

The coparenting arrangements and relationship quality of teenage mothers and their coparents: A reflexive case study of a low- income community

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A thesis submitted in partial fulfilment of the requirement for the
degree

**Philosophiae Doctor in Augmentative and Alternative
Communication**

in the Centre for Augmentative and Alternative Communication

**UNIVERSITY OF PRETORIA
FACULTY OF HUMANITIES**

SUPERVISOR: Prof Juan Bornman

July 2013

Soli Deo Gloria

“Two are better than one, because they have a good return for their labour: If one of them falls, the other can help him up.

But pity anyone who falls down and has no one to help them up!”

Ecclesiastes 4: 9-10

The ultimate message of this thesis is the importance and value of support. Throughout this doctoral journey, I have therefore come to learn the true value of these words from scripture. For most of the participants in this study, the support of their family, particularly their own mothers, has been invaluable in assisting them on their journey to adulthood. This is as true for them as it is for me and I therefore wish to thank my own mother, Marleen Samuels, for the many sacrifices that she has made and continues to make for the sake of her children and family. It is to her and the mothers of my immediate and extended family that I wish to dedicate this thesis.

Acknowledgements

Although my name stands as the author of this work, there were so many people encouraging and praying for me along the way, that I know I could not have done it without them. I would therefore like to thank and acknowledge the following people and institutions:

- My supervisor and director of the Centre for AAC, Prof Juan Bornman, for her invaluable academic guidance, patience and insight. Juan, you knew exactly when I needed to be pushed and when I needed to be left alone to filter everything that I was learning. Thank you for believing in me. You continue to inspire me with the standards you set for your academic work while at the same time living an abundant life. I have truly been blessed to have you as a supervisor.
- My family –both near and far –for your unconditional love and for being the safe haven I know I can always turn to.
- My wonderful colleagues at the Centre for AAC. For allowing me the time to pursue this PhD and for all your advice, encouragement, meals and laughter which helped to keep me sane...and nourished.

- My dearest friends – especially Shabbi, Kerstin, Veb, Susana and the Logo girls –Jean, Jane, Judy, Mel and Marion. For every sms, call and word of encouragement. Thank you for understanding when I could not be there to share in the important moments of your life. I am truly blessed to call you friends.
- My Pretoria “parents” – John and Eddie – for being my home away from home and the arms I could run to when I needed a comforting hug.
- My fellow PhD partners and sounding boards, Kerstin Tönsing and Marina Herold. You were both excellent role models of what it means to be a PhD student in this programme. I have gained so much from your critical questioning and deep insights.
- Ms Althia Lewis who acted as a research assistant and for being my bridge into the community of Elsie's River. Thank you for your assistance in accessing the participants for this study and for the many discussions which helped me to make sense of what I was learning.
- The staff of the Elsie's River Community Advice Office for the use of their premises.
- The teenage mothers, their coparents and key community informants who consented to participate in this study. Thank you for trusting me enough to share your stories. Your resilience in the face of adversity continues to inspire me.
- Charlie and Dick Barnes—your hospitality in hosting me during periods of data collection and during the writing up of various chapters will always be appreciated. Thank you for opening up your home to me as well as spoiling me with copious amounts of tea and Barnes' rusks.
- Mrs Liezl Maasdorp and Mrs Karen Vagle who assisted with the transcription of interviews.
- Mrs Ensa Johnson who assisted with the coding of the data.
- Ms Shabnim Parker and Mrs Shanaaz Ahmed for acting as translators
- Mrs Rina Owen and Dr Dana Donohue for statistical advice and analysis.
- Mr Herman Tesner for his meticulous language editing and advice on APA style.
- The South African Netherlands Research Program on Alternatives in Development (SANPAD) for the opportunity to participate in the Advanced RCI programme

The financial assistance of the University of Pretoria and the National Research Foundation (NRF) towards this research project is hereby acknowledged.

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Abstract

Although many international and South African studies have investigated teenage parenting, they have rarely viewed the parenting support given to teenage mothers from a coparenting perspective. Coparenting is defined as the manner in which caregivers who are responsible for the upbringing of children, work together in their role as parents to negotiate the child rearing process. Consequently, much of the literature on teenage parenting remains inconclusive in terms of the beneficial nature of parenting support. In South Africa, very little is currently known about the availability of parenting support to teenage mothers from members of the extended family or from the child's father and about the quality and processes that underlie these parenting relationships. A considerable body of evidence has found the quality of this relationship to be an important facilitator of parenting competence and a predictor of child development outcomes. Coparenting theory and constructs have largely been developed within nuclear, Western family structures that limit their generalizability and applicability to other family systems and contexts. Using a synergistic mixed methods research approach, this study examined the coparenting arrangements and relationship quality of 36 teenage mothers. Quantitative and qualitative data from the teenage mothers, their coparents and key community informants were used to understand coparenting within a particular low-income community where teenage parenting was found to be prevalent. The results revealed that the majority of teenage mothers could identify at least one coparent. A multi-person coparenting arrangement – typically coparenting with both the grandmother and the child's father – was found to be more common than coparenting with only one other person. The newly developed, multi-domain measure of coparenting quality indicated that teenage mothers' relationship with coparents was supportive, with minimal conflict and undermining by coparents. Qualitative differences in the roles of coparents revealed that coparenting fathers took on more traditional roles as providers and decision makers in comparison to grandmothers, who mainly performed mentoring roles to facilitate the teenage mothers' maternal competence. The implications of these findings for coparenting theory as well as interventions and policies related to teenage parenting are discussed.

Keywords: adolescence, conflict, coparenting, mentoring, multi-partnered coparenting, relationship quality, South Africa, support, teenage mothers, undermining

Opsomming

Alhoewel baie internasionale en Suid-Afrikaanse studies tiener-ouerskap ondersoek het, is daar selde slag geslaan op die ouerskap-ondersteuning wat aan tiener moeders gegee is van uit 'n mede-ouerskap perspektief. Mede-ouerskap word gedefinieër as die manier waarop versorgers wat vir die opvoeding van kinders verantwoordelik is, saamwerk in hul rolle as ouers om die opvoedingsproses te onderhandel. Gevolglik bly baie van die literatuur oor tiener-ouerskap onbeslis ten opsigte van die voordelige aard van ouerskap-ondersteuning. In Suid-Afrika is daar tans baie min kennis oor die beskikbaarheid van ouerskap-ondersteuning vir tienermoeders van lede van die uitgebreide familie of van die kind se vader, en ook oor die kwaliteit en prosesse wat onderliggend is aan hierdie ouerskap-verhoudings. 'n Aansienlike korpus bewysstukke het bevind dat die kwaliteit van hierdie verhouding 'n belangrike fasiliteerder van ouerskap-bevoegdheid en 'n voorspeller van die kind se ontwikkelings is. Mede-ouerskapteorie en -konstrukte is hoofsaaklik in Westerse kerngesinstrukture ontwikkel, wat die veralgemening daarvan na en toepaslikheid daarvan op ander familiesisteme en kontekste beperk. Deur 'n sinergistiese gemengde navorsings-ontwerp te gebruik, het hierdie studie die mede-ouerskapsverbande van 36 tienermoeders ondersoek. Kwantitatiewe en kwalitatiewe data van tienermoeders, hul mede-ouers en sleutelpersone in die gemeenskap is gebruik om mede-ouerskap binne 'n sekere lae-inkomstegemeenskap waar tiener-ouerskap algemeen voorkom, te verstaan. Resultate het getoon dat die meerderheid van tienermoeders ten minste een mede-ouer binne die konteks van 'n mede-ouerskapsverband kon identifiseer. Veelvuldige vennote mede-ouerskap —mede-ouerskap met sowel die ouma as die kind se vader— was meer algemeen as mede-ouerskap met net een ander vennoot. Die nuut ontwikkelde, veelvuldige domein meetinstrument vir die kwaliteit van mede-ouerskap het getoon dat die verhoudings van tienermoeders met mede-ouers ondersteunend van aard was, met minimale konflik en ondermyning deur mede-ouers. Kwalitatiewe verskille in die rolle van mede-ouers vertoon dat vaders as mede-ouers meer tradisionele rolle as versorgers en besluitnemers inneem, in vergelyking met oumas wat hoofsaaklik mentor-rolle inneem om die tienermoder se moederskapsbevoegdheid te fasiliteer. Die implikasies van hierdie bevindinge vir mede-ouerskapteorie sowel as vir intervensies en beleid rakende tiener-ouerskap, word bespreek.

Sleutelsterme: adolessensie, konflik, mede-ouerskap, mentorskap, ondermyning, steun, Suid Afrika, tienermoeders, veelvuldige vennote mede-ouerskap

CHAPTER 1

PROBLEM STATEMENT AND RATIONALE

1.1 Introduction

This chapter provides an orientation to the research. It includes background information, an explanation of the purpose of the research as well as a list of terminology used often throughout this thesis. It concludes with an outline of the chapters that make up this research report.

1.2 Background and problem statement

Teenage parenting is increasingly seen as a growing societal problem with the risks to teenage mothers and their offspring's development often highlighted in international as well as local discourses (Coley & Chase-Lansdale, 1998; Dickson, 2003). Early motherhood requires young girls to negotiate the challenges of adolescence and parenting simultaneously, thereby placing multiple demands on their coping mechanisms and ability to parent effectively (Hess, Papas, & Black, 2002). Additionally, becoming a mother during the formative school going years appears to disrupt the typical progression of adolescent girls to adulthood, leading to an increase in school dropout rate, thus limiting employment prospects and future earning potential (Gustafsson & Worku, 2007). Children born to teenage mothers are therefore thought to be at increasing risk for developmental delay from maladaptive parenting (Osofsky & Thompson, 2000) through the processes of immature and stressful parent-child transactions (Larson, 2004; Sameroff & Fiese, 2000) and economic stressors.

Parenting, however, does not exist in a vacuum and it has long been acknowledged that children grow up in family systems where they may have access to more than one caregiver (McHale, 2007). Consistent with this, alternative discourses of teenage motherhood have argued that the availability of parenting support from people within the teenage mother's microsystem, for example the grandmother, have the potential to act as buffers against these risks (Jones, Zalot, Foster, Sterrett, & Chester, 2007; Macleod, 2001; SmithBattle, 2000). Particularly within the South African context, the availability of members of the extended family to offer parenting support when a young girl becomes a mother is well documented in certain African cultures

(Bray, Gooskens, Kahn, Moses, & Seekings, 2010; Jewkes, Vundule, Maforah & Jordaan, 2001; Preston-Whyte & Zondi, 1992). However, there are also indications that the supportive parenting roles played by members of the extended family may be under threat, especially when economic conditions deteriorate (Bray & Brandt, 2007). It is therefore not clear whether teenage mothers are still able to access traditional parenting support, especially in environments where socioeconomic conditions are less favourable.

In addition, the buffering nature of parenting support within this population is also still not well understood. This has led to conflicting evidence regarding its beneficial nature, with some studies suggesting that parenting support provided by grandmothers results in better parenting outcomes for teenage mothers (Davis, Rhodes, & Hamilton-Leaks, 1997; Gordon, Chase-Lansdale, & Brooks-Gunn, 2004;). In contrast, other studies have suggested that involvement of the grandmother in parenting may result in more stress for teenage mothers (Voight, Hans & Bernstein, 1998) and poorer parenting behaviour (Black & Nitz, 1996; Wakschlag, Chase-Lansdale, & Brooks-Gunn, 1996). Child outcomes under these conditions are similarly inconclusive (Black & Nitz, 1996; Leadbeater & Bishop, 1994). Therefore, much of what is known about the buffering effects of parenting support to teenage mothers remains uncertain, with the processes and mechanisms underlying it yet to be fully explained (Caldwell, Antonucci, & Jackson, 1998).

Research with single African American mothers (Jones et al., 2007), however, suggests that a coparenting framework, that is, the manner in which caregivers who are responsible for the upbringing of the child work together in their role as parents to negotiate the child rearing process (Feinberg, 2002; McHale, 1995), may shed light on the noted inconsistencies. Through the ground-breaking work of Salvador Minuchin (1974) and Patricia Minuchin (1985) working in the field of family systems theory, there has been a growing realisation that over and above dyadic, parent-child relationships, the marital dyad or interpersonal relationship quality, the quality of the relationship between parenting figures within the parenting holon or system, is strongly associated with parenting and child outcomes (Feinberg, 2003).

