect boys in particular in that they tend to develop a negative image of females which can lead to violence against women (including rape) in young adulthood.

The financial costs of adolescent childbearing typically affect members of three generations (adolescent, their parents and their grandparents) as all generations generally share in these costs (Rice & Dolgin, 2005). The direct costs include costs related to loss or delay of school, and loss of economic opportunities. Indirect costs include the likelihood of life in poverty in a single parent family, a “poor educational prognosis, poor development prognosis and increased probability of becoming adolescent parents themselves” (Rice & Dolgin, 2005, p. 217).

The medical costs for adolescents being mothers are not only seen in lower educational attainment and earning potential, but may also include negative physical and emotional health consequences (Coley & Chase-Lansdale, 1998). One of the main medical complications in pregnancy relates to the high level of infections, particularly sexually transmitted infections such as Chlamydia, which can be prevalent in up to 27% of very young teenage mothers (Quinlivan, Petersen & Gurrin, 1998).

The decision to keep the baby and challenges of taking care of the child could also be emotionally taxing and burdening for the adolescent. Phoofofo (2005) concludes that pregnancy can be difficult at times and that deciding to keep the child and be a mother, means that the young girl becomes responsible for another person's life as babies are fully dependent on their parents for survival. Caring for them could be time consuming, emotionally draining, and financially costly.

Researchers also agree that most adolescents are not prepared to be parents. As a result they do not know how to be good parents which could have negative consequences to

their children's development (Coley & Chase-Lansdale, 1998; O'Callaghan, Borkowski, Whitman, Maxwell, & Keogh, 1999).

When adolescents fall pregnant, it does not only affect them physically, emotionally, socially and financially. There are also consequences involved for the father of the unborn child, the family of the father and mother, the prospective baby, and the community in which the mother and the father of the unborn child find themselves (Bezuidenhout, 2002).

While the father can deny paternity and escape stigmatisation, Bezuidenhout (2002) feels that on the other hand they could also experience the same emotions as the adolescent mother-to-be. Boys who become fathers during adolescence may also experience economic hardships. Studies conducted in 1997 have shown that adolescent fathers worked more hours than their peers during the first years following the birth of their child. The implication of this was that working longer hours translated into fewer years of education, and a reduction in their long-term earning potential (Brien & Willis, 1997).

2.6 ADOLESCENT PREGNANCY AND HIV/AIDS

In a study by conducted by Jewkes, Vundule, Maforah and Jordaan (2001), it was found that in South Africa one in five pregnant adolescent girls was infected with HIV. Nuble (2005) is of the opinion that when adolescents find themselves pregnant, they might not seek proper medical care which could result in an even bigger risk of medical complications during this time.

According to Rutenberg, Kaufman, Macintyre, Brown and Karim (2003) conditions and behaviours producing high levels of adolescent pregnancy are also more likely to contribute to the risks of being infected with HIV. This is evident in the sub-Saharan Africa, where some of the highest levels of adolescent childbearing occur in countries where HIV infection is most pervasive among the young. For example, in Botswana, Zambia and Zimbabwe, more than 40% of 20–24 year-olds have given birth by the age

of 20, and more than 25% of 15–19 year-old girls attending antenatal clinics in the capital cities have HIV infection (Singh, 1998).

The South Africa Department of Health (2002) found that among pregnant 15–19 year-old girls attending antenatal clinics, HIV prevalence increased from 7% in 1994 to 22% in 1998 then dropped to 15% in 2001. Adolescent girls are more at risk for sexually transmitted infections (STI's) than boys, (Rosenthal, Biro, Succop, Bernstein & Stanberry, 1997). In addition, females are more likely to develop serious complications due to STIs than males. This is due to females being more asymptomatic and their symptoms often not being obvious, hence they seek treatment later when more harm has been done. Over and above this research has also shown that black females are more likely to develop STIs than their white counterparts (CDC, 1993).

AIDS is the sixth leading death among Americans between the ages of 15-24 years old (Rice & Dolgin, 2005) which means adolescents are 'dying'. In addition half of all new infections occur in people under the age of 25 and half of those occur in those under the age of 21 years (Office of National AIDS Policy, 2000). In America, black youths are more likely to become infected with HIV (66% of adolescent cases) than white (24%) or Latino (8%) youths (Rice and Dolgin, 2005).

Diagnosing people with AIDS can be difficult since many people can survive for years and not present with any physical symptoms. Even though this is the case, they can still infect others without knowing. Similarly an adolescent can also be exposed to the HIV, carry it for years without knowing it, and not come down with AIDS until after adolescence has passed (Rice and Dolgin, 2005).

In understanding adolescents' risk taking behaviour, one has to look at the development stage (adolescence) in which they find themselves. The distinguishing characteristics of this phase are exploration and experimentation. The experimentation can lead to habit forming risk behaviour like drug abuse and unprotected sex (Perkins, 2001). It is then clear that risk taking is behaviour, which serves a purpose for adolescents. According to Plant and Plant (1992), adolescents perceive themselves as being

invulnerable to harm and therefore, see their behaviour as being little affected by the risk of contracting HIV/AIDS. Adolescents during this stage are not in a position to assess their level of risk and vulnerability to HIV/AIDS regarding their risk behaviour.

Adolescents' view of risk and vulnerability corresponds with what Elkind (1967) called the personal fable. This term describes a form of “egocentrism normally exhibited during early adolescence, and it is characterised by an over-differentiating of one's experiences and feelings from others to the point of assuming those experiences are unique from those of others” (Elkind, 1967, p.1025). Adolescent risk taking behaviour is nothing new. In studies by Jemmott, Jemmott and Fong (1992); Rotehram-Borus and Koopman (1991) comments were made on the prevalence of risk taking behaviour in adolescent particularly with regards to their sexual activities.

2.6.1 Psychological aspects of chronic illness like HIV/AIDS

Adolescence is characterised by many psychosocial development tasks like personal identity, need for social acceptance and approval and the establishment of sexual identity. Adolescence is often stressful, even for physically healthy teenagers. Chronic illness occurring during adolescence further complicates adolescent development. Sampson (2006) states that when an adolescent is faced with a chronic or acute illness, development challenges can be heightened and their ability to cope and adjust compromised. According to Brannon and Feist (2007) one of the negative impacts of chronic illnesses is that it has the ability to change how people think of themselves. This means that being diagnosed with HIV/AIDS could change the adolescent's self-perception.

The chronic disorder, treatment requirements, hospitalisation and surgery all intensify concerns about physical appearance. In addition chronic illness often forces patients to re-evaluate their lives, relationships and body image (Livhen and Antonak, 2005). This may interfere with the process of gaining independence and disrupts changing relationships with parents and friends. Also, adolescent developmental issues complicate a teen's transition towards taking responsibility for managing their illness

and learning to comply with recommended treatment. This is because, hospitalisation of adolescents can result in loss of control, loss of independence, decreased self esteem due to changes in body image and increased social isolation (Sampson, 2006).

Knalf and Deatrck, (2002) found that when children or adolescents are diagnosed with a chronic illness like HIV/AIDS, this brings about changes to the whole family. This is because parents and siblings have to normalise the family life particularly when parents may have experienced shock, anger and grief (Brannon and Feist, 2007).

According to Obeidallah, Hauser and Jacobson (2001), social factors like family and communities often increases when the person diagnosed is a child. The impact of having a younger member of the family diagnosed with a chronic illness impacts on the family as a whole. For example some families can end up being over protective and controlling when an adolescent is infected with HIV. Adolescents living in dangerous areas are more likely to engage in risky behaviours, with the potential of negatively affecting the course of the chronic illness (Obeidallah et.al. 2001). On the other hand though, when one is diagnosed with a disease like HIV/AIDS, the affected person is more likely to be discriminated against for having the disease. Discrimination may manifest interpersonally through practices such as labelling and teasing or on vocational level by being denied employment. This kind of discrimination can negatively influence the way individuals cope with the illness (Gurung, 2006).

2.7 AN OVERVIEW OF THE VULNERABLE POPULATION

The purpose of this section is to consolidate and compile a profile of the population from which the sample of the study was drawn.

The vulnerable population lives in areas that are dangerous, have access to fewer basic services, and fewer opportunities for employment. They are black, are young women and may find themselves pregnant. According to Musick (1993), they are even more likely to lack both a family to instil high expectations and a community environment to provide a vision of a productive future. This author (Musick, 1993) further argues that it is also known that while they try to deal with these challenges, they also lack marital

or other support that used to be available to young mothers in the olden days. Sources of support, even when available, may not be even sufficient to insure the optimal child-rearing environment (Wasserman, Brunelli & Rauh, 1990),

According to Musick, (1993) being pregnant as an adolescent, means that the adolescent girl is in a position where she cannot engage in activities her peers would typically engage in. It means she is doing other things, things that she needs to do for her survival and success and ensuring the adequate development of her child. As a result of this Musick (1993) came to the conclusion that it means that the pregnant adolescent and her child / children are likely to be – and to stay – very poor.

Adolescent pregnancy is not a new phenomenon/occurrence. In speaking to the elderly women in the African community, one got the sense that by the time an adolescent fell pregnant she had already been married off. This attests to the fact that teenagers were falling pregnant, but within a socially accepted union of marriage. In the current era most adolescent mothers are and might remain single. While it is accepted that adolescents from all socio economic groups do fall pregnant (planned or unplanned), Musick (1993) found that it is those from lower socio economic groups who choose to go through with the pregnancy and ultimately keep the children they conceive. He further asserted that girls who are brought up in poverty, who must also try to resolve normal developmental issues where normal options and models are scarce and pressure to engage in risky behaviour are plentiful, are the ones most likely to bear children. This means that it is mostly poor girls who end up becoming mothers. Therefore not only are poor girls more likely to contract HIV, but they are also more likely to carry the pregnancy full term, and remain poor. Kaufman, de Wet and Stadler (2001) found that from their earlier reviews of South African literature, that although adolescent child bearing is not embraced socially, it is still accepted.

From the literature discussed above, it seems that the profile of the vulnerable group is not only South Africa but also even the world over. It was noted that the less affluent areas had up to six times higher rates of pregnancy compared to those teenagers from affluent areas (Smith, 1993). In North Carolina in the US, women make up a growing

proportion of newly reported HIV and in 2003, the infection rate for black women in North Carolina was 14 times higher than that of white women (CDC, 2004). The Kaiser Family Foundation (2003) also found that black women were disproportionately affected by HIV/AIDS in that they comprised an estimated 64% of new infections among women in 2001 even though they only represent only 12% of the female population overall.

One may ask why black women? It is believed that women with HIV are from low income, and most have family responsibilities, potentially complicating the management of their illness (Kaiser Family Foundation, 2003). According to Tuan (2006) of Advocates for Youth, socio economic and cultural factors – including poverty, discrimination and inadequate access to health care often render young black women more vulnerable to HIV than other racial groups.