Coparenting processes, it is argued, are pivotal to understanding how family dynamics affect the development of children (Baker, McHale, Strozier, & Cecil, 2010). From a bio-ecological perspective (Bronfenbrenner & Ceci, 1994), enhancing micro-systemic relationships between coparenting partners indirectly improves parent-child transactions (Feinberg, 2003). The pathway for this is through the process of fostering parental self-efficacy, which in turn, has been shown to be linked to maternal sensitivity and warmth (Teti, O'Connell, & Reiner, 1996). Ultimately, these are important factors responsible for enhancing early attachment security, which is one of the basic necessities for early child development. Therefore, the extent to which parenting figures either do or do not cooperate as a team in raising their children rather than the presence or absence of these individuals alone, is thought to most consistently predict child development outcomes (Feinberg, 2003).

As yet, coparenting, both in the international and South African literature has rarely been investigated in the context of teenage parenting (Pittman & Coley, 2011). From an international perspective, coparenting theory and constructs have largely developed by examining nuclear, Western family structures, although there is a realisation that this limits its generalisability and applicability to other family systems and contexts (McHale, Kuersten-Hogan & Rao, 2004). While there has been much focus on the reasons for the current upsurge in teenage pregnancy in South Africa (Macleod & Tracey, 2010), very little is known about the family environments in which teenage mothers reside and the parenting support offered to them (if any) from their families or from others in their environment. Therefore, an in-depth analysis into the exact nature of this support within an extended family structure as well as the coparenting processes underlying the relationship warrants further investigation.

The knowledge obtained from a study examining coparenting in the context of teenage parenting would be important in order to examine the effectiveness of interventions with this population. Most parenting programmes, for example, tend to focus solely on the teenage mother while ignoring the parenting relationships with other people in the ecology who may play an important role in her development as a parent. Thus, people who have the potential to influence her parenting abilities and her child's development are rarely targeted in parenting programmes for teenage mothers. Research also suggests that teenage mothers who receive little parenting

support or who are involved in conflicted coparenting relationships are at greater risk for rapid and repeat pregnancies (Apfel & Seitz, 1991; Black et al., 2006). Therefore, understanding the dynamics between coparenting partners within this population may also facilitate the prevention of secondary pregnancies, which can place an additional burden on the coping abilities of the teenage mother and the extended family system.

In the light of the above, the purpose of this study is to investigate the arrangements and quality of coparenting relationships of teenage mothers by examining the manner in which it manifests within an extended family system of a specific cultural and low socioeconomic group. It will aim to do this by firstly examining the household structures within which teenage mothers reside and the people who coparent with them within a low-income Coloured community. The nature of the coparenting support provided by coparents will also be investigated and, lastly, the quality of the coparenting relationships as perceived by the teenage mother will be measured.

1.3 Terminology

The following terms are used frequently in this study and are therefore clarified.

Adolescence

In this study, the definition of adolescence as the transitional stage between childhood and adulthood, more easily demarcated on the basis of physical and psychological developmental characteristics than exact chronological age (Thom, Louw, Van Ede & Ferns 1998), will be used. It is generally accepted, however, that it starts somewhere between the ages of 11 and 13 and ends between 17 and 22 years of age.

Cape Flats

In this study, the Cape Flats refers to a sprawling, low lying, flat suburban region situated to the southeast of the central business district of the city of Cape Town, the capital city of the Western Cape province. The community, in which this study was conducted, Elsie's River, is part of this area. During the Apartheid era, the Cape Flats was used as a form of social engineering and reconstruction to relocate non-white groups classified as Coloured, out of more central urban areas. Today it is still home to many poor Coloured families living in sub-standard housing

projects. The Cape Flats is characterised by high levels of poverty, crime and unemployment (Standing, 2006).

Case study research

Case study research is defined as “an empirical inquiry that investigates a contemporary phenomenon within its real-life context; when the boundaries between phenomenon and context are not clearly evident; and in which multiple sources of evidence are used.” (Yin, 1984, p. 23). Case study research therefore produces context dependent knowledge and aims to give a nuanced view of reality (Flyvbjerg, 2006) with the aim of expanding and generalizing theory (Yin, 1984). In this study, the phenomenon being investigated is teenage mother coparenting within a specific, bounded low-income community.

Coloured

In this study the term Coloured refers to South Africans of mixed racial heritage and the descendants of Malay Indian slaves who were disenfranchised during the Apartheid period (Salo, 2004). During this time, the racial classification system designated South Africa’s population in terms of four racial groups, namely White, Coloured, African and Indian with the different racial categories signifying varying access to rights and opportunities. While Apartheid no longer legally exists today, these racial categories are still used in national statistics and research reports to highlight historical inequities and their present day effects amongst the various racial groups. Coloured people make up approximately 9% of the South African population. However, within the city of Cape Town where the study was conducted, the latest census data indicates that this group comprises 42 percent of the total city’s population of just fewer than 3.8 million people and 48 percent of the total Western Cape Province (Stats SA, 2012a).

Coloured communities

During the Apartheid period, state policies such as the Group Areas Act No.41 of 1950 (Union of South Africa, 1950) controlled where people could live and the spaces and places they could occupy in order to keep the racial groups previously described, separate. Various neighbourhoods around Cape Town were therefore demarcated for the Coloured population and while South Africa is now a democracy with communities no longer bound by racial restrictions,

neighbourhoods in Cape Town are still largely racially homogeneous (Millstein, 2010). Many Coloured communities in Cape Town are therefore still characterised as low-income with poor living conditions and adverse social conditions. In this study, Coloured community refers to communities that share similar demographic and cultural characteristics as the one where this study was conducted.

Coparenting

Coparenting in this study is defined as the manner in which “...at least two individuals are expected by mutual agreement or societal norms to have conjoint responsibility for a particular child’s well-being.” (Van Egeren & Hawkins, 2004, p. 166). This definition is inclusive enough to incorporate circumstances where a teenage mother coparents with her own mother or where parenting is the responsibility of multiple group members.

Coparent/s

The person or people tasked with executive decision-making responsibilities for the guidance, care and upbringing of a particular child (McHale et al., 2004).

Coparenting quality

The field of coparenting has yet to come to an agreement regarding what exactly constitutes coparenting quality. Therefore, in this study, the domains and dimensions of coparenting identified by Feinberg (2003) and Van Egeren and Hawkins (2004) respectively are integrated and demarcated to reflect child rearing agreement, shared parenting, supportive coparenting, undermining coparenting, coparenting solidarity and coparenting conflict.

Grandmother

In this study, the term refers to the teenage mother’s own mother and therefore the maternal grandmother of the child who is being coparented. In cases where the paternal grandmother is referred to, it is specifically mentioned as such.

Key community informants

Specific people selected from the community who are able to provide first-hand knowledge about the community, its residents, issues and the problem under investigation (Marshall, 1996).

Paternal grandmother

In this study, the expression refers to the mother of the child's father, that is, the grandmother on the side of the father of the child who is being coparented.

Protective factors

Circumstances or conditions at various levels of the ecology that modify, improve or otherwise alter a person's response to stressors (Corcoran & Nichols-Casebolt, 2004).

Reflexivity

Reflexivity is defined as the researcher's awareness of his/her own contribution to the construction of meaning that influences and informs the research throughout the research process (Bourdieu, 2004).

Risk factors

Circumstances or conditions at various levels of the ecology that increase the likelihood that an individual will experience negative health and development outcomes and problem behaviours (Corcoran & Nichols-Casebolt, 2004).

Social support

In the teenage parenting literature, social support is defined as support to complete schooling, e.g. caregiving assistance, material support (housing, clothing, food), financial support as well as parenting support such as modelling appropriate parenting behaviours and mentoring the teenage mother in the parenting role (Apfel & Seitz, 1991; Beers & Hollo, 2010; Fagan & Lee, 2010).

Teenage mothers

Although a teenage mother is considered to be a young woman who becomes a mother between the ages of 13 and 19 years, in this study the term is used to refer to participants who were first time young mothers of any age between 16 and 20 years.

1.4 Abbreviations

The following abbreviations are used in this dissertation:

CAPS:	Cape Area Panel Study
CPF:	Community Policing Forum
CPQTM:	The Coparenting Quality for Teenage Mothers measure
CQ:	Coparenting Quality scale
CRPR:	Childrearing Practices Report
CSG:	Child Support Grant
ECI:	Early Childhood Intervention
EM:	Existing Measures
FEQ:	Family Experiences Questionnaire
FES:	Family Environment Scale
GSSTM:	Grandparent Support Scale for Teenage Mothers
GSSTM-T:	Grandparent Support Scale for Teenage Mothers-Teen mother version
GSSTM-G:	Grandparent Support Scale for Teenage Mothers-Grandparent version
NGO:	Non-Governmental Organisation
PC:	Parenting Convergence scale
PCPQ:	Perceptions of Coparenting Partners Questionnaire
SARS:	South African Revenue Service
SAPS:	South African Police Services
TB:	Tuberculosis

1.5 Writing style

In keeping with a reflexive approach, at various points in the thesis I revert to a narrative style of writing and take a “subject position”. This is done to signal my awareness of the role that I play in the research process and how my experiences may shape my interpretations.

1.6 Outline of chapters

This thesis is organized into 8 chapters. Chapter 1 provides the background and rationale for the study as well as the description of terminology, abbreviations used and outline of the various chapters.

In Chapter 2, an adapted ecological model of coparenting for teenage mothers is presented as the theoretical lens through which the study should be viewed. The literature on teenage parenting and support is discussed from both an international and South African perspective. The concept of coparenting as a way in which to view and measure the parenting relationships of the target population is discussed critically, as well as a way in which this construct can be operationalised.

Consistent with Creswell and Plano Clark’s (2007) methodological terminology, this study makes a distinction between methodology, design and methods. Chapter 3 focuses on the methodology and the research design employed to answer the research question. It starts by describing the main aims and objectives and explains the reflexive process through which the researcher came to incorporate a mixed methods design into the study. The pragmatic philosophical framework underpinning mixed methods designs is discussed and the position of the researcher in relation to the research is clarified. Furthermore, the use of a mixed methods designs in the family science, coparenting and early intervention fields is critiqued and the synergistic mixed method design specifically employed in this study is explained.

In Chapter 4, the research stages and phases of the study are set out and the methods for collecting quantitative and qualitative data are explained. The chapter also describes how the measuring instruments for the study were developed and refined. The main study is described in terms of the research site, participant selection criteria and sampling technique. In addition, the

different methods of how data were collected, analysed and triangulated are explained within a synergistic mixed methods design.

In Chapter 5, both the quantitative and qualitative results are described, analysed, and interpreted. This chapter deals with the results related to the first 4 sub aims in terms of the household composition and living arrangements of teenage mothers, the availability of coparenting support, the roles played by coparenting partners and the quality of the coparenting relationships between the teenage mothers and the coparenting partners. The perspectives of teenage mothers and coparents are given.

Chapter 6 focuses on answering sub aim 5 and examines the ecocultural context in which teenage coparenting takes place. The pathways by which distal neighbourhood and cultural characteristics have the potential to influence teenage coparenting in the specific community in which the study was undertaken are examined. The chapter aims to give a nuanced understanding to how the ecocultural context affects coparenting and its broader implications for the individuals who make up the coparenting triad.

Chapter 7 discusses the results reported on in the previous two chapters in relation to the sub aims of the study. In doing so, it contributed to the development of coparenting theory on coparenting and teenage parenting. A new process driven, mentoring model of coparenting for this particular population is suggested, in order to explain the development of executive decision making capabilities of teenage mothers as a consequence of their growing competence and maternal identity. Broader policy and intervention implications within the South African context are discussed which could support the parenting of teenage mothers.

In Chapter 8, the conclusions and implications of the study (theoretical and clinical) are presented in conjunction with a critical appraisal of the research. This chapter concludes with recommendations for further research.

1.7 Summary

This chapter provides a justification for the study by providing a background to the role that parenting support, in particular that of coparenting, plays in relation to teenage parenting and its impact on parenting behaviour and child development. This is followed by an explanation of the terminology and abbreviations used in the study. The chapter concludes with an outline of all the chapters of the research through which the aims of the study will be realised.

CHAPTER 2

TEENAGE PARENTING, THE ROLE OF SUPPORT IN EXTENDED FAMILY SYSTEMS AND COPARENTING

2.1 Introduction

This chapter discusses a coparenting approach to teenage parenting and its relevance to teenage mothers living in extended family networks. The chapter starts by describing the theoretical approach in which the thesis is framed. Thereafter, the situation of teenage mothers around the world as well as in South Africa is described and the role that parenting support plays in influencing developmental outcomes is reviewed. The review provides a background to the historical and socio-political significance of teenage parenting, the consequences of teenage motherhood and the role of familial support in influencing their own as well as their children's developments. The review of the literature identifies the need for viewing support to teenage mothers from a coparenting perspective in order to understand better the processes that underlie and influence parenting in the ecologies of teenage mothers and that shape child development. Central to this model is a discussion of the literature of coparenting and the relatively few studies in the field that have focused on support to teenage mothers from a coparenting perspective.

2.2 Theoretical framework

The theoretical framework within which this study is grounded is ecological systems theory (Bronfenbrenner, 1979). The author's background is in the field of early childhood intervention (ECI), which employs as its base ecological systems theory and variations thereof as its underlying architecture, in order to understand the science of normative child development (Guralnick, 2011). Ecological systems theory focuses on the extent to which family, community and broader societal factors shape child health and development. The research problem outlined in the previous chapter presented at its core the need to understand how the mechanisms of coparenting in a vulnerable population affect child development, but to do this in a way that acknowledges the influence of context. This theory as an overarching framework is thus deemed suitable as a point of departure to guide the study. The framework, however, does lack specificity in understanding pathways through which risk and protection are afforded. Guralnick's (2001) model of early developmental outcomes for children at risk for poor development outcomes as

well as family systems theory and coparenting models are suggested as additional lenses to augment the broader framework.

2.2.1 Ecological systems theory

Ecological systems theory (Bronfenbrenner, 1979; Bronfenbrenner & Ceci, 1994) recognizes the hierarchical organization of development and the mechanisms through which various components in the environment interact to form subsystems and influence child development (Guralnick, 2011; Hanson, et al., 2011). Bronfenbrenner (1979) formulated a model of nested, interrelated and integrated systems within which the child functions and develops (microsystem, mesosystem, exosystem and macrosystem) and provided an important contextual perspective that has expanded the field of child development from its earlier linear models characteristic of the nature-nurture debates (Shonkoff & Phillips, 2000). In short, ecological systems theory contends that development cannot be understood outside of the context of the environment.

A critique of Bronfenbrenner's earlier work was that the developing person at the center of the model was often deemed a passive recipient of environmental experiences and was often 'lost' when studying the influence of context (Darling, 2007). His reformulation of the *bioecological systems model* (Bronfenbrenner & Ceci, 1994) was a response to this critique and argued that over time the environment is able to differentiate and actualize biological potential, but that characteristics of the person are also able to evoke different reactions from the environment (Darling, 2007). The bioecological model emphasizes person-process-context as a complex interaction, but the focus is always on understanding child outcomes. The plethora of studies following on from Bronfenbrenner's (1979) seminal work has since helped the developmental science of normative development to have a fairly good understanding of the environmental factors that can predict the variation seen in child development (Guralnick, 2011).

In relation to this study, the bioecological model therefore provides a comprehensive understanding of all contextual factors at the various levels of the ecology that may influence teenage mothers and their children's development. For example, important systemic factors which need to be taken into account in this study include physical, mental, and social contexts

and can be categorized into the microsystem (characteristics of individuals-teenage mother, her child and coparent), exosystem (settings in which interactions occur, for example home, neighbourhood), and the macrosystem (for example race, culture, socioeconomic status) (Logsdon & Gennaro, 2005). Guralnick (2005), however, contended that the model is still not sufficient for understanding the developmental mechanisms that operate in promoting children's development. He put forward a model of early developmental outcomes for children at risk from the environment (Guralnick, 2001) to address this gap.

2.2.2 *Guralnick's (2001) model of early developmental outcomes*

In the context of early childhood intervention, the model of early developmental outcomes for children at risk from the environment aims to understand the developmental mechanisms involved in promoting or hindering children's development in the context of (Guralnick, 2001; 2005). According to this model, families who are challenged by a multitude of environmental and psychosocial stressors or risk factors, tend to establish family patterns of interaction that are less than favourable for nurturing children's development (Guralnick, 2001). For children who are at environmental risk *family patterns* (Figure 2.1), which are more proximal to the child, are seen as primarily responsible for child outcomes. Guralnick (2006) highlights three general types of family patterns of interaction that have been found to be associated with child developmental outcomes. These are the quality of parent-child transactions, family orchestrated child experiences and health and safety provided by the family.

The *quality of parent-child transactions* is seen as the core of everyday interactions between parents and children where each participant in the exchange exerts influence over the other (Sameroff & Fiese, 2000). With reference to the current study, it has relevance in terms of the degree of sensitivity to which a relatively inexperienced teenage mother engages in and responds to cues and behaviours from her child. However, a facilitatory coparenting relationship, especially with a more experienced parenting mentor, may improve the quality of parent child transactions through the process of fostering parental self-efficacy (Teti et al.,1996).

Family-orchestrated child experiences refer to the routines which the family establishes, the introduction of the child to the family's social network as well as organizing educational

experiences for the child (Guralnick, 2006). It also includes the provision of developmentally appropriate toys, selection of appropriate child care settings, arranging play dates, and having children participate in community activities that are reflective of their interests (Guralnick, 2006). With reference to the setting in which the current study will take place, environments which are characterized by a high degree of family and neighbourhood risk such as low socio economic status and dangerous neighbourhoods, can influence the extent to which children born to teenage mothers are able to access these development enhancing experiences.

Providing health and safety for the child includes providing appropriate and adequate nutrition, minimizing children's exposure to toxins, ensuring that their immunization schedules are followed and protecting them from injury and violence (Guralnick, 2006). Again, this might be influenced by socioeconomic factors as well as neighbourhood characteristics where drug taking and alcohol abuse, for example, are rife; or if one of the parents, for example, is a substance abuser. Low-income neighbourhoods, where the rates of teenage parenting tend to be the highest, are particularly vulnerable to these factors (Hanson et al., 2011; Leventhal and Brooks-Gunn, 2000).

Family patterns, however, do not exist in a vacuum but are influenced by *family characteristics* (Figure 2.1). Family characteristics are more distal from the child but may function as stressors or buffers that influence the extent to which family patterns are beneficial (Guralnick, 2006). In the context of this study, family characteristics can include the personal characteristics of parents (teenage mothers and their coparents) such as their psychological health, sense of self-efficacy as well as their caregiving behaviours and attitudes (Belsky, 1984; Feinberg, 2003). Additional family characteristics in relation to teenage parenting also include the *social support* the teenage mother receives as well as the *financial, material and caregiving resources* which the family can provide for her child and herself (Guralnick, 2001). Effective and positive social support, for example, can bolster a teenage mother's sense of self-efficacy (Feinberg, 2003) which as explained previously, has direct implications for the quality of parent-child transactions and the teenage mother's sense of maternal competence. However, intrusive or unwanted social support, particularly from a grandmother for example, can have the opposite effect and undermine a teenage mother's maternal self-efficacy (Borcherding,

SmithBattle, & Schneider, 2005; Culp, Culp, Noland & Anderson, 2006). It should be kept in mind that family characteristics occur in the context of historic and current events such as cultural expectations and attitudes. Cultural attitudes towards childrearing in an extended family system for example, can result in disagreements about parenting behaviours and practices between a teenage mother and a key support provider like the grandmother. Increased conflict between the two parties increases the chance that the teenage mother may leave the family home, thereby affecting her access to financial, material and caregiving support (Oberlander, Shebl, Magder, & Black, 2009).

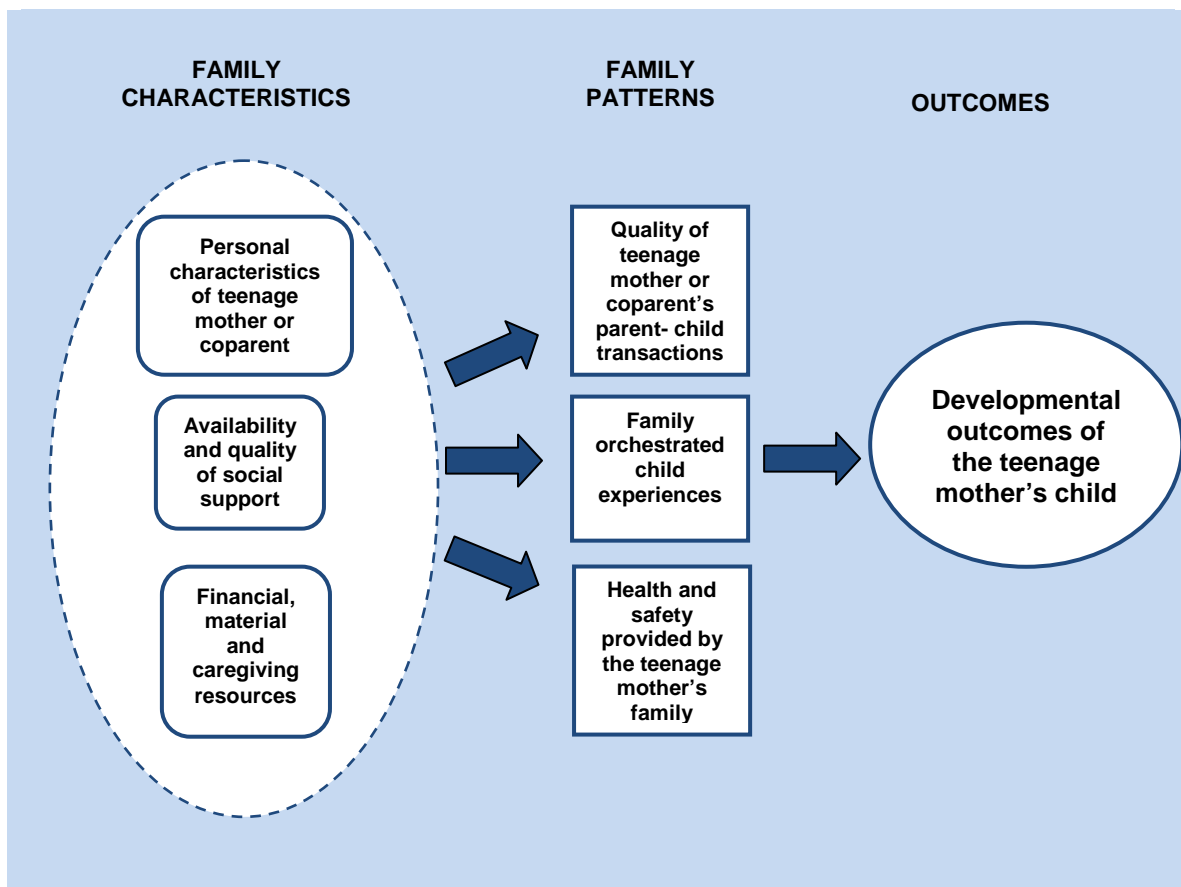


Figure 2.1. An adapted version of Guralnick's (2001) model of early development outcomes of teenage parenting showing the relationship between family characteristics and family patterns and its influence on the potential developmental outcomes of the teenage mother's child.

A fine balance is therefore needed in terms of the amount and quality of social support given to teenage mothers and understanding the dynamics of this process can enhance services

and support for this potentially vulnerable population. While Guralnick's (2001) model is explicit in terms of explaining developmental pathways, it still lacks specificity in terms of the processes and dynamics of the interpersonal parenting relationships within the teenage mother's microsystem. It also does not differentiate between the various types of relationships within this family system. The teenage mother, for example, can be involved in a mother-daughter relationship and at the same time be in a coparenting relationship with her mother and her child. Each of these relationships in their own right may contribute a unique set of stressors. Related to this is that the model focuses exclusively on the parent-child dyad and fails to account for the triadic nature of parenting (Belsky, 1984; Gordon & Feldman, 2008). For this reason then, family systems theory (Minuchin, 1985) is advocated for as an additional lens through which to view the study.