2. 8 THEORETICAL FRAME OF REFERENCE

For purposes of this study, the developmental stage of adolescence will be approached from Erikson's psychosocial developmental perspective as expanded on by Newman and Newman (1997).

The intrigue around adolescence has gripped the curiosity of many people, who then described it from different perspectives – psychoanalytical (Blos, 1962) social (Erikson, 1963) and even anthropological (Mead, 1928). Erik Erikson is a developmental psychologist who believed that personality formation did not become complete by age six to seven as Freud suggested in his psychosexual development approach. Similar to Freud, Erikson believed that personality develops in a series of stages but his point of difference was that the stages of psychosocial development stretched throughout one's life span.

Erickson's' theory expands on Freud's view by bringing into consideration the broad range of social demands and expectations that tend to confront people throughout their development. It also pays attention to a variety of competencies and social resources

that people have in order to meet those demands (Newman & Newman, 1997). In comparison, Freud's psychosexual theory emphasizes the tension occurring as sexual energy is released (Vander Zanden, 2000) or when dealing with the conflicts as a child comes to experience in satisfying basic needs and impulses, (particularly sexual and aggressive impulses) within socially acceptable boundaries (Newman & Newman, 1997). Erickson also placed more emphasis on the roles of the broader social worlds that include relatives, friends, society and culture. This resulted in him referring to these development stages as psychosocial rather than psychosexual.

Erikson believed in the epigenetic principle, which has as its core the notion that all living things grew according to a blue print of psychological development. This principle stems from the thinking that the parts of an organism develop in a sequential order, and each part having its own specific time of ascendancy (Bergevin, Bukowski & Miners, 2003) until the entire functioning is whole.

Erikson developed an eight-stage human development metatheory. Each developmental stage is characterised by specific psychological tasks, or conflict that must be resolved in order for one to successfully proceed to the next developmental level. An adolescent has to acquire emotional and interpersonal. While doing this conflict ensues, with two possible outcomes. Should the conflict be resolved successfully, a positive quality is built into the personality and further development is said to take place (Rice & Dolgin, 2005). Failure to resolve the conflict results in the ego being damaged because a negative quality is incorporated into it.

Adolescence is a period of life with many changes, both within the personal and within the social environment. During this time an adolescent is left to master psychosocial challenges. Failure to resolve these challenges could result to mal-adaptations. Peer pressure during this time is one of the central processes for resolving these challenges. Generally adolescence begins around the time of initial pubescent physical changes and continues until a sense of self is achieved.

There are at least three basic tasks of adolescence that contribute to a stable adult identity later in life: establishing independence from parents and family, feeling comfortable with their gender roles and sexuality and formulating a plan on how they can become contributors to society. These tasks are approached at home with family, in their peer group and at school. The mastering of tasks and the nature of the struggle also come to change as the adolescent goes through the early, middle and late stages of adolescence.

2.8.1 Psychosocial theory

Newman and Newman (1997) defines Erickson's psychosocial theory as being "a theory of psychosocial development that proposed that cognitive, emotional and social growth were the result of the interaction between social expectations at each life stage and the competence that people bring to each life challenge" (p.742). This theory highlights what Bukatko and Daehler (2004), refer to as "the child's composite need to initiate adaptive modes of functioning while meeting the variety of demands framed by the society in which they live" (p. 27).

Erikson formulated eight major stages of development with each stage focusing on a developmental task to be achieved, while at the same time confronting the individual with a crisis that they must work through. According to Erikson, this crisis should not be viewed as a "threat or catastrophe but a turning point" (Erikson, 1968, p286). As a result the words crisis and challenge will be used interchangeably

Over time three more stages were included by theorists like Newman and Newman who believed that the addition of these three stages would provide "a good demonstration of the process of theory construction" (1997, p.62) and the fact that theories of human development emerge and change within a cultural and historical context.

2.8.1.1 Stages of human development

Newman and Newman (1997) identified 11 stages of psychosocial development, each with an approximate age ranges. This could explain the differences from one theorist to the other. Many theorists have developed different timetables for growth depending on the duration it takes for an individual to master the tasks of the different stages and resolve the challenges of each stage. The basis of Erikson's theory is that if a person manages to resolve the challenges of each stage, he or she is more likely to continue developing in a healthy manner (Newman & Newman, 1997; Van Schalkwyk & Prinsloo, 2004; Bukatko & Daehler, 2004). The stages of development are described here briefly with specific emphasis on the adolescence stage later:

i) Prenatal period: Conception to birth

Although this stage was acknowledged by Newman and Newman (1997) as part of a psychosocial theory of development, they did not consider the concepts of developmental tasks and specific psychosocial crisis applicable to the prenatal stage.

ii) Neonatal stage and infancy: Birth to 2 years (trust vs. mistrust)

During this time, the infant is faced with a conflict between mistrust of the environment that she knows little or nothing about and an inclination to develop a trusting attitude/ feeling towards the world. Because the most important relationships are with their mothers or care givers, children tend to trust or mistrust themselves and other people based on their early experiences with these people. This results in the dichotomy of trust and mistrust. The favoured outcome during this time is trust in the self, parents and the world (Vander Zanden, 2000).

iii) Toddlerhood: 2 to 4 years (autonomy vs. shame and doubt)

During this stage, children start to realise that they are the authors of their actions (Lefrançois, 1999). As children start to move around, and become mobile, they start to carry out some of the behaviours they intend, resulting in them gaining some sense of autonomy. On the other hand, the autonomy starts being threatened by the child's inclination to avoid responsibility for their action or even going back to the safety characterised by the previous stage. Favoured outcomes include a

sense of self control without a loss of self esteem. During this time it is important that parents or caregivers encourage any attempts to explore and provide them the opportunities for independence.

According to Steele and Steele (1999), toddlers are faced with a challenge of getting to an autonomous state despite the imposition of social rules which could ultimately result in a dependent and self doubting orientation of the world.

iv) Preschool period: 4 to 6 years (initiative vs. guilt)

During this stage children start to establish a wider physical environment, which has come about as a result of their ability to move around. This is a stage where children start to be curious and begin to explore by manipulating objects and things. Their sense of language becomes advanced for them to ask question and understand some of the responses. As they explore they need to develop a sense of initiative with respect to their behaviours (Lefrançois, 1999). During this time they could either be encouraged or made to feel guilty. In this context, guilt is seen as “a self evaluative emotion which evolves alongside the internalised images of mother/ father/ others” (Steele & Steele, 1999, p. 277). These images unfortunately provide social rules that the child might end up striving towards. The favoured outcomes would be the point when the child learns to acquire direction and purpose in activities (Vander Zanden, 2000).

v) Middle childhood: 6 to 12 years (industry vs. inferiority)

This stage is characterised by a child’s increasing need to interact with and be accepted by their peers. By now children start to be concerned about how things work and even how they are made. They discover themselves, their identities to be significant and the fact that they can also be productive and do things. They discover that they are competent. It is hoped that during this time the child could gain a sense of mastery and competence. When this happens children start to avail themselves to learn things they deem to be important in their culture in the hope that they will be ‘someone’ (Lefrançois, 1999).

The successful resolution depends greatly on the response of those that have become significant to the child e.g. school teachers. Hence recognition and praise become important.

On the other hand, if the child's efforts is often demeaned and never acknowledged or praised, this could result in feelings of inferiority.

vi) *Early adolescence: 12 to 18 years (group identity vs. alienation)*

During this time, adolescents do not only have to contend with physical maturation and formal operations, they also have to master developmental tasks like emotional development and assuming membership in a peer group.

vii) *Late adolescence: 18 to 22 years (individual identity vs. identity confusion)*

During this time, adolescents have to deal with questions of who they are. By doing this it is hoped that they achieve ego identity, which is a coherent sense of self. The adolescent is trying to adjust to rapid bodily changes while also trying to achieve direction towards the future (Steele & Steele, 1999).

viii) *Early adulthood: 22 to 34 years (intimacy vs. isolation)*

This is a time where a person strives to try and reach out and make contact with others. The desired outcomes are for a young adult to be working towards a career and becoming intimate with someone.

ix) *Middle adulthood: 34 to 60 (generativity vs. stagnation)*

During this time a person is looking beyond himself or herself and embraces society and the future generations. The favoured outcomes include beginning their own family or showing concern for those outside their immediate family.

x) *Late adulthood: 60 to 75 (integrity vs. despair)*

This is the time when people start to take stock of their lives and relationships. By doing this it is hoped that the person gains a sense of satisfaction when looking back over their lives and things they have done.

xi) Very old age: 75 until death (immortality vs. extinction)

By this time a person has lived their life and have to start coping with physical changes of ageing and developing a psycho historical perspective while travelling through “uncharted terrain” (Newman & Newman, 1997, p.71).

2.8.1.2 The psychosocial context of adolescence

With specific reference to adolescence, Erikson divided this period into two different stages: early adolescence and late adolescence. The early adolescence (12 to 18 years old) stage is characterised by rapid physical changes, self-consciousness and a need for peer approval. According to Newman, Newman, Lundry-Meyer and Lohman (2003) it provides vivid evidence of the interaction of the biological, psychological and societal systems.

The late adolescence (18 to 22 years old) stage is characterised by heightened sensitivity to the process of identity development. This is a phase of personal and interpersonal experimentation where an adolescent girl strives to find her own sense of identity and self, the challenge being to reach a sense of ego continuity and sense of self-awareness vis-à-vis this continuity. This is the time for future planning.

In the next section, adolescence will be discussed using four organising concepts of psychosocial theory. It is important to note that both stages of adolescence will be used as a backdrop to evaluate/make sense of the participants. This is because Erikson’s theory is based on western development, thus specific age delineation is not necessarily appropriate to cultural context. Even developmental theorists among themselves (although from western world) do not all concur on the specific age delineating adolescence. However, concepts are useful in guiding understanding.

i) Developmental tasks

Developmental tasks: “consists of a set of skills and competencies that contributes to increased mastery over the environment” (Newman & Newman, 1997, p.65).

They tend to reflect areas of accomplishment in physical, cognitive, social, emotional and self-development during each developmental stage. These tasks therefore form a sequence in that one's success in learning the tasks of one stage, subsequently leads to greater chances of success when it comes to learning tasks in later stages of development. On the other hand, failure at tasks of one stage leads to greater difficulties with those tasks coming later. According to Newman and Newman (1997) "tasks involving physical, emotional, intellectual, social and self growth all contribute to the person's resources for coping with challenges" (p.69).