2.2.3 *Family systems theory*

Family systems theory views families as complex systems where the dynamic nature of various family subsystems (mother-father, mother-daughter, sibling-grandparent-mother, and so forth) within this microsystem are believed to affect each other and influence individual outcomes (Bronfenbrenner, 1986; Minuchin, 1985). Two parents in a subsystem therefore form an executive subsystem. Prior to having a child, the family system of the teenage mother most probably consisted of the following subsystems, namely mother-father, mother-daughter, father-daughter and sibling-sibling subsystems. Following the birth of her child however, a teenage mother who parents with her own mother (maternal grandmother) will find that the family system expands to include various interrelated systems such as the mother-infant, grandmother/grandfather-infant, father-infant and the parenting units (grandmother-teenage mother; father-teenage mother) (Gordon & Feldman, 2008). Each subsystem within the larger family system is thought to be separated by boundaries which are governed by rules. Minuchin (1985) noted that in dysfunctional families, boundary maintenance becomes problematic when, for example, conflict in the marital/couple relationship spills over into the parenting relationship.

A child born to a teenage mother can be a member of various subsystems within this family but in particular is a member of the coparenting subsystem together with the teenage mother and grandmother and also possibly the biological father. Minuchin's (1985) influential

thesis argued for the need to study relationships outside of the individual caregiver-child dyad, which hitherto had been the focus of much of the child development field. She called upon the field to broaden its understanding of how families influence child development so that it reflected the reality of parenting which took into account triadic level interactions (McHale, 2007). Consequently, families are to be seen as a collective unit, guided by two or more parenting partners who work in tandem (or in opposition to each other) in parenting a child as opposed to a collection of distinct dyadic relationships (McHale, 2007). This echoes Salvatore Minuchin's (1974) seminal views of the coparental unit as the family's 'executive subsystem' and is therefore the basis for the conceptual definition of coparenting. The coparenting relationship is therefore defined as the extent to which parents can work together effectively in raising a common child and has also been identified as a unique construct that is distinct from other relationships in the family subsystem, for example, the couple relationship, marital relationship as well as parenting behaviour (Hayden et al., 1998; McHale, 1995). This definition has applicability to the current study as it takes cognisance of the norms in certain cultures in South Africa where the extended family plays a significant role in childrearing (Macleod, 2001) and where the definition of a parent is not merely defined on the basis of biology, age, gender, marital or legal status. Important influences on children's development may therefore be overlooked if one is looking only for biological, cohabiting and married parents within the traditional nuclear family. Of particular relevance to teenage mothers and those assisting them in raising their children is that a coparenting relationship does not dictate that parenting roles should be equal in authority or responsibility (Feinberg, 2003) nor does it imply a romantic attachment between parenting partners. Within this definition coparenting incorporates young mothers coparenting with their own mothers or other members of the extended family, acknowledging that multiple group members may act as additional parents (Van Egeren & Hawkins, 2004), as is the case in the South African context where shared mothering is common (Amoateng, Richter, Makiwane & Rama, 2004).

Failure therefore to take cognisance of triadic level relationships, particularly in cultures that value the role of the extended family, has resulted in narrow interventions with teenage mothers. These interventions do not acknowledge and incorporate influential parenting figures from the extended family into programmes, nor do they focus on the coparenting dynamics

between parenting partners even after more than two decades of research has shown this to be significantly related to child outcomes (Teubert & Pinquart, 2011).

2.2.4 A coparenting theoretical framework

In order to understand how coparenting influences child development, Jones et al. (2007) proposed an organizing theoretical framework for the future study of coparenting with a teenage mother population which is set within an ecological risk/protection model and which aims to describe the systemic nature of parenting support provided by members of the extended family (Figure 2.2).

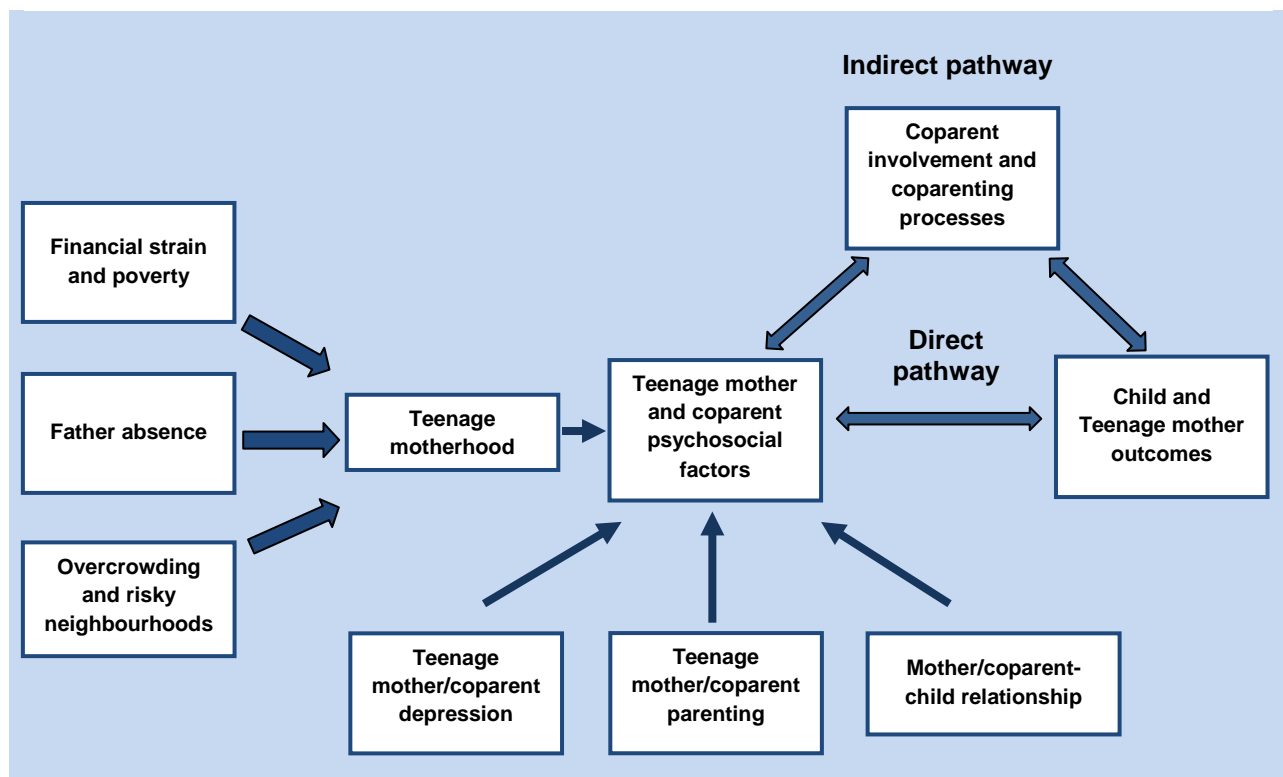


Figure 2.2. A theoretical framework for highlighting the proposed main and interactive effects of coparenting with teenage mother. Adapted from “A Review of Childrearing in African American Single Mother Families: The Relevance of a Coparenting Framework,” by D.J. Jones, A.A. Zalot, S.E. Foster, E. Sterrett, and C. Chester, 2007, *Journal of Child and Family Studies*, 16, p.679. Copyright 2007 by Springer.

Within this theoretical framework they propose that coparents who provide support to teenage mothers have both direct and indirect influences on the teenage mother as well as on her

child's development. *Directly*, and therefore more proximally, well-adjusted teenage mothers and coparents are more likely to promote adaptive functioning for children (Figure 2.2). The opposite may also be true, that is, teenage mothers and coparents who are stressed may aggravate the effects of environmental risks to which many children of teenage mothers are exposed and thus further compromise child development (Jones et al., 2007).

Through the process of coparenting and the quality of the coparenting relationship, the child's development may also be influenced *indirectly*. Teenage mothers who have a supportive and co-operative relationship with the other parent are more likely to have well adjusted children (Figure 2.2). Jones et al. (2007) argue therefore that the quality of the coparenting relationship has the potential to buffer some of the risks often associated with teenage motherhood, including demographic variables such as poverty and immature parenting abilities. Although their model considers contextually relevant factors and illustrates the pathway through which coparenting influences child development, the underlying mechanisms/pathways, that are evident in Guralnick's (2001) model, are absent.

2.2.5 A developmental ecological framework of coparenting

While both models discussed above attempts to explain or illustrate various pathways and mechanisms of person, process and context (Bronfenbrenner & Ceci, 1994) in relation to teenage parenting and child outcomes, on their own they do not always present the complete picture. For this reason, an integrated model is suggested to guide the research problem that was highlighted in Chapter 1. Figure 2.3 presents a developmental ecological coparenting framework for understanding teenage coparenting that attempts to integrate the theoretical frameworks and models discussed above. It shows how coparenting relationships influence child development and vice versa within a broader ecological and family context and is therefore the lens through which this study is viewed. An integrated systemic framework of teenage coparenting provides an opportunity to investigate how parenting mechanisms operate within a multigenerational, low-income context of a particular cultural group to protect or compromise child development. In these high risk contexts, the well-being of children is closely tied to the well-being of their parents (Kiser & Black, 2005). As will be shown later in this review, the lives of teenage mothers

are complex, with multiple spheres of influences operating to influence their own as well as their children's development.

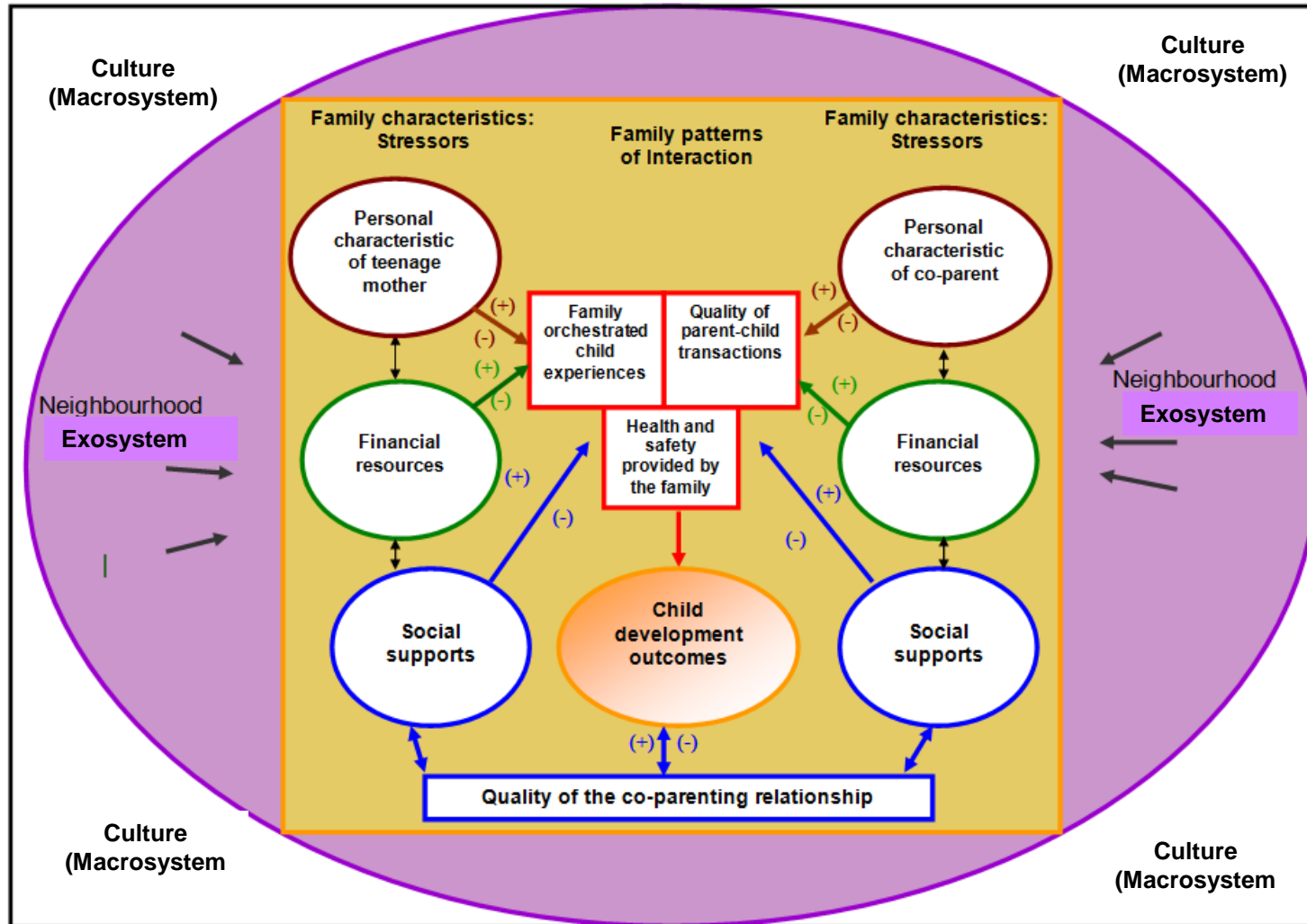


Figure 2.3. A developmental ecological framework of coparenting.

Integrated, systemic frameworks thus provide a comprehensive blueprint with which to understand this complexity. It therefore recognizes that the development of young children is influenced by the coparenting relationships of those who are most proximally engaged in their development, but also that distal effects (culture and neighbourhood) may influence these close relationships (Hanson et al., 2011; Leventhal & Brooks-Gunn, 2000).

The rest of this chapter will present and critique the literature on teenage parenting and coparenting within the confines of the framework described above. Historically, the two fields, namely teenage parenting and coparenting have largely developed along parallel trajectories with very few examples of concomitant study. The field of coparenting has since challenged itself to expand the narrow conceptualisations of coparenting beyond that of husbands and wives or those who share conjugal relations to appreciating that millions of children in the world who grow up in multiple caregiving systems (McHale et al., 2004). Therefore, stereotypical models of the nuclear family in its Western form have diminished applicability across various cultures and family systems (McHale et al., 2004). In broadening the perspective even further, Jones, et al. (2007, p.672) made the point that "...the 'lens' through which we have viewed ...families has been far too narrow, with little attention to the broader extended family networks within which the dyads that we study are likely to be embedded.". Thus, within non-nuclear families, important figures who assist with parenting include not only mothers and fathers, but also other relatives such as aunts, uncles, cousins and grandparents, resulting in a larger number of people who have a role in the care, health promotion and well-being of children (Jones et al., 2007).

2.3 Teenage childbearing around the world and in South Africa

Teenage childbearing with respect to fertility rate is defined as the number of births per thousand women aged 16-19 years (Macleod & Tracey, 2010). Teenage fertility has received an intense focus over the past two decades internationally in both the United Kingdom and the United States of America as well as in South Africa, with many politicians, researchers and the media voicing concerns regarding the poor outcomes for these mothers and their children. This intense focus has taken place specifically because of the high number of adolescents becoming mothers in these countries. Britain, for example, has a higher teenage fertility rate than any other

European Union country; the United States ranks closely with Mexico in North America as having on average 43 teenage births per thousand women (Gustafsson & Worku, 2007).

In South Africa, teenage fertility rates, although not the highest in Africa, are comparable to that of the United States. Information from census data indicate that fertility rates of 15-19 year old women in South Africa are around 66/1000 women (Makiwane & Udjo, 2006), which is the lowest in sub-Saharan Africa (Macleod & Tracey, 2010). National statistical data and various actuarial surveys indicate that this rate has steadily declined by almost half from highs of 100/1000 women in the 1980's (Makiwane, 2010). Based on information from the 2007 Community Survey, Statistics South Africa (2008) has estimated the current rate to be closer to 56/1000. These figures stand in stark contrast to popular media reports of a general upsurge in teenage pregnancies with access to the Child Support Grant (CSG) seen as a perverse incentive (Makiwane, 2010). There is a widely held, although unsubstantiated, belief that young women are becoming pregnant in order to access the CSG of R250 per month (Makiwane & Udjo, 2006). A study commissioned by the Department of Social Development (Makiwane & Udjo, 2006) has found little evidence to support this claim, with fewer than 3% of beneficiaries being women between the ages of 15-19 years even though their contribution to the overall fertility rate in South Africa is 15% (Makiwane, 2010). There has though been an increase in the uptake of the CSG from 1998 to 2005 in this age group although this should be seen in context, as there is an overall increase in uptake rates across all age groups (Makiwane & Udjo, 2006). Further debunking the myth, the study confirmed that there are fewer beneficiaries below the age of 30 than above. According to Makiwane (2010) this is consistent with the patterns of child care observed in South Africa. In impoverished socioeconomic conditions, older caregivers are usually responsible for the care of children.

A deeper analysis of the various demographic and household surveys pertaining to teenage fertility (Jewkes, Morrel, & Christofides, 2009) found noticeable social patterning with regard to location, education, race and age. It was found that just over 65% of teenage mothers are more likely to live in rural than urban areas with the highest incidence in the poorer provinces of the country such as Kwazulu Natal, North West, Mpumalanga and Limpopo. Teenage motherhood was also highest among Coloured and Black African women as opposed to

the other population groups and highest as well among 18 and 19 year olds. Educational attainment amongst these mothers was also very low, since very few completed high school (Jewkes et al., 2009).

Notwithstanding the decline, teenage fertility in South African remains relatively high, with 35% of the population of women as a whole reported to have experienced pregnancy before the age of 20 years (Wood & Jewkes, 2006). This may however be attributable to an entrenched set of socio-cultural norms among certain race groups as well as practices and behaviours around early fertility (Moultrie & McGrath, 2007). Although not the focus of this study, practices and behaviours ranging from ineffective sex education in schools, gender power inequities resulting in coerced and often unprotected sex (Jewkes et al., 2001), to obstructed access to contraception have been suggested as causal attributes of the high teenage fertility rate (Macleod & Tracey, 2010).

A recent 10-year review of teenage pregnancy in South Africa noted that over the decade the research focus has shifted from concentrating on the consequences and contributory factors of teenage pregnancy, to primary prevention concerns and improving services for young women (Macleod & Tracey, 2010). This shift is consistent with South Africa's adoption of the United Nations (2000) Millennium Development Goals, which seeks to halve poverty by 2015. Reducing teenage pregnancy and improving opportunities for women and children are therefore designed to address these goals (Jewkes et al., 2009). The broader social development agenda in South Africa is to be understood in a country that is rated as one of the most unequal in the world in terms of income levels and where two thirds of children (64%) live below the poverty line, that is, on less than US\$100 per month (Leibbrandt, Woolard, Finn & Argent, 2010). Cumulative risks resulting from socioeconomic disparities at higher ecological levels thus spill over to lower levels of the system, creating the conditions for compromised child development outcomes (Samuels, Slemming & Balton, 2012). In relation to teenage parenting, this wider focus has resulted in very little research on the parenting capabilities of teenage mothers as well as the child development consequences resulting from early childbearing (Macleod & Tracey, 2010). This literature review will address this gap in the South African literature by referring to international as well as local research.

2.4 The consequences of teenage parenting

In contexts where Western notions of parenting dominate, teenage parenting has often been viewed as a symptom of moral and societal decay (Duncan, Alexander & Edwards, 2010). Moral arguments, characteristic of early discourses, were framed in views where pre-marital sex and pregnancy was deemed wrong and shameful. As societies have transitioned to become less conservative, sex outside the context of marriage has become more prevalent, changing the view of teenage parenting from a conservative, moral framework to that of a social problem where age and health related outcomes rather than morality and marital status have been emphasized (Bonnell, 2004; Macvarish, 2010). Teenage parenting as a social problem, and therefore deviant, since these mothers do not follow a 'typical' trajectory, is echoed in the South African context even though childbearing outside of the context of marriage has been common amongst Black and Coloured South African race groups (Jewkes et al., 2001). The normative view, which dominates political, media and academic discourses tends to highlight the notion that having a child in the teenage years is considered to be a poor life choice, resulting in negative outcomes, not only for the mothers themselves, but also for their offspring and society as a whole (Coley & Chase-Lansdale, 1998; Furstenberg, Brooks-Gunn & Morgan, 1987; Gustafsson & Worku, 2007; Lounds, Borkowski, & Whitman, 2004).

2.4.1 *Teenage parenting and adolescent outcomes*

Early motherhood, it is said, requires the individual to negotiate the challenges of adolescence and parenting simultaneously, thereby placing multiple demands and stress on their coping mechanisms increasing their risk for depression (Coley & Chase-Lansdale 1998; Hess, et al., 2002; Whitman, Borkowski, Schellenbach, & Nath, 1987). Teenage mothers are also thought to exhibit immature and poor parenting related skills since they lack knowledge of child development (Bucholz & Korn-Bursztyn, 1993; Osofsky & Thompson, 2000; Whitman et al., 1987). These young mothers are also thought to be at higher risk of child maltreatment (Bucholz & Korn-Bursztyn, 1993; Lounds et al., 2004), although it is acknowledged that environmental factors such as poverty, decreased social support and poor maternal mental health are confounding variables (Coren, Barlow, & Stewart-Brown, 2003). Attention is also often drawn to the economic consequences of early motherhood from disrupted education as well as reduced

career prospects and earning potential (Gustafsson & Worku, 2007). The argument is made that this places an additional financial burden on society to provide welfare support (Makiwane, 2010).

According to SmithBattle (2009), professionals working within this framework are encouraged to identify teenage motherhood as a risk and to develop intervention programmes that may facilitate better parenting practices (Coren et al., 2003). It is argued however, that these programmes tend to view teenage parenting out of context, taking mostly a deficit-based stance since support from important people in the mother's environment is rarely seen as part of the system of teenage parenting (Drummond, Letourneau, Neufeld, Stewart, & Weir, 2008). She alone usually becomes the target of intervention and the sole recipient of service delivery. This limited focus may in part be related to the medical model in which teenage parenting is viewed, where the language of public health discourse (using terms such as prevalence, incidence or rates), constructs teenage parenting as a disease which needs to be remediated by health care professionals (Breheny & Stephens, 2010; Drummond et al., 2008).

Geronimus and Korenman (1992), Grogger and Bronars (1993) as well as Geronimus (1997) were the first to challenge the deep-rooted public and political opinions regarding the relationship between early mothering and poor outcomes. Through more robust research methodologies (using twin and sister data), they controlled for background factors such as selection effects, which appeared to provide biased estimates of causality in earlier studies. These studies made the classic statistical error of inferring causality from correlation data (Duncan et al., 2010) and the authors were therefore able to show that the relationship between poor outcomes and teenage motherhood was mediated by a third variable, namely long term pre- and post-partum socioeconomic disadvantage. In a review of the available North American data at the time, Hoffman (1998) was able to conclude that research had successfully drawn attention to environmental, familial and individual characteristics that could account for the relationship. Follow-up studies have continued to show the influence of mediating variables (Furstenburg, 2007; Geronimus, 2004).

Similar results showing the influence of background variables mediating the relationship between teenage parenting and poor outcomes have subsequently been found in UK studies (Ermisch, 2003; Robson & Berthoud, 2003) as well as in the South African context (Grant & Hallman, 2008; Marteleto, Lam & Ranchod, 2008). Teenage mothers are therefore at risk for negative outcomes, not purely because of early childbearing but from the same personal and environmental factors that place them at risk for early motherhood (Barnett, 2008). Teenage parenting should therefore be seen as a symptom of disadvantage rather than the cause (Duncan et al., 2010).

In addition, Beers and Hollo's (2009) review of teenage parenting raises the issue of research validity. They argue that some of the most cited research that describe negative outcomes for teenage mothers are more than 20 years old and therefore may not be applicable for modern day teenage mothers.

2.4.2 Teenage parenting and child outcomes

Children born to teenage mothers have historically been viewed as being at heightened risk for poor developmental outcomes (Macvarish, 2010; Osofsky & Thompson, 2000). Borkowski et al. (2004) found that children born to teenage mothers had a considerably higher chance (3 to 4 times in some cases) of having a developmental delay in the developmental domains of attachment, socioemotional adjustment, language, achievement and intelligence than children born to older mothers. However, in the same way that environmental factors were found to mediate this relationship in the previous section, so too is the development of children born to teenage mothers a function of broader environmental risks. The environmental conditions which place these children at risk for compromised development are also not specific to the offspring of teenage mothers but are conditions shared by other high risk peers as well (Hanson et al., 2011; Carothers, Borkowski, & Whitman, 2006; Leventhal & Brooks-Gunn, 2000).

When provided with emotional and functional support, the children of teenage mothers display developmental outcomes which are comparable to those of their peers (Beers & Hollo, 2009). Where developmental delay does exist, research suggests that this is symptomatic of the

high-risk contexts in which these children live, rather than the age status of their mothers (Carothers et al., 2006; Oberlander et al., 2009).