During early adolescence, an adolescent has to deal with the following developmental tasks:

- Physical maturity, where the young girl's body not only starts looking different but also acts in new ways for example, the beginning of their menstruation.
- Formal operations
- Emotional development
- Membership in the peer group
- Sexual relationships

During late adolescence, the adolescent starts to have a need to gain

- Autonomy from parents
- Gender identity
- Internalised morality
- Career choice

ii) *Psychosocial crisis/ challenges*

A psychosocial crisis arises when "a person has to make psychological adjustments to social demand at each stage of development" (Newman & Newman, 1997, p.70).

Psychosocial challenges for adolescence are:

- Group identity vs. alienation (early adolescence)

Group identity refers to “an individual’s self theory that focuses on membership and connection with social groups” (Van Schalkwyk and Prinsloo, 2004). During this time, adolescents search for membership and strive to find a group with which they belong. While looking for group affiliation, adolescents may be confronted with clashes between their own values versus those of the group. When this happens, they are then forced into a self evaluation state (Newman and Newman, 1997).

Positive resolution of the opposing polarities of group identity vs. isolation is one in which adolescents affiliate with a group that is able to meet their needs and provide them a sense of belonging.

Alienation on the other hand is the “sense of social estrangement, an absence of social support or meaningful connection” (Newman and Newman, 1997, p.678). Alienated adolescents are those who do not experience a sense of belonging to the group, but find themselves uneasy in the presence of their peers. This is a negative resolution as it leaves them with a pervasive sense of alienation from their peers resulting from one of the following:

- Adolescents pressured into a certain group by parents
- When they cannot find a group that is able to meet their personal needs
- When adolescents are rejected by all peer groups

Erikson (1968) believes that during successful early adolescence the young person acquires self-certainty as opposed to self-consciousness and self-doubt as she has come to experiment with different things and behaviours.

- Individual identity vs. identity confusion (late adolescence)

Newman and Newman defines an identity crisis as “a sudden disintegration of the framework of values and goals that a person relies on to give meaning and purpose to their daily life” (1997, p.70). It is often associated with intense anxiety and depression. Anxiety is said to emanate from fears that socially unacceptable impulses could cause harmful of immoral behaviour. The

depression on the other hand results from feelings of worthlessness (Newman & Newman, 1997).

Erikson emphasises that the identity search is a normative crisis, a normal phase conflict (Rice & Dolgin, 2005). During this time it is expected that the individual establish a sense of personal identity while avoiding the dangers of identity diffusion.

Until an adolescent girl achieves a stable identity, it is not uncommon for her to identify with a string of different values, beliefs and ideologies. This period of searching happens while a stable sense of identity is not yet achieved and is referred to as a period of moratorium. This time is considered a normal, healthy part of psychosocial development. In the event that after the period of moratorium, a coherent identity has not yet been achieved and no identity prevails, identity diffusion ensues (Cloninger, 1993). Another unhealthy consequence of the identity crisis is the development of a negative identity; this is an identity based on undesirable roles in society (i.e. juvenile delinquent). Because society often provides clear images of such negative identities, resulting in them being glorified and made attractive. It is unfortunate though that for those adolescents who require positively valued identities as alternatives, might find these unattainable. But even the best - adjusted of adolescents might experience some role identity diffusion for example girls and boys experimenting with minor delinquency.

Those who successfully resolve the psychosocial challenge of identity versus identity confusion have an integrated identity which includes a definition of themselves as sexual, moral, political, and career participants. They have thus constructed their own point of view.

iii) Central process for resolving the crisis/challenges

A central process is “a mechanism that links the individual’s needs with cultural requirements at each life stage” (Newman & Newman, 1997, p.76). These central processes lead to the acquisition of new skills, the resolution of the psychosocial challenge and the successful coping as one progress through each development stage.

During adolescence, peer pressure and role experimentation are the two central processes in resolving group identity vs. alienation and individual identity vs. identity confusion.

- Peer pressure (early adolescence)

During this time peer groups start to play a significant role in the lives of adolescents and peer relationships start to be more elaborate (Brown & Klute, 2003). Authority is also put in the hands of peer groups, which could provide a sense of security in the face of the newly shed family support, but may also become a source of pressure into involvement with drugs, tobacco, alcohol or even unprotected sexual activities. Lefrançois (1999) describes peer groups as being major transmitters of cultural expectations. During this time, adolescents yield more power as a group than as individuals and teach then the power of collective enterprise.

The process of affiliation with a peer group requires “an adolescent to open up to the pressure and social influences imposed by the group” (Newman & Newman, 1997, p.681). Much as peer pressure is associated with negativity, it may also have positive effects, serving as a motive for group identification.

- Role experimentation (late adolescence)

During this time most adolescent have already made a transition from childhood to adulthood to the extent that they are now able to survive on their own in a complex culture. Authority resides mostly with the self and identity is emerging into fuller independence. They have a sense of independence from their parents, to the extent that the ties of love, trust, and support are now expressed within a framework of mutual respect and autonomous decision

making (Newman, et al., 2003). Newman, et al also asserts that the process of achieving this autonomy from parents opens the door to new considerations of basic ego structures including gender identity, morality, and career aspirations. Role experimentation becomes the central process.

Van Schalkwyk and Prinsloo (2004) refer to role experimentation as being the “essential strategy for coping with new information and new value orientation during the latter years of adolescence” (p.62). This is the time adolescents start to experiment with different roles. These roles present with many possibilities for the future identities and current public selves. As a result they start to think of themselves in different careers. The ultimate goal of role experimentation is for the adolescent to find solutions that work to different views that they may hold of themselves.

iv) Radii of significant relationships

These are the relationships that are critical in the resolution of psychosocial challenges.

In early adolescence, groups like clubs and religious groups, organisations, peers, part-time work, often provide the adolescent with new relationships that will help them define themselves to the point of advancing their complex social reasoning (Newman & Newman, 1997).

In later adolescence on the other hand, the significant relationships includes mentors, leaders, friends and role models who will help the young person in the creation of an integrated personal identity.

v) Coping behaviour

Coping behaviour consists “of active efforts to resolve stress and create new solutions to the challenges of each developmental stage” (Newman & Newman, 1997, p.78). This concept becomes important in explaining how new, original, creative, unique and inventive behaviour generally occurs. It also allows for the

development and growth of an individual. It is important to keep in mind that individuals will often devise their own strategies for coping with the challenges in life. People's coping often appears to be influenced by a number of factors including: gender, availability of resources, the nature of their interpersonal relationships and the accumulation of their life experience.

Another concept introduced by Erickson in terms of coping is the prime adaptive ego qualities. These results from "the positive resolution of a stage's psychosocial crisis and provide resources for coping in the next" (Newman & Newman, 1997, p. 80).

During early and late adolescence fidelity is an ego quality. Fidelity is the adolescence's ability to freely pledge and sustain loyalty to values and ideologies (Erikson, 1968) and to be oneself (Van Schalkwyk & Prinsloo, 2004). These qualities contribute towards the adolescence's dominant view of the world.

Although most adolescence will develop the prime adaptive ego strength – fidelity, there exists a possibility for the development of a core pathology of isolation (lack of companionships, fanaticism) during early adolescence and repudiation (rejection of roles and values considered to be alien) during late adolescence. This is what Erikson (1982) referred to as a destructive force that may develop as a result of ineffective, negative crisis resolution at each stage.

It is important to note that Erikson's psychosocial developmental stages theory will not be used to make sense of pregnancy neither to determine whether it is right nor wrong for these adolescents to fall pregnant. It also will not try to fit the participants into either early or late adolescence purely based on their chronological age. The aim is to rather investigate the degree to which they are faced with the same developmental challenges and if their health status (pregnancy and HIV) have any role in modifying these challenges.

2.9 SUMMARY

This chapter reviewed literature on HIV/AIDS in the world and South Africa. The focus being on the vulnerable population i.e. the youth, women and those in poverty (mainly but not exclusively blacks). An attempt was then made to link the vulnerable population in order to come up with a profile of the participants of the study. Another area of focus was literature relating to pregnancy in general. Once this was done a view was then taken on teenage pregnancy. This part investigated circumstances that might lead to adolescents falling pregnant. Possible implications were also explored briefly. A connection was then made between teenage pregnancy and living with HIV/AIDS as a young, black adolescent girl in South Africa. This chapter concluded with a discussion of Erikson's psychosocial theory of development as the theoretical stance of this study.

CHAPTER 3 METHODOLOGY

3.1 INTRODUCTION

This chapter gives a description of the research process. A summary of the research design will be given. A definition of qualitative research will be discussed and thereafter, a description of phenomenological methodology will be introduced. Of importance on this chapter are issues of sampling, method of data collection and method of analysis. Thereafter issues of validity and measures of trustworthiness will be discussed. Finally, ethical considerations will be brought forward.

3.2 RESEARCH CONTEXT

3.2.1 RESEARCH DESIGN

Mouton (2001) defines a research design as a plan or blueprint of how an individual intend conducting their study. A design offers a set of guidelines, instructions and framework of how the researcher intends meeting the set goals (Mouton, 1996). The research method used in this study was qualitative in nature and employed a phenomenological approach with the emphasis placed on the lived experiences of the participants and how they come to make sense of these.

3.2.2 QUALITATIVE RESEARCH

This study is subjective in nature. It explores the personal experiences of pregnant black adolescent girls living with HIV/AIDS and the most appropriate format of research would appear to be a design falling within the ranks of qualitative research. Smith (2003) describes qualitative approaches as being generally engaged with exploring, describing and interpreting the personal and social experiences of participants. It endeavours to understand a small number of participants' own frames of

reference towards an experience, instead of trying to test a preconceived hypothesis on a bigger sample.

From traditional positivist scientific ways of conducting research qualitative research methods can thus be conceived as falling short. However, as Giorgi and Giorgi (2003) point out, it is a recognised form of science as any other set of procedures acceptable to science. It is a research strategy that usually emphasise words rather than quantification in the collection and the analysis of data (Bryman, 2001). It involves collecting data in the form of verbal reports such as interviews or written accounts. The analysis consists of different formats of interpreting these detailed narrative reports as perceptions or understanding of the phenomena, instead of finding numerical properties in it. The researcher invariably contributes to the process and is not a mere bystander observing and analysing.

Willig (2001) believes that it is concerned with ‘meaning’ and ‘underlying lived experiences’, embedded in the socio-cultural context in the research. Qualitative research thus takes the researcher out of a laboratory environment and into the context where phenomena can actually be studied. This method moves from a position of ‘not knowing’ and could be said to be sceptical of theories that tend to generalise across individuals/groups of people. Kuyken (2006) came to the conclusion that this method should be seen as more investigative and descriptive rather than hypothetic-deductive.

There are a number of research approaches, which falls within the ambit of qualitative research. In this regard, De Vos and Fouchê (1998) associate phenomenology, grounded theory, ethnography, ethno methodology, and symbolic inter-actionism with qualitative research. Smith (2003) includes interpretative phenomenology, narrative psychology, conversation analysis, discourse analysis, focus groups and cooperative inquiry as well into the palette of qualitative research.