2.4.3 *Alternative discourses of teenage motherhood*

Notwithstanding reputable evidence to the contrary, the idea of teenage parenting as a social and health problem and synonymous with poorer outcomes is firmly entrenched in the public mind, especially in the USA and UK where teenage pregnancy rates are the highest compared to other high and middle income countries (Bonnell, 2004). Some scholars argue that political and cultural agendas seek to sustain these perceptions (Geronimus, 2007; Macvarish, 2010). Studies challenging the predominant Western, middle-class perspective have, however, opened the door for alternative methodologies and discourses of teenage parenting. Qualitative reviews, for example, have found that teenage mothers experienced parenting as positive life event (McDermott & Graham, 2005). In contrast to their middle class peers, teens from disadvantaged backgrounds perceive their education and career options to be limited and therefore see very little reason in delaying childbirth (Smith & Elander, 2006). For some, early parenthood becomes a catalyst for reducing risk behaviour (alcohol and drug abuse) and to reinvest in their education (McDermott & Graham, 2005; Shanok & Miller, 2007). Beers and Hollo (2009) in their review of the more recent literature on teenage parenting, draw attention to the fact that as many as 60% of teenage mothers may drop out of school before they become pregnant, but some also do return at a later stage to improve opportunities for themselves and their children.

2.5 Familial support as a protective factor

Alternative discourses have also argued for a cultural lens through which to view parenting norms (Geronimus, 2004), since the appropriate age for childbearing may vary across generations and cultural groups. In tandem with this argument, an important tenet of this thesis argues that an overt focus on negative outcomes has resulted in less attention being paid to potential buffering agents in the environment, particularly within cultures where kin networks are available to provide social and parenting support (Bunting & McAuley 2004a; SmithBattle, 2009). From an ECI systems perspective within which this study is framed, a bioecological model of teenage parenting (Bronfenbrenner & Ceci, 1994; Logsdon & Gennaro, 2005)

challenges the tendency to view teenage parenting in a vacuum. Within cultures where the role of extended family is valued, potential buffering agents within their microsystem (for example grandparents and members of the extended family) can provide social and parenting support which may impact positively on these mothers' competence as parents (Kurrien & Vo, 2004). Teenage mothers may therefore be embedded in family networks of support where they potentially have access to more than one significant caregiver who can provide support, not only to them, but may also assist in the parenting of their offspring (Jones et al., 2007). For example, Rak and Patterson's (1996) review of family-level protective factors for child development found the presence of alternative caregivers who can step into the parenting role as well as a network of multi-age relatives to be two important characteristics of vulnerable families that produce resilient children.

Geronimus (1997) confirmed some of the classic early work in this area and was able to show that in African American and Latino cultures for example, the raising of children born to teenage mothers becomes the responsibility of the family rather than that of the young mother alone. This is similar to certain African cultures in the South African context. Within the country's traditional African cultures, children play a very important role and although a young girl may be severely reprimanded for becoming pregnant, she and her baby are usually welcomed back into the household to be cared for by members of the extended family (Preston-Whyte & Zondi, 1992).

2.5.1 Social support as a protective factor

Support from the family thus represents an element of protection in conditions of risk that are thought to increase vulnerability. It is thought that through the process of *cognitive readiness* (knowledge of parenting and parenting style), social support has an indirect impact on parenting abilities (Whitman, Borkowski, Keogh, & Weed, 2001). Teenage mothers who have access to more social support may be better prepared for parenting and therefore exhibit a higher quality of parenting (Whitman et al., 2001).

A recent longitudinal study by Carothers et al.(2006) looking at the relationship between negative life events and the protective role of social support on the development of children of

teenage mothers, provided evidence for this claim. They found that social support was able to serve as a buffer for children's socio-emotional and behavioural outcomes. Their findings are similar to those of other research studies with vulnerable children of older mothers living in high risk environments that revealed the protective role of social support (Larsen & Birmingham, 2003; Werner & Smith, 2001). The following important points from Carothers et al. (2006) are noteworthy: Even though children who had higher social support relative to negative life events were protected from developing depression and withdrawal problems, high social support was no longer able to maintain this protection once the number of negative life events increased. Contrary to expectations though, children with high social support displayed less anxiety as the number of negative life events increased, triggering what Luthar (1991) first termed a 'protective enhancing' response. This protective mechanism is in contrast to the 'protective reactive' response of the former finding (Luthar, 1991). In the latter, social support thus served as a moderator that allowed children to tolerate stress (Carothers et al., 2006). This indicates that the role of support as a buffering agent is a complex and transactional phenomenon, dependent on the degree, ratio and balance of protective to risk factors and on the developmental outcomes being measured.

2.5.2 Parenting support from grandmothers

The parenting support provided by the teenage mother's own mothers, that is the child's maternal grandmother, is by far the most researched area in the literature on familial support in this population (Beers & Hollo, 2009; Bunting & McAuley, 2004a). The grandmother is typically the person with whom the teenage mother resides and from whom childrearing assistance and advice is often sought and modeled. An early review by Caldwell and Antonucci (1997) of the American literature at the time, suggested that these mothers reside with their own mother on average approximately five years after giving birth, receiving both material and parenting support. However, the question as to whether this support has been beneficial has provided conflicting evidence. On the one hand, a higher degree of childrearing assistance is associated with better outcomes for the teenage mother, including higher educational attainment and employment opportunities (Gordon et al., 2004; Wakschlag, et al., 1996). On the other hand, research suggests that grandmother involvement is not associated with the positive adjustment of the teenage mother (Davis & Rhodes, 1994) and may increase, rather than decrease her stress

(Black & Nitz, 1996; Caldwell, Antonucci, Jackson, Wolford & Osofsky, 1997; Voight et al., 1998). The source of this stress is usually conflicted relationship with the grandmother (Black & Nitz, 1996).

It has been suggested that some of the inconsistent evidence of support may be partially explained by the quality of the relationship between the teenage mother and the person assisting her with caregiving (Jones et al., 2007). The quality of this relationship at various points in the teenage mother's maturation as a parent is thought to mediate the beneficial nature of parenting support. Gee and Rhodes (2003) were able to show that when there is a positive mother-daughter relationship, then the involvement of the grandmother may be perceived as helpful and was associated with better outcomes for teenage mothers. In contrast, when there are problems in this relationship, grandmother involvement is perceived as intrusive or controlling, thereby increasing stress for teenage mothers and, in turn, compromising their parenting abilities (McDonald & Armstrong, 2001; Davis, 2002). It should also be remembered that during this time of adolescence, the teen is still trying to develop her own sense of autonomy and independence within the mother-daughter relationship, as well as her transition into the parenting role with the grandmother. Both aspects may therefore create conflict between the two parties (Davis et al., 1997).

Nitz, Ketterlinus and Brandt (1995) suggested that sources of conflict in the relationship centred around disagreements regarding childrearing/parenting practices as well as the aforementioned struggle for autonomy and independence occurring as part of the adolescent period. Borcharding et al. (2005) described how competitive and conflicted parenting relationships between the two parties could lead to the grandmother exerting control and authority over caregiving which resulted in the teenage mother questioning her parenting role. Easterbrooks, Chaudhuri and Gestsdottir (2005) found that too much direct caregiving support from a grandmother could prevent a young mother from fully becoming involved in the parenting role, which subsequently affected the quality of the parent-child relationship.

Other studies (Wakschlag et al., 1996) suggest that due to conflict in the mother-daughter relationship, adolescent mothers may provide the most effective parenting when living apart

from the grandmother while at the same time still receiving emotional, childcare and financial support from her. An interesting conundrum has also been brought to light in a review by Bunting and McAuley (2004a), namely that the greater the amount and types of support provided by the grandmother, the better the teenage mother's parenting behaviour and interaction with her child, but this resulted in a more negative experience of the parenting process for her. Therefore, while support from their mothers help teenagers to be better mothers themselves, the process is not always enjoyable for them (Bunting & McAuley, 2004a). Caldwell and Antonucci's (1997) review of the nature of support suggests that this may be a function of the teenage mother's age and that of her child. Their review concludes that more parenting support may need to be provided by grandmothers to very young teenage mothers (15-16 years of age) than to older teenage mothers (16-19 years) with higher levels of family support reducing anxiety in young mothers when their child is one month old, but not as much when the infant is eight months old. Thus, younger teenage mothers require more support and perceive this support as more favourable when their children are younger. These findings suggest that the benefits of support may decrease over time and may clash with a need for independence as the teenage mother matures and becomes more experienced in childrearing (Caldwell & Antonucci, 1997; Oberlander, Black, & Starr, 2007).

In short, the literature looking at the beneficial nature of grandparent support and teenage parenting outcomes would suggest that developing a sense of autonomy from their own mothers is an important predictor of positive parenting practices and establishing parental competency for this population (Coley & Chase-Lansdale, 1998). What should also be clear from the above is that the quality of the relationship between a teen parenting with her mother is complex in nature. Adding to this complexity is that it takes place when the teenage mother is required to centre her attention on her child at a time when, developmentally, she is probably still focused on her own maturation (Beers & Hollo, 2009). In viewing the situation from the grandmother's perspective, she is concurrently still attempting to parent her own daughter while also having to assist in the parenting of her grandchild, a situation which many may find to be physically and emotionally overwhelming (Barnett, 2008).

Due to the complexity of the relationships noted above, the exact direct and indirect mechanisms through which social support operates to influence outcomes is still not well understood. Contributing to this lack of understanding, a criticism which can be levelled at the current literature on grandmother support is its inconsistency in clarifying which relationship is specifically being referred to. One can therefore speculate whether it refers to the quality of the mother-daughter relationship, the parenting/caregiving relationship or a combination of the two. Why is this distinction important? As mentioned earlier in the theoretical discussion of family systems theory (Minuchin, 1985), these relationships represent different subsystems in the overall family system. Evidence from the mainstream parenting literature, for example, reveals that even though related and subject to spillover effects, the quality of the couple or marital relationship is distinct from the actual parenting relationship (Feinberg, 2002; Talbot & McHale, 2004). This is evidenced by the fact that some separated or divorced couples with high levels of marital/interpersonal conflict are still able to parent together successfully (McHale, Kuersten-Hogan, Lauretti, & Rasmussen, 2000). Since family systems theory (Bronfenbrenner, 1986; Minuchin, 1985) emphasizes the importance and dynamic nature of various relationships within the family subsystem, it is suggested that a similar distinction be maintained in the teenage parenting field. Keeping a clear head on the various relationships at a family level could therefore assist in untangling the complexities and inconsistencies of support by grandmothers noted above.

2.5.3 Support from the child's biological father

The supportive and parenting role of the child's biological father and that of other kin networks has historically been ignored to a large extent in the literature on teenage parenting (Bunting & McAuley, 2004b; Richter & Morrel, 2006; Tuffin, Rouch & Frewin, 2010). Methodological challenges in accessing fathers maintains the underrepresentation of their perspectives in the literature (Mitchell et al., 2007), although internationally and locally this is starting to change (Beers & Hollo, 2009; Swartz, & Bhana, 2009). More often, based on the accounts of mothers, these fathers are usually thought of as uncaring, absent and shirking their parental responsibilities (Strug & Wilmore-Schaeffer, 2003).

A recent, growing body of evidence seeks to challenge this view, with many fathers indicating their desire to be more involved with their children (Tuffin et al., 2010). Gee & Rhodes (2003), for example, report that fathers (in many instances as high as 60%) are identified as social support providers, although, over time, these figures do tend to wane significantly.

Research on involved and supportive fathers suggests that benefits accrue for both the teenage mother and the child. The literature, however, is as inconsistent as the research on grandmother support. Notwithstanding, Letourneau, Stewart and Barnfather (2004) found that these fathers are able to increase the responsiveness of mothers to their children, leading to greater parenting satisfaction and better maternal adjustment to parenting. In addition, mothers have also been found to display greater parenting self confidence and self esteem when fathers are highly involved and supportive (Amin & Ahmed, 2004). The strength of the correlation has, however, not always been the strongest (Gee & Rhodes, 2003; Voight et al., 1998), with one possible explanation being that father involvement tends to taper off over time (Gee & Rhodes, 2003). It has been suggested that this may be related to the strength of the mother-grandmother relationship (Krishnakumar & Black, 2003) as well as the quality of the father's relationship with the teenage mother and the maternal grandmother (Futris & Schoppe-Sullivan, 2007). A strong bond between the grandmother and the teenage mother appears to negatively influence maternal satisfaction with the father's support, leading to conflict in their relationship and the erosion of his involvement (Krishnakumar & Black, 2003). In fact, Gee and Rhodes (2003) pointed to the increased support from fathers when grandmother support is less.

Traditional notions of fathers as providers, particularly in low-income contexts, may also contribute to their decreasing involvement in two different ways (Tuffin et al., 2010). Having to meet their financial and material support obligations becomes a double edged sword for fathers, because the process of seeking and engaging in long hours of employment decreases the time spent with the teen mother and active fathering (Tuffin et al., 2010). This may create potential flash-points for conflict if the teen mother also has very little alternative support. On the other hand, fathers who are unable to meet their financial obligations may find access to their children curtailed (Fagan, Bernd, & Whiteman, 2007), with active gatekeeping being instituted by the teen mother and/ or the grandmother (Foster & Kalil, 2007; Futris & Schoppe-Sullivan, 2007).

From the above it is evident that the relational dynamics can become additional stressors in the teenage mother-father relationship. Increased conflict with the child's father could possibly account for some studies which have found father involvement and support to have a negative influence on mothers' psychological adjustment (Bunting & McAuley, 2004b; Gee & Rhodes, 2003). For example, unmet financial and childcare support from the child's father has been associated with symptoms of depression in teenage mothers (Gee & Rhodes, 1999) as well as poorer parenting skills (Shapiro & Mangelsdorf, 1994).

As mentioned previously, studies are inconsistent with regard to the impact of father support on child outcomes (Jones et al., 2007). Some studies are reported to find fewer behavioural and psychological outcomes for children (Jones et al., 2007), while others find very little or no effect (Coley & Medeiros, 2007). It can be hypothesized that a mediator variable, such as length of father involvement, which is subject to relationship quality with the other parent, may account for the variation in child outcomes.

2.5.4 *Support from other members of the extended family system*

While the impact of the support from the maternal grandmother and the child's father has been the focus of much of the research thus far, other individuals have also been found to provide support; amongst these are the teenage mother's grandmother, adult siblings as well as the paternal family (Gee & Rhodes, 2003; Jones et al., 2007). Although extended family members can increase the number of people in the support network, the beneficial nature of their support is still not well understood. In studies of multi-partnered fertility for example, Harknett and Knab (2007) found that broader kin networks did not necessarily translate into more support for mothers. They proposed that smaller and denser family networks may be superior to broader ones where family ties may be weaker.

2.6 *A coparenting approach to teenage parenting*

The above review suggested that the quality of relationship with support providers rather than their presence alone determines maternal and child outcomes. The relationship between support and improved outcomes with a teenage mother population is therefore not a

straightforward one, with the above review suggesting that relational qualities such as interpersonal conflict have the potential to cancel out buffering effects. It is therefore important that support provided to the teenage mother be interpreted correctly. While one could easily get the impression that the presence or absence of members of the extended family largely predicts the adjustment of the teenage mother and her child, a more consistent predictor appears to be the quality of the relationship which exists with members of the extended household (Jones et al., 2007). While the research would suggest that parenting support from a maternal mother or another adult benefits the teenage mother albeit under particular circumstances, an in-depth analysis into the exact nature of this support, the processes underlying it as well as the dynamics within certain family structures and cultures is still lacking. As a result, much of what is known remains inconclusive regarding its impact on the effectiveness of interventions with this group of mothers. Moreover, the issue of caregiving and parenting support given to teenage mothers cannot be separated from the cultural and familial framework in which they reside (Kurrien & Vo, 2004).

Within the South African context, Macleod (2001) contended that within extended family networks, common in many South African cultures, a process of ‘shared mothering’ is present and is potentially able to buffer the negative effects often assumed to arise as a result of immature parenting. The important role which the extended family plays has been well documented in the literature, particularly in relation to African societies where the definition of family consists not only of the immediate family, but also other extended family members such as aunts, uncles, grandparents as well as cousins (Jones et al., 2007) who may also be called upon to assist with parenting the child of a teenage mother. Additionally, within the South African context – because teenage motherhood may not be viewed from the negative perspective common in the western literature – there are indications that even members of the paternal family, for example the paternal grandmother, may also be called upon to provide support (Kaufman, de Wet & Stadler, 2001).

Many studies of teenage parenting, while viewing the support from the family as a protective factor for the development of her child and citing the emotional, material and caregiving support provided (Beers & Hollo, 2009; Bunting & McAuley, 2004a; 2004b), do not

necessarily place this support within a framework of coparenting. This may be one of the reasons why the literature on teenage parenting continues to show many inconclusive results (Beers & Hollo, 2009). Deeper inspection of these studies indicate that the manner in which the teenage mother parents with various people within her ecology (as described above) does in fact fit more flexible definitions of coparenting (McHale et al., 2004; Van Egeren & Hawkins, 2004). The literature on teenage parenting and coparenting has therefore been pursued independently of each other. For this reason, there are only a few examples of concomitant study; but this is starting to change as more coparenting studies are starting to take place within diverse family systems.

More recent literature is beginning to acknowledge that the manner in which a teenage mother parents with her own mother or with the biological father of the child may indeed be coparental (Herzog, Umaña-Taylor, Madden-Derdich & Leonard, 2007; McHale, et al., 2004). However studies still fail to measure specific coparenting dimensions/components (coparenting support/undermining, conflict, childrearing agreement, division of caregiving labour and so forth) which can account for variations in observed outcomes. On the other hand, those that have such as Borcherdig et al. (2005) and Oberlander et al. (2007), used measuring instruments that tapped only a few limited dimensions of the coparenting construct (Van Egeren & Hawkins, 2004). Furthermore, newer studies, specifically those with grandmothers, still fail to separate the coparenting interactions (that is, efforts to support or discourage the other parent's efforts with the child) from other family subsystems like the mother-daughter relationship (Maposa & SmithBattle, 2008). From an ECI perspective looking at child outcomes, Van Egeren and Hawkins (2004) cautioned that, without clearly defined boundaries distinguishing the coparenting relationship from other family subsystems, such as the mother-daughter relationship or the couple relationship, the effects of teenage coparenting on child development will continue to be confounded.

The coparenting field is not blameless with respect to clarifying these boundaries. Being a relatively new research field, it has taken some time to come to a consensus on the external structure of coparenting, that is, who can be coparents, when does coparenting begin and where does coparenting occur, as well as its internal structure — what behaviours, feelings or attitudes could be considered coparental (Van Egeren & Hawkins, 2004). For this reason, a conceptual

framework for understanding the internal structure of coparenting with reference to specific components or dimensions that make up the construct has been suggested (Feinberg, 2003; Van Egeren & Hawkins, 2004).

2.6.1 The components of coparenting

In the United States, coparenting researchers have focused on both the dynamics between mothers and fathers in nuclear families along dimensions such as support and antagonism (McHale, 1995) and on a description of household duties and childcare responsibilities (Cowan & Cowan, 1992). However, the coparenting field has suffered from the lack of a comprehensive framework for delineating the coparenting relationship and this has had a negative impact on the provision of specific targets for intervention within prevention and intervention programmes (Feinberg, 2002) and also on the manner in which coparenting is measured (Van Egeren & Hawkins, 2004). For example, various studies have drawn their conclusions of coparenting from one or two measures using restricted dimensions of this complex, multidimensional construct, thereby limiting the interpretation of relationships between different characteristics of the construct (Van Egeren & Hawkins, 2004).

For this reason, Feinberg (2002, 2003) and Van Egeren and Hawkins (2004) proposed that coparenting not only be defined, but also be described in a manner that allows interventionists and researchers to understand more clearly those processes through which specific coparenting components influence parental adjustment, the inter-parental relationship and parenting and child adjustment. Feinberg (2003, p. 99) wrote, “If coparenting is centrally involved in causal risk processes, then the coparenting relationship may be an important conduit through which individual, family and external stresses disrupt health-promoting parenting and child adjustment.” Both Feinberg (2003) and Van Egeren and Hawkins (2004) have put forward conceptual frameworks for describing coparenting domains and dimensions. According to Van Egeren and Hawkins (2004), these two frameworks share some similarities, while differing from others. Feinberg’s (2003) four domains describe characteristics which may be more useful in clinical practice, whereas Van Egeren and Hawkins (2004) proposed dimensions are methodologically driven and are demarcated by the definitional rules of coparenting as described earlier. Both these frameworks together with the characteristics that make up each domain or

dimension can be seen in Table 2.1 and will be described below. Some of the processes underlying these domains will also be discussed.

Table 2.1

Coparenting Domains and Dimensions

Coparenting domains and description of characteristics (Feinberg, 2003)	Areas of similarity	Coparenting dimensions and a description of characteristics (Van Egeren & Hawkins, 2004)
Division of child related labour <ul style="list-style-type: none"> • Duties • Tasks • Daily routine responsibilities • Child related financial legal and medical issues The main issue in this domain is one of satisfaction between parties about the division	Yes	Shared parenting <ul style="list-style-type: none"> • Division of caregiving labour • Degree that each partner is responsible for limit setting • Partners fairness about the way responsibilities are divided • <i>Balance of involvement</i> –can be measured by engagement with the child • <i>Mutual involvement</i> – extent to which both partners are simultaneously involved with the child
Degree of support <ul style="list-style-type: none"> • Affirmations of competency as a parent • Acknowledgement and respect of contributions. • Upholding the others parenting decisions and authority. 	Yes	Coparenting support <ul style="list-style-type: none"> • Strategies and actions that support partners' efforts to accomplish parenting goals or parents' perceptions of support in efforts to accomplish parenting goals • Co-operative interchanges – each parent builds on the other's lead • Helping the other parent play with the child • Strategies such as positive reinforcement of parenting practices
Degree of undermining <ul style="list-style-type: none"> • Hostile verbal sparring • Disparagement (mocking, criticising) • Competition 	Yes	Undermining coparenting <ul style="list-style-type: none"> • Strategies and actions that thwart partners attempts to accomplish parenting goals • Criticism/ lack of respect for parenting decisions by or toward partner • Overt and hostile interactions, for example criticism and name-calling • Disparaging comments about partner to the child or excludes them from a desired activity • Unwanted advice - stepping in to do child related functions in their own way • Feelings of belittlement when parenting judgments are ignored
Joint family management <ul style="list-style-type: none"> • Conflict between coparents • Balance/proportion of time each parent engages with child in triadic situations 	No	Coparenting solidarity (growing together as parents) <ul style="list-style-type: none"> • Expressions of warmth between coparents during triadic interactions with the child • Talking about partner to the child in a positive way

Coparenting domains and description of characteristics (Feinberg, 2003)	Areas of similarity	Coparenting dimensions and a description of characteristics (Van Egeren & Hawkins, 2004)
Childrearing agreement <ul style="list-style-type: none"> • Moral values • Behavioural expectations • Discipline • Children's emotional and safety needs 	No	<ul style="list-style-type: none"> • Coparents sharing childrearing values

2.6.1.1 Division of caregiving labour

According to Feinberg (2003), this component of coparenting relates to the division of duties, tasks and responsibilities pertaining to daily routines in relation to childcare (Table 2.1). This corresponds with Van Egeren and Hawkins (2004) *shared parenting* dimension, which contends that rather than looking at how duties are divided one should rather (and more importantly) look at parents' degree of satisfaction about how they came to the decision of dividing caregiving duties between themselves as well as each partner's sense of fairness in this matter. When expectations are not met in this domain/ dimension, it results in a sense of unfairness in one or both parties that leads to increased stress, which may interfere with warmth and sensitive interactions with the child (Feinberg, 2003).

Within a teenage mother population the division of childcare labour has significant importance as school attendance (which is usually promoted as a resiliency factor for teenage mothers) will cut into caregiving time. It is therefore important that child care labour be carefully negotiated between coparenting parties and that both parties are happy with the arrangement. The literature advises that a degree of flexibility should be present in how duties are divided and recommends that parents may have to adjust to situations as they arise rather than follow a more rigid approach. Gordon et al. (2004) cautioned that within this domain one will need to take into account that the added involvement from a coparent such as a grandmother may have consequences for various other domains of parenting. On the one hand, when grandmothers are more involved with childcare, teen mothers report lower stress levels. In contrast though, teenage mothers also reported that when they were less involved with parenting activities themselves, their confidence and commitment toward parenting were lower (East and Felice, 1996).

2.6.1.2 Degree of support versus undermining coparenting

This component of coparenting is similar in the two frameworks and according to Feinberg (2003), relates to each coparent's supportiveness of the other: their affirmation of the other's competency as a parent, acknowledging and respecting the other's contributions and upholding the other's parenting decisions and authority. Coparenting support may also simply take the form of helping the other parent to play with the child. In contrast to parental support, undermining coparenting takes the form of behaviours such as criticism, disparagement and blame, as well as competitiveness for the child's affection (Feinberg, 2003; Van Egeren & Hawkins, 2004).