3.2.3 PHENOMENOLOGICAL APPROACH

The phenomenological approach was founded by Edmund Husserl (1859 – 1938), after he wanted to provide a firm foundation for all disciplines by establishing the meaning of their most basic concept (Ashworth, 2003). This was prompted by his belief that most disciplines lacked a method that would be able to establish the nature of their fundamental concepts. Ashworth (2003) believes that this approach would enable basic concepts to be framed in a rigorous way that would give a firm basis to each science.

The philosophy of phenomenological approach rejects the presumption that there is something behind or underlying or more fundamental than experience. Its aim being to describe rather than explain. Husserl (1970) described it as starting from a perspective free from hypothesis or preconception. According to Hayes (2000) in order to ‘catch’ the meaning of a social event, one needs to look at it through the eyes of those that are actively involved – and to see it as they see it.

Consequently the phenomenological approach is concerned with the individual’s particular account of reality rather than the objective reality itself (Giorgi, 1989). Phenomenology takes the individual to be the conscious agent whose experiences should be studied from the first person perspective. Of concern thus is personal knowledge and subjective experience, which calls for a focus on personal perspective and interpretation. It is thus a methodological approach that is concerned with gaining insights into people’s unique perspectives, motivations, actions and lived experiences.

In summary, the phenomenological approach involves a detailed exploration of the participant’s life world, is concerned with the exploration of personal experiences and also concerned with a person’s personal perceptions or account of an object or event.

3.3 PARTICIPANTS

3.3.1 SAMPLING PROCEDURE

De Vos (2002) states that the method of sampling is one of the most important in a research endeavour and therefore needs careful attention. The type of study and the research method chosen determines the type and size of sample required. Two broad kinds of sampling are available to researchers: probability sampling, which entails random sampling, and non-probability sampling, which entails among others purposeful sampling.

Qualitative research often require smaller sample sizes than quantitative research, and phenomenological research, being involved with the description of an experience, does not lend itself to large, randomised sampling methods.

Purposeful sampling was used because the study aims to explore the lived experiences of a specific research population. This is a sampling method in which elements or participants are chosen based on the purpose or aim of the study. Crowley and Mitchell (1994) describe the logic behind purposeful selection of samples in qualitative research as being to identify information rich informants who can provide the data required to answer the research question.

Purposive sampling may involve studying the entire population of some limited group (adolescent girls living with HIV/AIDS) or a subset of a population (black, pregnant adolescent girls living HIV/AIDS from Soweto). As with other non-probability sampling methods, purposive sampling does not produce a sample that is representative of a larger population, but it can be exactly what is needed in some cases - study of organization, communities, or some other clearly defined and relatively limited group (“Sampling”, 2007). With reference to this study purposeful sampling was used. The participants were initially to be recruited from the Chris Hani Baragwanath Hospital in Soweto, but due to limitations (highlighted in chapter 5) the participants were sought from the Mofolo Clinic’s antenatal unit (also in Soweto).

The participants came from a homogenous sample as it was important to find a more closely defined group for whom the research question was more significant. It was important to keep the sample small based on the fact that was fitting with the research paradigm. The small sample size also allowed for an opportunity to capture the richness of the individual cases.

During this process the researcher had to ensure the eligibility of participants in that they should have experienced the phenomenon and be willing to take part in the study.

3.3.2 RESEARCH PARTICIPANTS

The researcher was faced with some challenges in finding suitable participants who met the specific characteristics of the defined research sample.

The characteristics of the research participants were informed by the literature review. Identified participants were:

pregnant, black adolescent girls living with HIV/AIDS

With those willing and able to take part in the study there was an issue with getting parental consent because some of the adolescent girls would not want their parents to know of their HIV status.

3.4 DATA COLLECTION

In this study individual interviews, which were audio taped, were conducted with the eligible participants. Morrisette (1999) defines an interview as a conversational process that is participatory, collaborative and aesthetically rich rather than just “a matter of chunks of information transmitted between two people” (Tlali & Moldan, 2005, p.3). As people do not only communicate through the spoken word and in this regard Goddard III and Villanova (2006) also advise that during the interview non-verbal data should be noted. The researcher made an effort to take note of non-verbal

communication. Throughout the interview, attention was paid to nonverbal behaviour such as facial expressions, tone, posture and intonation of voice. These were carefully noted taking care not to interfere with the flow of the conversation.

Pollio, Graves and Arfken (2006) believe that the flow of the dialogue has to be controlled by the participants while the role of the researcher is purely to ensure that each experience is discussed in detail. They also acknowledge that although this is the case, at times the researcher may have to be directive as participants might need help focusing on unfolding themes and details.

In accordance to this stance these interviews were semi structured following an interview guide which was drafted beforehand. Questions for the interview guide were generated with the research question in mind. The purpose of an interview guide is to provide markers of important topics for the study. It serves as a guide, broadly mapping the scope of interest and is not to be used as a tool imposing on the conversation. In this regard Smith and Osborn (2003) states this method allows the researcher and participant to engage in a dialogue where initial questions are modified in the light of the participants' responses.

The interviews were semi structured, framed broadly and openly with the intention not being to obtain coded answers to specific interview questions but to rather allow the participants freedom to answer questions in whichever way they wanted to. The benefit to this approach is that the researcher has the freedom to ask the questions as suggested by Pollio, Graves and Arfken (2006). Semi structured interviews enabled the participants to provide a fuller, richer account which would not have been possible had a standard quantitative instrument been used.

The interview guide thus helped the researcher of this study to obtain information pertaining specifically to the research aim. On the other hand it also allowed the researcher some amount of flexibility in probing interesting areas that emerged during the interview (Brew, 1999). If the researcher only keeps to the interview guide, the conversation may potentially turn into an inquisition. In order to facilitate a

meaningful conversation in which the participant feels safe to openly discuss his or her lived world an optimal amount of trust is required.

The interviews were conducted in the girls' home languages. This was aimed at contributing to the richness of the interviews themselves and ensured that the girls could express themselves freely without being bogged down by issues of translation.

Hayes (2000) believes that these semi structured interviews involve a maximum amount of trust and caring between the person interviewing and the one being interviewed, with few boundaries or limitations on the content of the interview. This process involves two people and two histories and in Pollio, Graves and Arfken's (2006) view, communication only starts taking place when this fact is considered. By implication this means that the researcher's involvement stretches further than just listening and being passive and extends to sharing in the experiences of the participants.

Certain measures to enhance trust between the researcher and participants were taken. Trust was facilitated by informing participants prior to the interview about the purpose of the study, the results which will be available to them, their personal identity which will be protected, as well as their right to withdraw from the study at any time. They were also informed about the approximate duration of the interview and the fact that the conversations would be taped. Each was allowed to choose the time and place where the interview will be carried out. This was done to ensure comfort and security of each participant. All the three participants chose to have the interviews conducted at one of the clinic's offices. By making the particulars of the study known and involving them in the practicalities of the study, the researcher tried to facilitate a physical and relational environment in which the participants could feel comfortable. The aim was to make the research process more transparent and foster as sense of familiarity of what the research will entail and what their roles and rights are. Care was also taken to ensure the participants that their participation is highly valued.

Although a conscious effort was made to enhance trust, it is also acknowledged that absolute trust within the interview context was not possible. In addition to the above efforts the researcher had to rely on the interpersonal context of the interview itself to enhance trust. This was done by keeping the basic principles of Rogerian therapy namely warmth, empathy and congruence in mind (Rogers, 1970). A conscious effort was made to keep a non judgmental compassionate stance, to remain interested and accepting of whatever emotions or content information the participants brought into the conversation.

3.5 DATA ANALYSIS

Interpretative phenomenological analysis (IPA) was used to analyse the data collected. The aim of this method of analysis is to explore in detail how participants are making sense of their personal and social world (Chapman & Smith, 2002). According to Smith and Osborn (2003), Willig (2001) and Hayes (2000), the main currency for an IPA study is the meaning particular experiences, events, or states hold for the participants.

This method of analysis is phenomenological as it is concerned with one's personal perception or account of an object or an event as opposed to "an attempt to produce an objective statement of the object" (Smith, Jarman & Osborn, 1999, p.218). IPA involves a detailed case by case analysis of individual transcripts (Chapman & Smith, 2002). According to Smith and Osborn (2003), IPA is seen as a dynamic process with the researcher also taking on an active role. A role that demands them to be actively involved in making sense of the accounts collated (Shaw, 2001). The more, the researcher reads through the transcripts, the more familiar she became with the data and knowing her data enables a more "enlightened and complete subsequent analysis" (Shaw, 2001, p. 50). As the analytical process progresses, the researcher becomes actively involved in the research process in order to interpret the data and answer the research questions (Smith, et al, 1999).

The researcher transcribed all the audio taped conversations herself. This was done soon after the interviews so she could capture the emotions present during the interview sessions and be able to understand the meaning and context.

In analysing the data collected from the interviews, the following steps (as recommended by Smith and Osborn (2003, p.220-228) were followed:

Step 1: Looking for themes in the first case.

The process of analysing the transcribed interviews begun by reading the first interview a number of times. The left-hand margin was used to annotate what was regarded as interesting or significant comments from the interview with the participant. What the researcher had in mind was to familiarise herself with the account of the first case as suggested by Smith and Osborn (2003). During this process it was found that some parts of the text were richer than other parts. The language used and the level of sophistication was also noted. Of importance during this initial process were the similarities, differences, amplifications and contradictions in what the first girl talked about.

Once the researcher completed the initial reading of the first interview she went back to the beginning of the transcript and another margin was then used to document emerging themes.

The aim of identifying themes was to transform the initial notes into what Smith and Osborn (2003) called concise phrases. These concise phrases serve to capture the essential quality of that which was found in the text. In doing this, the researcher found that the themes moved to a slightly higher level of abstraction and the process started invoking more psychological terminology. This process again was carried out throughout the rest of the first transcript.

Step 2: Connecting the themes

During this stage, all the themes that emerged were listed on a sheet of paper, and subjected to further examination. The connections between themes were then

investigated. Initially the order was more chronological based on the sequence with which the themes emerged from the transcript. After this the ordering was changed to a more analytical/theoretical one. Through this process some themes were clustered together while some emerged as super ordinate concepts.

While the clustering of themes emerged, the transcript was checked to make sure that the connections worked with the preliminary source material – the actual words of the participants.

The next stage was to produce a table of the themes, ordered coherently. This process meant that certain themes had to be disposed of since they did not fit well in the emerging structure.

Step 3: Continuing the analysis with other cases

Smith and Osborn (2003) suggest that researchers use themes from the first case to help orientate the subsequent analysis with the other transcripts. This strategy made the researcher aware of what themes emerged before, made it possible to identify that which was new and different in the subsequent transcripts and further found responses which articulated the entrant themes.

Once all the transcripts were subjected to the analysis, a final table of super ordinate themes was constructed. The difficulty during this time was deciding which themes required prioritising. This called for the reduction of some of the themes. What made it difficult was the fact that those themes that were chosen were not necessarily or solely chosen for their prevalence within the data. Other factors including the richness of the passages that highlight the themes and how the themes illuminate other aspects of the girls' experiences also had to be considered.

Step 4: Writing up

According to Smith and Osborn (2003), this stage is concerned with translating the themes into a narrative account. The analysis becomes expansive again, as the themes are explained, illustrated and nuanced. What became important during this time was

making a distinction between what was said by the girls and that which was the researcher's interpretation of their account of their experiences.

3.6 MEASURES TO ENSURE RESEARCH QUALITY

Certain steps can be included to lessen the possible bias that a single researcher would bring into such analysis (Human, 2006). Krefting (1991) proposed applying the criteria of credibility, transferability, dependability and conformability in order to ensure research of good quality.

Member validation is achieved by presenting the participants individually with the themes that emerge from the analysed data, in a follow up interview. The aim is to allow participants the opportunity to evaluate their own feeling on the congruence of the results of the data, and comment on it. The advantage of these member checks is that it helps the researcher to recognise and/or emphasise some information that was initially missing or misquoted. The approach further serves as feedback to the participants about the outcomes of the study.

In this study, second interviews were scheduled with the participants but only one attended. The other two participants were telephoned and this process was carried out over the telephone. The participants were given a summary of the researcher's analysis of their interviews, which included the identified themes. This was aimed at assessing whether or not their experiences were accurately captured. Generally, the participants agreed with the summaries made by the researcher. Only one participant elaborated on her initial responses, which enriched the information from the first interview.

Transferability, which would enable other practitioners to transfer the findings of the research onto other applications in the field, could be achieved by describing all aspects of the participants as well as the research context in precise detail (Krefting, 1991). This goal was obtained by the researcher providing all information regarding the biographical and demographic information of the participants. The research context was described in terms of the specifics of the research problem (experiences of

pregnant, black adolescent girls living with HIV/AIDS) as well as the contextual details (South African context, literature review) of this specific study.

Dependability could be enhanced by giving a very thorough description of the methodology of the research, including that of the data collection and analysis. This was discussed in the chapter on research methodology which describe in detail phenomenology as a qualitative research method as well as the steps of the IPA method of analysis.

Conformability may be enhanced by applying the strategy of researcher reflexivity. Human (2006) describes this as the supervision process with another psychologist, entailing focusing in supervision during the project on all the aspects that the researcher would be bringing into the project from a personal perspective. The researcher worked in collaboration with her supervisor at the University of Pretoria throughout the research project. Issues related to the researchers positioning in relationship to the research participants, views on the research project and the extrapolation of relevant themes were discussed. As in most qualitative research and accepted as an acknowledged component in phenomenological research, the researcher is not an objective bystander, but a contributing partner in the whole process of research.

3.7 ETHICAL CONSIDERATIONS

According to Clandinin and Connelly (2000) ethics should be thought of in terms of relational matters. The research material gathered for this study was considered private; therefore signed informed consent had to be obtained. Confidentiality was at all times ensured from the researcher's side.

The procedure of the research process was described in full to each participant. The nature of the study was clarified, and participants were made aware that they have access to the resultant information as feedback, for further input. Anonymity is a

matter that must be guaranteed at all times in research (Clandinin & Connelly, 2000). Pseudonyms were used to provide participants with anonymity.

All material resulting from the research process will be kept confidential and safe.

Neuman (1994) believes that issues of ethics begins and ends with the researcher and that the researcher's personal moral code becomes the strongest defence against unethical behaviour. The same basic ethical considerations apply, for both qualitative and quantitative research. This was the same view held by the researcher during this study.

3.7.1 Informed consent

The participants were informed of the aims of the study after which they were required to give consent in writing. According to the ethical requirements of the University of Pretoria, potential research participants cannot be part of a study without providing written consent. The fact that one of the participants was a minor meant that she had to get parental consent to take part in the study.

The respondents were also informed of all efforts to keep their responses anonymous, about any risks or discomforts, any benefits to them and the clinic, the supervisor's name and the possibility of them receiving a summary of the results.

All participants were informed of their right to withdraw from the study at any point of the research should they wish to. Should they elect to do so, they would not suffer any punishment or any withdrawal of the benefits they were enjoying at the antenatal clinic.

3.7.2 Anonymity and confidentiality

Mouton (2001) refers to anonymity as being based on the principle that the identity of an individual is kept secret. At no particular point will the research data be discussed in the context of the identity of the participants. All data collected was treated confidentially and as a result was only accessible to the researcher and the supervisor.

3.7.3 Researcher integrity

Throughout the study, the researcher had to make a concerted effort to maintain integrity. According to Mouton (2001, p.240) integrity implies the following:

- Adherence to the highest possible technical standards in research, teaching and practice
- Due to the individual researcher's varying research modes, skills and experience, it is important that the researcher indicates the limits of their findings and the methodological constraints that determine the validity of findings at the conclusion of the study.
- In presenting their work, researchers are always obliged to report their finding fully, without misrepresenting the results in any way. To the best of their ability, researchers should also disclose details of their theories, methods and research designs that might be relevant to the interpretation of research findings.
- In practice or other situations in which scientists are required to render a professional or expert judgement, they should represent their areas and degrees of expertise accurately and justly.

3.8 SUMMARY

This chapter briefly presented the background of what research design is. It also looked at what qualitative research is, followed by a detailed description of phenomenological approach. Issues of sampling procedure and data collection were also discussed. A detailed account was given of the steps of the analysis followed in accordance with the IPA method. Measures to ensure research quality were also discussed. Finally, ethical considerations in this study were put forward.

In the next chapter, the extracted themes from the transcribed data will be presented in detail and a discussion of the finding in relation to existing literature on developmental theory will conclude the chapter.

CHAPTER FOUR

RESULTS AND DISCUSSION

4.1 INTRODUCTION

This chapter starts off by reporting on the biographical data and giving a background of the context in which the study was carried out. Focus will then move to presenting the findings after which a discussion on these findings will be ensue.

4.2 CONTEXT

The three adolescent girls included in the study all came from the South West Township (Soweto). This township is home to ± 45 million people, with predominantly black inhabitants and sprinkles of white and coloured residents. Most families living in Soweto are from low to middle economic status, as do the three participants in this study. Although Soweto has a representation of more than five ethnic languages, the predominant languages spoken are isi-Zulu and se-Sotho. This was reflected in the participants who spoke mainly isi-Zulu, although they had a fair understanding of the Sotho language.

In terms of the family composition, two of the girls who took part in the study, were staying with their parents and siblings. Only one of the girls had been brought up in a single parent household with her siblings. Although this is the case, she still had a stable and ongoing relationship with her father. Two of the participants were first born children (i.e. in term of the birth order), while only one was the middle child.

With regards to family support, the participants seemed to be enjoying a considerable amount of financial and tangible support from their families. Only one girl was working and therefore had the means to contribute to the up keeping of the family. The same participant was also receiving additional financial support from her father and boyfriend, which made her independent financially.

From the researcher’s clinical impressions during the interviews, the participants did not seem lacking in emotional support. They seemed to have a supportive emotional structure constituting their family or friends.

None of the three girls were married. Only two of were involved in long term relationships, while one remained single.

Concerning academic progression, two of the girls (aged 19 years) had completed grade 12. The youngest of the girls (15 years) was still at school busy completing grade 10.

All three participants first learnt of their HIV status after they presented to the antenatal clinic after they discovered they were pregnant. It was the first pregnancy for all three girls and they did not plan the pregnancies. One girl did however mention that she thought she might have fallen pregnant previously but could not give details on enquiry.

All the girls appeared to be in good health, still asymptomatic and at the time had reported no complications as far as the pregnancies were concerned.

Demographic Information

	Age	Occupation	Socio economic status	Planned vs. unplanned	No. of pregnancy	Family organogram	Family support
Ntombi*	15	Scholar	Low to middle	Unplanned	First	2 parents + 2 siblings	✓
Boni*	19	Employed – dancer	Low to middle	Unplanned	First	Divorced parents + 2 siblings	✓
Busi*	19	Unemployed	Low to middle	Unplanned	First	2 parents + 1 sibling	✓

Table 4.1 * Pseudonyms.

4.3 RESEARCH RESULTS

Although the analysis gave insight to the experiences of these adolescent girls, four main themes emerged strongly and these included:

- Main concerns which revolved around concerns they had about the baby, themselves and financially.
- Challenges with being HIV positive and pregnancy
- Effects on interpersonal relationships
- Outlook towards future
- Other themes

4.3.1 Main concerns

The first theme represents the one topic which was most prominent throughout all the three interviews - the concerns and fears that the young girls had. These concerns appear realistic as they are grounded in and relevant to the girls' current circumstances and the impact it has on their own lives and that of their babies. It bears direct relevance to their current lived worlds as well as the possible anticipated future situations. This theme includes both the physical and emotional well-being of the girls and their unborn babies. These concerns seem related to primarily three domains - the baby, the self and financial issues.

4.3.1.1 Concerns about the baby

All three girls expressed great concern for the well being of their unborn babies. These concerns related particularly to two aspects - the physical health of their babies and the worry about who will take care of their babies. The girls' own health status seems to have a direct relationship to these concerns.

Being HIV positive seems to contribute to the girls' concerns about the future of their children. The possibilities of becoming chronically ill and succumbing to death are real and present fears. Their health status and possible death thus facilitates concerns about

care for their babies. They were particularly concerned about the physical well-being of their babies and the possibility that their children might be born infected with HIV. All three girls had fears of not being there when their babies become sick as they would possibly be sick themselves and unable to take care of their babies.

Researcher : ...so for wena what does it mean being 19, pregnant and HIV positive?

Boni :...ngithukile (I am scared)

Researcher : Of...?

Boni :...angithi bayasitshela ngale ukuthi if u pregnant and une HIV, kune possibility yokuthi umntana angaphuma agula. So nginokuthuswa yilento (...because, when we go to the other side – support group, they sometimes tell us that if a person is pregnant and HIV positive, there is a possibility that the baby could be born sick)

When they spoke of the possibility of being sick and subsequently dying, one would have expected them to worry about who would take care of the baby. On the contrary though these girls did not seem too preoccupied with who would take care of their babies when they were to die. They seem to have confidence in the families (particularly their mothers) to take on the caretaker role.

A common experience of these girls was the lack of worry about the unborn child's sex. It appeared to rather be a curiosity than a significant contributor to their experiential world. Perhaps there are simply more important issues worth worrying about for these girls.

It thus appears as if the unborn child has become the pivotal figure around which the girls' worlds revolve. It is the primary informant of their lived world –influencing what they talk about, think about, and their feelings. What became prominent from the analysis was how the girls seemed more concerned about the baby compared to

themselves and their financial concerns, this resulting in them speaking more about the babies compared to any other concerns and fears.

The concerns about the baby presented as the main theme in the conversations. This could stem from their fears (as discussed above) – which are all realistic, and well founded. Another possibility is the fact that in terms of their sense of embodiment, of being a body - they are changing. This happens on a very personal, tangible way. They are reminded of this physical change of the growing baby. It is almost as if it's a constant reminder, it simply cannot be ignored. In phenomenological terms then, being pregnant i.e. a body-experience seems to influence their lived experiences (self, other, baby, past, present future etc) For them this probably meant that they were starting to embody their pregnancies more resulting in their unborn babies being the focus. They seem to think of HIV as being a threat to the lives of their babies with the potential of loss while they still have to endure the loss of their adolescence.

4.3.1.2 Concerns about self

Directly related to the concern of the self is their future role as mothers. The birth of a child would redefine these girls as mothers and this represents the primary concern related to the self. They all agreed that the coming of the baby would call for a renegotiation of their present roles. That they would not only think of themselves as adolescents but also as mothers. This was more evident in Ntombi's case who would have to renegotiate her role as a learner and mother in a home that she herself is a considered a child and has to live by the rules of her mother. The girls would also have to negotiate their roles with their siblings and society that still sees them as children and peers.

The participants seemed particularly concerned about their ability to take care of their children as new mothers. Although they did not verbalise their feelings around their care-taking abilities the girls seemed ambivalent in their abilities to take care of their children.

“Ngizitshela ukuthi ngizobona.maara kuzoba right”. (I told myself I will see, but things will work out fine) Ntombi

The doubt in their care taking abilities raised concerns about whether they would cope not only practically but also emotionally in this role.

Their insecurities about being able to fulfil the responsibilities of a mother stems from the fact that they are adolescents expecting their first child. Their insecurities seem to have less to do with them being unwedded, as this is a generally accepted phenomenon in their societies. In this community, women generally feel that they are capable of taking care of their children without the help of a male. This could be because the idea of absent fathers is a reality that most young black adolescents in Soweto have to live with as this is very common. Only one of the three girls felt that she was ready to be a mother even though she admitted to needing guidance from her grandmother. The three still saw themselves as ‘children’, who now had to take on the role of a mother.

Even though this was the case, the girls seemed to also be embodying their instincts as mothers in that they started acting and thinking like mothers in transition. This was expressed when they expressed joy when they felt the baby moving in side of them. Only one of the girls was concerned about her body changing to accommodate the baby as she felt that this change is going to limit her in terms of the latest fashion that could be worn.

Ntombi experienced her situation as affecting the way she felt and thought about herself. During the interview she related how she would sometimes sit and think of her decision and be filled with regret to the extent of feeling the need to distance herself from other people. She also spoke about how she thought others were perceiving her and making assumptions about her even though they did not know of her HIV status. This thus also seem to be influencing the way she experiences other people - she does this by hypothesising about their possible perceptions of her. Her feelings and perceptions of herself could have been exacerbated by the rejection she endured from

her boyfriend and the boyfriend's family responding negatively to the news of her pregnancy.

4.3.1.3 Financial concerns

Their parents, who are the sole breadwinners, currently take care of Ntombi and Busi. Boni on the other hand is currently employed and also gets financial assistance from her father and boyfriend. With this money she is expected to take care of her household.

Only the youngest of the respondents; Ntombi, expressed a concern for her financial situation. She felt that her family resources have already being strained and that the new baby will probably make things worse being one extra mouth to feed. Although she hopes to benefit from the government's six months feeding programme, she worries about what will happen after this time. The government's feeding programme is aimed at the prevention of mother to child infections and provides baby formula for six months to HIV infected mothers who choose not to breastfeed.

Ntombi was mainly worried about the fact that after six months of receiving milk formula from the government as a result of her HIV status, she would not be able to afford feeding the baby. On the other hand, the two 19-year-old girls mentioned that they were not particularly worried about the financial implications of having a baby. They believed that their partners would not have a problem taking care of their babies.

4.3.2 Challenges of being HIV positive and pregnant as an adolescent

During the interviews, the girls expressed what they felt were their challenges with being HIV positive and pregnant as adolescents. They spoke about their current challenges while making reference to what became their concerns soon after they found out they were pregnant and at the same time HIV positive. In the same breath they also expressed what they thought to be some of the challenges they would have to deal with.

4.3.2.1 Past

All the participants first found out about their pregnancy and upon going to the antenatal clinic found out about their HIV status. They all had difficulties deciding who they should disclose to because of the fear of being judged and condemned by their parents, siblings, friends and the community generally. As a result, two of the girls disclosed to their families only weeks later. They however, decided not to disclose to their boyfriends until they were emotionally ready to do so. These decisions seem to have been experienced as a challenge. Only one girl (Ntombi) disclosed to her parents immediately. Her being the youngest and financially dependent could be attributed to her decision to disclose to her parents compared to the other two girls.

The issue was not so much about being pregnant but more about them being diagnosed as HIV positive. What seemed more distressing the negative connotations like stigma, and death attached to being diagnosed with HIV. They seemed less worried about being pregnant, as this has become more acceptable in their communities.

4.3.2.2 Current

In their current position as HIV positive, pregnant adolescents, the main concerns seem to revolve around their health status. Two of the girls had only disclosed their status to their parents and not their partners/boyfriends for fear of losing them. It seems thus as if they fear rejection by the babies' fathers more than rejection by their parents. They reported to be experiencing a tug of war in knowing that they were living in secrecy and while at the same time trying to shut out the reality of their HIV status due to their non disclosure. This situation puts them in a very compromising and difficult position causing constant worry and stress.

Compared to the older girls, the youngest of the participants (Ntombi) was currently struggling with concerns of a different nature. Her present challenge centred mainly on her family dynamics. She has a strained relationship with her father and was finding it difficult to live with him because of his negative remarks and attitude towards her. She

felt that she was happier at school. This was her way of escaping even though the school also presented its own challenges which included having to go to school daily and sit in class knowing that teachers and other scholars are talking about her behind her back. Although she said that she is not being ostracised in any way because no one knows her HIV status, these are some of the things she thinks about a lot. It seems like there is a discrepancy between what she says (not being ostracised) and her experience (“they are talking about me”). This is also indicative of her feeling different from her peers (“they have something to talk about me”).

4.3.2.3 Future challenges

What participants envisaged to be future challenges included issues of taking care of themselves and their readiness for motherhood. They also spoke about their inability to continue with the things they used to do (as adolescents) before falling pregnant and being diagnosed with HIV. Particularly one of the 19 year old girl who felt that they can no longer wear what they wanted. All three girls felt that they could not continue going to parties, movies and other popular hangouts. They were of the opinion that this would compromise the lives of their unborn babies. They seemed to be experiencing a sense of loss of their adolescence and a sense of fear for being HIV positive. Their fear among others also had to do with the unknown future progression of their illness and their babies.

4.3.3 Effects on interpersonal relationships

Generally life events that people go through tend to have an influence on their interpersonal relationships. In the case of the participants, their pregnancy and HIV status could in turn determine how they deal with their interpersonal relationships. This then resulting in significant relationships during adolescence i.e. their peers during late adolescence and their parents during early adolescence being negatively affected. This is not only confined to their peers and parents but could also stretch as far as their extended families and other community members representative of other parents.

4.3.3.1 Impact on social relationships – friends

Two of the girls' (Boni and Busi) relationships with their friends did not seem to have been affected negatively. Their friends seemed excited for them. Particularly Boni whose friends who had always referred to her as “a barren woman” with no ability to have children. Suddenly she could fit in and take part in ‘baby conversations’.

“Ya... lomngani wami onabantwana abayi four, wuye othanda ukungibiza ngamagama. So ngithe mangiqeda ukwazi, after three month, besingabonani isikhathi eside. Ngahamba ngaya kubo ngathi, ‘uze uzobona inyumba after six months’. Bekajabulile. Wahamba nami saya kwabanye abangani bami. Nabo bajabula...”.
(“Yes... my friend with four kids, she is the one who liked calling me names. After I found out about my pregnancy, I went to her house. We had not seen each other in a long time. When I got there I said ‘...you must come and see the barren women after six months. She was very happy. She went with me to tell the rest of our friends and they were also happy”). Boni

This making them not feel out of place as it is generally accepted for unwedded girls to have babies within this community. This on the other hand could present the adolescence with conflicting values, particularly when they come from homes that have continued to preserve traditional values and beliefs.

Ntombi on the other hand had started isolating herself from her peers and admitted to preferring to stay at home. In this way she would not have to deal with any of these issues but her schoolwork. She seemed to have become more cautious of social relationships. Instead of continuing with her large circle of friends, she chose to keep only one close friend whom she felt she could confide in. Thus, in different ways (both positive and negative) these girls' interpersonal relationships bring meaning to their experiences.

4.3.3.2 Impact on relationship with family

The girls spoke little about their family dynamics prior to their pregnancy and discovery of their HIV status. What transpired was that their HIV status had affected their relationships with their mothers, fathers as well as siblings.

Although their mothers seemed supportive, they did so by not talking openly to the participants regarding their situation (pregnancy and HIV status), future plans and circumstances. This could be an indication that the participant's mothers themselves could still be struggling with accepting their daughter's situation and are in denial. It could also be their mothers experiencing some level of difficulty relating to their daughters now that they are HIV positive and pregnant.

What also stood out in the family relationships, was the role played by two of the participants' fathers. Even though they knew about the pregnancies and infections of their daughters, they said nothing about this. The fathers seem to have left the responsibility of dealing with these matters to their mothers. Consequently one of the girls felt that her father was blaming her mother for her situation. This making her carry her mother's burden and increase her feelings of guilt and regret. One of the girls (Busi), mentioned that even if her father wanted to get involved, she would never let him because she was not confident that she could trust him to the extent of discussing her "issues" with him.

"...yo!!! ngikhulume nobabami? Awazi wena. Kuyafana moss uzothula angibheke nje and say nothing bese mina ngiba worse. Ayikho into angayisho ezongenza ngibe right. Ukuthi nje manje ngizikhulisele umntwana wami. Ngizobona ukuthi ngiphuma kanjani". (Oh! Talk to my father? You don't know. It won't make a difference because he will just look at me and then I just feel worse than I am. There is nothing he will say that will make me feel better. What is left for me is to raise my child. How?...I will figure it out").
Busi

This could be because, in the African culture there seems to be a sense that fathers need to assume a traditional and distant role when it comes to talking to their children about sex and its consequences. As a result this role is generally left up to the mother.

The other relationships, which were significant to the girls, were those with their siblings. These relationships have not yet been affected as their HIV status has been kept away from them. The girls now felt more overprotective over their younger sisters. They were concerned about their sister's vulnerability to falling pregnant and/or being infected with HIV like they were. They even started being wary of their sibling's friends and any company they keep.

4.3.3.3 Impact on relationship with baby's father

Although the partners/ boyfriend were informed of the pregnancies they were however not informed of the participants' HIV status. Ntombi's relationship with the babies farther ended when he discovered she was pregnant. This left her feeling betrayed, cheated and violated, this probably also explains her withdrawal and distrust of others. The other fathers seemed happy at the prospects of being fathers. In the traditional African culture, when young girls fell pregnant, they would be expected to marry immediately to avoid any humiliation for the family. In all participants' cases, nothing was said of plans to get married as a result of the pregnancies. The girls also did not seem to have any expectation to be married off. This again probably having to do with the way pregnancy outside of wedlock has been socially acceptable even though it is not condoned. However the fathers plan to be involved in the upbringing of the children.

This seems to be the most complicated of relationships. The interesting dynamic being the fact that these girls shared the news of their pregnancies with the partners but failed to share their health status (even though they felt the urgency to communicate their HIV status to their parents). The major common concern within the girls seemed to be their partner's reaction once they find out their HIV status. This proves that teenage

pregnancies are socially acceptable but HIV infection is still a stigma and not readily accepted.

4.3.4 Outlook towards future

This is another main theme. As humans we project ourselves forward against the horizon of the future. This may make us anxious about the unknowns, but it also gives our current situation meaning and perspective, it creates dreams and gives us hope.

Prior to their pregnancies and subsequent to the discovery of their HIV status, all the girls had personal plans and dreams for their future.

“I’ve been wanting to start my own catering company with my mother cause we both love cooking”. Ntombi

“ To tell you the honest truth, I would one day like to be a fashion designer but because of funds I could not”. Busi

Despite their situation, the girls felt that their dreams have not changed and feel that even though they might not come true immediately. They felt that lessons will be learnt from their situation, resulting in them fulfilling their dreams one day. Because the girls only focused on being pregnant and neglected the fact that they were also HIV positive, made them appear optimistic about their future and not that of their unborn babies.

4.3.5 Other themes

Some themes did not fit in neatly with the other main themes although they contribute significantly to the description of the adolescents lived worlds.

4.3.5.1 Awareness of implications of their pregnancies and HIV status.

All but one of the girls felt that their lives had now changed irrevocably, that life will never be the same again. They were well aware of what they enjoyed as adolescents and things their peers were still enjoying.

“...izintanga zami zi free. I mean ngezikhathi zami bekumele anginakati anginani. Bengi free ngi enjoya i-life. Manje ayikho yonke leyonto”. (“My peers are free. I mean... in my times, I wouldn’t be having a cat or anything. I was free and enjoying life. Now all that is gone” .Boni

“...akusafani, angisakhoni. Ngiyazikhumbula. Maara ngizihlalela ekhaya angisahambi kakhulu. (“It’s not the same. I can’t anymore. I miss those days. Now I just stay home, I don’t move around a lot”) Ntombi

Again the girls focused more on the pregnancy. They did not seem to have a sense that their HIV status could affect some aspects of their development. They seem to have gone back from a strong reliance on their friends and peers (this in accordance with their developmental stage) and moved to reliance/ dependence on their parents.

4.3.5.2 Sharing the silence unspoken

The research interview itself seems to have elicited another theme – that of sharing their experiences. The three girls had not spoken to anyone at length and detail about their experiences of being pregnant and being HIV positive. It appears as if the researcher was the first person they confided in, and consequently they also expressed relief at having shared their experiences. This could be an indication that the participants felt comfortable and trusting of the researcher.

Even in those families where the parents did know about their daughters' position, none spoke about it. It has become a taboo topic, a family secret. They had also kept this from their siblings, friends and class mates which made it difficult for them to have an outlet. The fact that they were willing to share their experiences with the researcher, and did so without coercion or incentives, is indicative of perhaps a need to talk about their experiences - thus a need to share.

4.3.5.3 Stigma

Although all three girls are aware of issues of stigma, they had very different ideas and experiences about it. Only one of the three girls appeared concerned about how others may perceive and treat her if people found out that she was living with HIV. She seemed particularly worried about being rejected or humiliated by those around her. She believed that by leaving Gauteng, her problems and challenges would disappear. Thus she entertained the idea of escaping her circumstances believing that the only way to solve her problems would be changing her geographic environment.

What seemed interesting though is her option to 'run away' rather than having an abortion. This could be because, although termination of pregnancy is legal in South Africa, this practice is still frowned upon in the black community as this is sometimes seen to be an abomination and is not approved by "amadlozi" (ancestors).

The youngest of the three girls on the other hand seemed to believe that there is something that can be done to heal HIV and did not even speak about the fear of being stigmatised. Although she felt different, this was more in relation to her pregnancy rather than her HIV status.

4.4 THEORETICAL CONCEPTUALISATION.

Based on the psychosocial issues highlighted by Huebner (2000) and Erikson in chapter two, focus will now shift to the discussion of results in relation to these aspects of development. This is with specific reference on Erikson's views and as an informative

tool to try to enrich the researcher's understanding. The intension is not to fit any of the participants in a particular developmental stage neither is it to judge whether they are indeed proceeding through exactly the same developmental challenges. Rather the aim is to use the constructs of the psychosocial theory of development pertaining to adolescence as a theoretical tool to enhance the theoretical conceptualisation of this study.

4.4.1 Group identity

According to literature, during early adolescence, parents continue to be an important source of reassurance and support (Newman, et al. 2003) even though there is also a strong need to find membership and acceptance among their peers (group identity vs. alienation). In Ntombi's case (being the youngest in this study) there is a strong reliance and dependence on her parents and the need to move away from them has now been curtailed by the pregnancy and her isolating herself from the very peers she needs to be moving towards. This could be exacerbated by her HIV status and pregnancy which leads her to experience herself as 'different' in relation to her peers. She cannot affiliate and associate with the peers because of her experience of difference, possible shame, fear of humiliation stands between them. Thus, she isolates herself from them, possibly further compromising her psychosocial development. What this means is that she runs a risk of depriving herself a setting in which she is able to practice social skills and learn how to begin, maintain, and terminate relationships. According to Van Schalkwyk and Prinsloo (2004), this lack of peer support in Ntombi's life may adversely affect her adjustment in school. It furthermore may negatively influence her self esteem by not being part of her peers – not belonging.

According to Erikson (1968) having relationships with peers facilitates the process towards establishing a secure and integrated personal identity for the adolescent. During this time the capacity to interact effectively with peers and to find satisfaction in companionship and closeness with friends provides support for psychosocial development and adaptation throughout life (Newman & Newman, 1999).

Peer affiliations can have either a negative and positive influence on the adolescents' behaviour, these relationships are important as they also offer opportunities for emotional intimacy, support and understanding.

If pregnancy is regarded as a negative life event in adolescents, it could be constituted as the consequence of negative peer influence. The negative effects on behaviour were observed in Boni's case. She seemed to have been strongly influenced by her peers' views. Since her friends started calling her names i.e. "*inyumba*" (derogatory expression of a barren woman), "*umfazi ongenasibeletho*" (a woman without a womb), she reported "feeling out of place" and at times could not identify with them when they were talking about their lives and their children.

Although it is expected that around her age (19years), peer pressure loses some of its power due to a more secure personal identity, Boni's case seems to fall outside of the norm. The jubilation was evident on her despite her saying it came as a surprise, she felt her pregnancy will redeem her from being called names like "barren". This event was seen to solidify their friendship, due to the common factor, which has become having children at their age.

"Every time when we are sitting, they call me inyumba" ... "after I found out I went to one of them and told her to watch out for the inyumba in six months time". Boni

The participants' decision not to disclose their HIV status to their friends corresponds with literature. According to Sherr (2005), HIV can cause problems in establishing friendships as well as continuing them. In addition, disclosure of HIV has been associated with subsequent bullying (Lewis 2001). This author further says that the very pattern of existence in the presence of HIV may predispose to social barriers and friendship impediments. The triggers can relate to discrimination and stigma, to parental illness, to family demands which remove the child from social encounters or simple exhaustion and failure to engage on the part of a child who is multiply burdened, ill or hungry.

It also seems that the peer group has different impact, function and importance in these three girls' lives at present. Whichever way, the peer group appears to be very important. For Ntombi the peer group has become a source of possible shame, humility. Instead of affiliation, she isolated herself. Her rejection of them could be fulfilling her fear of them rejecting her. Her isolating herself could be her reaction to what she perceives to be a threatening situation. On the other hand Boni who was previously rejected, blamed and shamed. Referred to as not-one-of us and made to feel that she did not belong to this peer group because she did not conform. What she had to conform to in order to be allowed membership to the group seems to be atypical of the membership rules associated with western adolescents i.e. having a baby. Finally Busi had always been part and shared with her peers. She had felt like she belonged. She had found her peers to be a great source of support and encouragement. In her eyes the way her peers relate to her now is no different before she became pregnant and infected with HIV.

4.4.2. Sense of self and identity

It is difficult to establish where the girls are in terms of their identity development due to their pregnancy and HIV status. Erikson (1968) believed that adolescents must release their safe hold on childhood and reach out to 'grasp' adulthood. For the participants, going through the physical changes in preparation for the coming of the baby, they are suddenly confronted with many imminent adult tasks and decisions. According to Erikson, this is critical in the search for their identity. Part of this identity development is to try and synthesise a variety of new roles including the role of being a mother.

This is necessary so the girls could come to terms with themselves and their immediate environment. All of this is done through the central process of role experimentation. According to Van Schalkwyk and Prinsloo (2004), role experimentation is the "essential strategy for coping with new information and new values orientation" (p.62). According to Erikson (1959), during this time, adolescents experiment with roles representing numerous possibilities for their public selves and future identities. To the

extent that they may think of themselves in a number of roles in order to anticipate or get a sense of how it would feel like to be in those roles.

In relation to the current study, what became apparent is the new role (motherhood) that they now have to incorporate and integrate into themselves. Even though role experimentation is taking place, motherhood is not a role that they experiment with out of choice but rather circumstances. Their development is impacted by the fact that they now have to take on or are burdened with roles and responsibilities of later in life. The role assigned to the girls is atypical to the adolescence stage and therefore falls outside the scope of adolescence.

What also became apparent from the study is the developmental state in which the girls found themselves in. It can be said that the adolescent girls were in moratorium at the time of experimenting with pregnancy and their sexuality as defined by Erikson (1959). Although the state of moratorium may be positive as it allows for the experimentation with the role of being mothers, this remains a difficult time for an adolescent as they have not prepared for the role of motherhood versus adults. This could put undue pressure on the adolescents. They would need to maximise on their personal strengths in order to gain positive recognition from the community for being good mothers and model children who have survived against the odds.

Not only do the participants find themselves in moratorium, they also show signs of identity diffusion. This is evident in their self-confidence and self-esteem being low particularly Ntombi. According to Marcia (1980) a variety of potential identity statuses may manifest as an attempt to resolve the psychosocial challenge of identity versus identity confusion. The theoretical construct of identity development assumes a developmental progression: identity diffusion which represents the least defined status, and movement from confusion to foreclosure, moratorium, or achievement which reflects the progression towards a stable identity.

The situation that the participants find them in could also have a negative impact on their self esteem. This is because HIV infection, family disruption, quality of

parenting, experience of love, hurt, rejection, may all affect the ability to sustain and maintain close relationships (Sherr, 2005).

4.4.3 Psychological readiness for the challenge of being pregnant and living with HIV/AIDS

When an adult woman falls pregnant, she is deemed to be emotionally and physically mature to deal with the fact and her reactions are mostly measured and not emotional. Even those adults who might not be ready are more likely to be more capable emotionally to face the challenges of pregnancy due to their level of maturity (emotionally, cognitively and socially). This is different with adolescents as there are a lot of physical and emotional developmental issues that they are dealing with. To compound matters, pregnancy and HIV infections may result in an emotional overload. Although there cannot be a good developmental time to be told ‘bad’ news such as having HIV, being pregnant and HIV positive could prove overwhelming for the adolescent. They may feel robbed of the opportunity to live and continue to develop at their own pace.

4.4.4 Establishing autonomy

Erikson (1968) believed that one of the other developments that takes place during adolescence is the development of emotional and behavioural independence from their parents. Autonomy is “the ability to behave independently and to perform actions on one’s own” (Van Schalkwyk & Prinsloo, 2004, p.38).

Although the three participants in this study may be striving for independence from parental authority, their pregnancy and HIV status place them in a very precarious and needy position that returns them back to the level of dependence (Barclay, Everitt, Rogan, Schmied & Wylie, 1997). There is currently a strong dependence on their parents (particularly their mothers). This is attributed to the limitation they experience in their abilities to take care of the child and financial constraints. This position of one sided dependence on their parents is perpetuated by their HIV status. This means that at some point they will have to continue depending on their parents when they get sick

from opportunistic infections. This situation seems to affect their development towards becoming more autonomous.

4.5 HIV/AIDS and developmental implications

Although during the study, the participants focused on their pregnancy as adolescents rather than on their HIV status, it is critical to also understand how this could affect their development particularly at the point where they cease being asymptomatic. According to literature review (Sampson, 2006), adolescents faced with an acute or chronic illness like HIV/AIDS are likely to experience increased concerns and fears when their illness needs conflict with the following developmental issues:

- **Body image**

Adolescents are normally worried about physical changes taking place in their bodies. The presence of a chronic illness intensifies these concerns or distortions related to their illness.

What emerged during the study was that the girls had little concern about their body image in relation to HIV/AIDS as their priority seemed to be more on their pregnancy rather than their HIV status. As a result, only one girl (Boni) had concerns about her body, but even then it was only in relation to the pregnancy which she felt will affect her body and result in her being unable to wear trendy and fashionable garments.

- **Developing independence**

Chronic illness often interferes with the adolescent's ability to be independent of their parents. Parents tend to be more resistant to an adolescent acting independently of them.

Although this was communicated subtly and around issues of finances to take care of their babies, the young girls seemed not to be concerned about this aspect in

relation to their diagnosis. There was an acknowledgment that chances of them being totally independent (at this point) are minimal.

- Peer relationships

Chronic illness also interferes with the time an adolescent will often spend with their peers, or their school environment, which is the adolescent's primary social environment. Self esteem issues related to ones self-acceptance and concern about acceptance by others could be intensified by a chronic illness and any other related treatment.

All the girls were concerned about how their friends would perceive them in the event they chose to disclose their HIV status. The implications are that these girls might in time spend less and less time with their friends., This applies particularly to Ntombi who is still the youngest and has already had her relationship with her friends affected by her pregnancy.

4.6 SUMMARY

While adolescents may look like adults, they are not. They need time to know themselves, understand themselves, their bodies, new roles and relationships. According to literature, many adolescents do not have the adequate emotional, social, or social resources required to sustain the type of caring relationship they envisage with their children (Newman & Newman, 1999). Many people seem to agree on the view that adolescent parenthood and pregnancy are a major social problem associated with major negative consequences for the adolescent mother and child.

This chapter focused on the main themes extrapolated from the analysis. The results of this study were presented and developmental implications looked at as affected by the participants falling pregnant as adolescents and living with HIV/AIDS. In the next chapter a summary of the findings will be presented after which the limitations and recommendations of the study made.

CHAPTER 5

CONCLUSION AND RECOMMENDATION

5.1 INTRODUCTION

This chapter concludes the study. Attention will be paid to the primary findings as well as the limitations and strengths of the study. Finally recommendations for future studies will be made.

5.2 MAIN FINDINGS OF THE STUDY

The main findings of this study indicated that even though many young people are often found to be successful in adapting to the role of parenthood and eventually have happy, healthy children, this success comes at a price in the lives of adolescence. For many though, including the three participants, unplanned adolescent pregnancy and early motherhood and living with HIV/AIDS could pose huge challenges. These could include the possibility of poor educational achievement, social isolation and poverty. These findings were consistent with those from previous studies (Boult and Cunningham, 1991; Musick, 1993), focusing on the impact of teenage pregnancy on lives of adolescent girls.

What this study also highlighted was the fact that unplanned pregnancy represents a traumatic interruption to the development of an adolescent girl. She is suddenly forced into realities and decisions of adulthood, with which they are generally not prepared for or ill-equipped to cope with. The traumatic impact of HIV could not be ascertained as the girls focused more on their pregnancies rather than their HIV status. What was also highlighted during this study was the considerable distress that adolescent pregnancy and HIV/AIDS can cause on young people particularly those with little or no family or financial support. It was also noted that that this distress is not only limited to the adolescent girl concerned but also holds true for their families. This corresponds with Rice and Dolgin's (2005) literature in terms of the financial costs involved when an

adolescent falls pregnant and the distress to the father as noted by (Brien & Willis, 1997; Bezuidenhout, 2002).

Related to the previous finding, this study also found that the communities from which the adolescence come from tended to shape the way adolescent think of what is acceptable and what is not. Although the pregnancies were the visible factor and their HIV status not, they were more concerned about the pregnancies. This is despite the fact that even though adolescent child bearing is not embraced socially, it is still accepted as observed by Kaufman, de Wet and Stadler (2001). This resulting in the girls rather dealing with being pregnant and shunning their HIV status. This could also be attributed to the fact that being HIV positive is more stigmatised than being pregnant.

Of importance, this study also highlighted the uncertainties tied to the unknown in reference to the child. The adolescent girls in the study were more concerned about their ability to be mothers. They worried about whether they will be good mothers or not. The other concern was tied to the wellbeing of their unborn babies. They worried about the possibility of their children being born infected.

One of the subtle aspects brought about by this study was the loss that these adolescence were experiencing. This is the loss of their adolescence. They also have to deal with the possibility that they might lose their children should they be infected with the HIV. They also contemplated the loss of their own lives somewhere in the future.

The last aspect highlighted by this study was the developmental implications of being pregnant at such an early age and living with HIV/AIDS. This collaborated by literature by Coley and Chase-Landsdale (1998) and O'Callaghan *et. al* (1999) that adolescents are not ready to be parents and as a result do not know how to be good parents. This was also evident in the central processes linked to this stage (adolescence) being interrupted. They found that they had to re-evaluate and renegotiate who they are.

5.3 LIMITATIONS OF THE STUDY

This section aims to highlight limitations of the study. These are divided into three areas:

5.3.1 Method of analysis

The method of analysis used (IPA) demands that the researcher plays an active role during the interview, the limitation of only using this method means that the whole process is dependent on the researcher's subjectivity, particularly when it came to the analysis and the transformation method (Smith & Osborn, 2003; Hayes, 2000). To counter this, interviews could have been complimented by focus groups and journaling with the participants. This would have also allowed for the enrichment of data and a deeper therapeutic relationship with the participants in order to necessitate openness and trust during the interviews.

5.3.2 Sampling procedure and inclusion criteria

Even though the purpose of the findings was not to generalise findings to a particular population, the sampling method chosen for this study did not allow for a larger population from which the sample could be drawn resulting in few people being available to take part. A bigger group to choose from would have contributed to a deeper, richer meaning.

In terms of the inclusion criteria, the fact that it did not matter when the potential participants were diagnosed HIV positive could have been a limitation. This is because all the girls invited to take part in the study, had just discovered their HIV status and as a result had not had time to assimilate and make sense of it. This resulted in the results reflecting a lot of their experiences around their pregnancies rather than the pregnancy and their HIV status. Another inclusion criterion could have been to include a time frame of at least three months from the time of diagnosis to the time of the study.

5.3.3 Other competing research projects

At the time of this study, there were other studies taking place at the Chris Hani Baragwanath, making it difficult to get participants. Studies that were carried out also incentivised participants financially while this study did not. The fact that this study did not have any payments linked to it, could have negatively affected the potential participants' motivation to take part in the study. This eventually resulted in the researcher changing the location of the data collection point.

5.4 STRENGTHS OF THE STUDY

Much as this study had its own limitations, it also had its own strengths which contributed to the richness of the study.

The fact that this study explores 'mothers to be' and not just black adolescents living with HIV/AIDS who have already given birth means that the girls are studied during a critical transition of their pregnancy.

The other strength was the use of mother tongue language while conducting the interviews. The fact that participants were encouraged to speak in the language of their choice (and in most cases their mother tongue). This allowed for free and total expression and less concerns of wanting to sound right expressing themselves in English or another language.

5.5 RECOMMENDATIONS

Based on the limitations encountered during this study, the following recommendations are made:

- Support groups that focus specifically on adolescents who find themselves pregnant and living with HIV should be encouraged in places where these adolescent girls seek medical and psychological help.

- Conduct a comparative study of the experiences of being pregnant and living with HIV/ AIDS with experiences of those adolescents who have already given birth and living with HIV/AIDS.
- Conduct a study that look at the resilient factors in adolescents living with HIV/AIDS and find themselves pregnant and link these to prevention strategies, treatment and interventions and the support of these adolescents.
- Post analysis studies to check the changes and how they compare after pregnancy compared to during when they were pregnant.
- It would be useful to do a study on the suitability of developmental stage models such as that of Erikson to non-western cultural groups such as the black population in South Africa.

5.6 SUMMARY

This chapter started off by summarising the main findings of this study. The researcher also presented some of the limitations and strength of the study. This chapter concluded with recommendations for future studies and practitioners involved with black, adolescent girls living in Soweto.

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