The supportive quality of the coparenting relationship between the teen mother and her coparent has been associated with the teenage mothers parenting behaviour as well as her child's adjustment. A harmonious and supportive relationship between coparents has been found to promote maternal adjustment and positive parenting (Brody & Flor, 1998). A low level of coparenting support is related to maternal post-partum depression and socio emotional problems in children of teenage mothers (Sommer et al., 2000). The mechanisms through which supportive coparenting appears to exert a positive influence on parental adjustment is through the mediating role of parental self- efficacy (Teti et al., 1996), that is, the self-perception that one has the internal ability to manage difficult external stressors (Bandura, 1977). It does this by bolstering her belief in her ability to perform the parenting role competently. The field has not been clear as to whether the degree of support versus undermining should be seen and measured as opposite poles on a single continuum or as separate but interrelated constructs although recent accounts would suggest that they are separate (Feinberg, Brown, & Kan, 2012)

2.6.1.3 Child rearing agreement

Feinberg's (2003) domain of childrearing agreement (Table 2.1) does not share much overlapping commonalities with Van Egeren and Hawkins (2004) framework. This domain involves differences in opinion relating to a range of child related topics such as discipline, moral values, safety, education, development and so forth. Childrearing disagreement has been linked to child behavioural problems in the preschool period and at five years of age (Feinberg, 2002). Childrearing disagreement may play a particularly important role in affecting consistency of

discipline practices across parents. Childrearing disagreement per se may not be problematic, especially amongst coparents who ‘agree to disagree’ and can maintain high levels of mutual coparenting support (Feinberg, 2002). Coparents who actively and respectfully negotiate resolutions of disagreements may therefore not experience detrimental effects from childrearing disagreement (Feinberg, 2002). However, when power imbalances exist, such as when a teenage mother coparents with the maternal grandmother, she may not be viewed as a competent or equal parenting partner which may then result in conflict.

2.6.1.4 Joint family management

Feinberg’s (2003) fourth coparenting component, namely joint family management (Table 2.1), includes three aspects: conflict, coalitions, and balance. There does not appear to be a corresponding equivalent in Van Egeren & Hawkins (2004) domains for this dimension. It is therefore discussed as a coparenting component on its own. Inter-parental conflict specifically has received much attention in the teenage parenting literature and is therefore the main focus of this discussion. Inter-parental conflict appears to interact with the degree of support afforded to the young mother such that when the relationship is positive, the involvement and support of the grandmother may be perceived as helpful and has been found to be associated with better outcomes for teen mothers (Gee & Rhodes, 2003). In contrast, when there are problems in the relationship and there is a high degree of interpersonal conflict, the involvement of the grandmother coparent may be perceived as intrusive and controlling which can increase stress for the teenage mother and, in turn, affect her parenting (Bogat, Caldwell, Guzmán, Galasso, & Davidson, 1998; Davis, 2002). This relationship is also important with respect to an important parenting skill, namely the ability to monitor a child’s behaviour. Monitoring a child’s behaviour is a critical skill for promoting child adjustment. Coparenting relationships in which there are high levels of support and low levels of conflict have been associated with optimal levels of parental monitoring, whereas the opposite, low levels of support and high levels of conflict, have been associated with lower monitoring levels (Jones et al., 2005).

2.6.1.5 Coparenting solidarity

Van Egeren and Hawkins (2004) described this dimension as the unified relationship that grows between individuals who are tasked with raising a child; it is characterized by expressions

of warmth and positive behaviour towards each other while engaging with or talking about the child. It is distinguished from parental support, which is about respecting and upholding the other parent's decisions, and relates specifically to the experience of working together as a team and witnessing one's partner develop as a parent. There is no corresponding equivalent domain in Feinberg's (2003) framework. Coparenting solidarity is also often referred to as *parenting alliance* (Fivaz-Depeursinge & Corboz-Warnery, 1999), *family warmth* (McHale et al., 2004) or *parenting-based closeness* (Feinberg et al., 2012). Where strong coparenting alliances exist, parents take pleasure in communicating with each other about the child. Within the context of an inexperienced teenage mother parenting with a more experienced adult who mentors her, it is hypothesised that this dimension may also increase the teenage mother's sense of parental self-efficacy in terms of coparenting support, as was noted above. A recent study (Merrifield & Gamble, 2012) measuring the relationship between coparenting solidarity and parenting self-efficacy in parents of young children would appear to support this notion.

2.6.2 Coparenting and teenage mothers in extended family systems

From the above perspective on the definition and domains that constitute coparenting, it becomes apparent when reviewing studies of teenage parenting support by members of the extended family (Bunting & McAuley, 2004a), that few have attempted to control for and frame the quality of the relationship between the teenage mother and the person who assists her with parenting in this manner. The parameters and domains that make up coparenting may therefore explain the processes underlying some of the inconsistencies and inconclusive evidence found in the literature of teenage mothers and support from parenting partners more comprehensively (Bunting & McAuley, 2004a; 2004b). For example, some studies have reported on how childrearing assistance could be viewed as intrusive, without attempting to look at whether particular agreements existed between the two parties beforehand on how these tasks would be divided and the degree of satisfaction with the arrangement. In certain African cultures, for example, childrearing assistance amongst members of the extended family is taken for granted since the child is seen as belonging to all (Amoateng & Richter, 2003).

An influential and often quoted study of teenage parenting in extended family systems is that of Apfel and Seitz (1991). These researchers have documented longitudinal results of

supportive and non-supportive parenting involvement with single, low-income African American adolescent mothers (Seitz & Apfel, 1999). They identified four models of early family support following the teenage mother's transition to parenthood (Table 2.2).

Table 2.2

Apfel & Seitz' (1991) Four Models of Parenting Support to Teenage Mothers

Model of early support	Description
1. Parental replacement model	"I am raising your child for you" The coparent (e.g. the grandmother) assumes total responsibility for rearing the teenage mother's child.
2. Parental supplement model	"We are all raising this child." Care of the child is shared between the teenage mother and the coparent. Other family members including siblings will also pitch in to help.
3. Supported primary model	"This is your child, and it is your responsibility to raise him/her." The teenage mother is primarily responsible for the fulltime care and parenting of her child although she may receive occasional help from family such as financial assistance.
4. Parental apprentice model	"I will act as your mentor as you learn how to raise your child." The coparent acts as a mentor for the teenage mother. She supports and educates the teenage mother without replacing her within the parental role.

In their study, Apfel and Seitz (1991) found the *parental supplement model* to be the most common model identified. In addition, they found that teenage mothers whose parents either intervened too much (parental replacement model) or too little (supported primary model) were more likely to have a second child within 30 months of having their firstborn and were subsequently less likely to be rearing their firstborns by the time these children were 12 years of age (Seitz & Apfel, 1999). The parental apprentice model is different to the other three models as it is indicative of a mentoring process that occurs over time (Oberlander et al., 2007) and can which also can include aspects of the other models in relation to the adolescent becoming more competent in her parenting role. This study pre-dated the advent of coparenting as an emerging field in the family science literature and therefore does not explain the relationship in terms of coparenting. The qualitative nature of the study does however provide a valuable insight into the complexities of the relationship between teenage mothers and grandmothers who are adjusting to

new, complementary and competing roles. Subsequently, Oberlander et al., (2007) attempted to extend the study quantitatively by more explicitly controlling for the quality of the teenage mother-grandmother relationship implied in the former study. Their results confirmed the parental supplemental model, to be the most prevalent. Their study also provided support for the parental apprentice model as the preferred model for optimal child, adolescent and grandmother development. They also confirmed a relationship between the division of child care labour and the positive quality of the teenage mother-grandmother relationship. However, from a coparenting perspective, methodological constraints in terms of some of the measurements used warrants cautious interpretation. Firstly, the measure used to assess the division of caregiving labour, namely the “Who Does What?” scale (Cowan & Cowan, 1988), focused only on how the caregiving labour was divided and not the sense of fairness of this division, which Van Egeren and Hawkins (2004), in trying to bring more stringent methodological controls of measurement into the field, maintains to be a fundamental feature of measurement in this domain. Additionally, the measurements used for assessing the quality of teenage mother-grandmother relationship, namely an observational measure with the title Scale of Intergenerational Relationship Quality (Wakschlag, et al., 1996) and a self-report measure, that is, the Network of Relationship Inventory (Furman & Buhrmester, 1985) did not comprehensively assess coparenting quality in terms of all the domains of coparenting described earlier. They did however contain some elements of coparenting relationship quality such as the inclusion of support and conflict. This could be because the study did not set out to draw comparisons between Apfel and Seitz (1991) model and the construct of coparenting for teenage mothers. Therefore, the coparenting relationships of teenage mothers have still not been evaluated comprehensively on the domains and dimensions thought to be essential in determining the quality of this relationship.

2.7 Summary

This chapter argued for an adapted ecological model of coparenting as the lens through which to view the study. It also discussed the international and South African literature on teenage parenting and the role which parenting support is able to play in buffering some of the risks associated with early motherhood. In critiquing the literature, the construct of coparenting was put forward to understand the processes underlying the potential buffering effects of

parenting support to teenage mothers and also some of the inconsistencies that have been found in the literature. Clarifying coparenting quality in terms of the specific components that make up the construct also featured prominently as a way to operationalize it for measurement purposes within this study.

CHAPTER 3

RESEARCH METHODOLOGY AND DESIGN

3.1 Introduction

This chapter discusses the methodology and research design employed in this study. The chapter starts off by identifying the aims and objectives, followed by a discussion of the factors that had an impact on choosing the specific design to address these aims. Through the process of reflection in context and by studying the pertaining theory, the researcher argues for a mixed methods design approach in order that coparenting may be investigated in a comprehensive manner with an under-researched population and within a uniquely South African context.

3.2 Research question

Within a low-income, Coloured community who – if any – assists teenage mothers in the parenting of their child and what is the quality of the coparenting relationship between teenage mothers and their coparents?

3.3 Aims

3.3.1 *Main research aim.*

The main aim of this study was to identify and describe, within a low-income Coloured community, the people identified by teenage mothers as their coparents and the quality of their coparenting relationships.

3.3.2 *Sub aims*

In order to achieve the main aim, the following sub aims were identified:

- i. To identify and describe the living arrangements, household structures and family composition of the teenage mothers included in the study.
- ii. To identify the existence of coparenting relationships of teenage mothers included in the study and the people who most often act as their coparents
- iii. To identify and describe the coparenting roles of coparenting partners

- iv. To describe the quality of coparenting between the teenage mother and her coparent/s in terms of the six dimensions of coparenting
- v. To describe the low- income, Coloured community within in which teenage mothers in this study reside and the implications for their coparenting relationships.

3.4 Research Design

In this study the research design, which serves as a bridge between the research question and a means to execute the research, was not a straightforward process. Two specific events encountered during the research journey resulted in decisions about the design becoming more of an iterative process than a linear one (Durrheim, 2006). The iterative process acknowledges that technical as well as pragmatic considerations may influence the final research design (Durrheim, 2006). Accordingly, the design in this study is viewed as a strategic framework that guides the research activity rather than a strict blue print of steps to be followed. For valid conclusions to be drawn from this approach necessitates that the researcher continually reflect on the research process in order that careful decisions are made in developing and refining the research design (Durrheim, 2006). Factors that influenced the decision on the specific research design chosen for this study are discussed below.

3.4.1 The process of coming to a research design

This study was initially conceptualised within a positivist paradigm due mainly to the researcher's background in a field that traditionally lends itself towards quantitative methodologies. As the piloting of research instruments and field work progressed, challenges to quantitative data collection arose, which prompted the need to re-evaluate conceptualisations of key constructs (Rubinstein- Ávila, 2009). These 'encounters in the field' (Appendix A) made it increasingly obvious that the research question required deeper exploration that would ultimately provide a richer interpretation of the coparenting construct with a teenage mother population within this low-income, culturally homogeneous context than what was originally envisaged.

Two particular themes emerged from the researcher's journal account in terms of how these encounters influenced the study design. The first of these were *recruitment obstacles*. Stigma associated with teenage parenting (Bray et al., 2010) as well as perceived differences in identity

between the researcher and potential research participants (Ergum & Erdemir, 2009) made it increasingly difficult to recruit participants for the study. The researcher therefore had to acknowledge that these particular issues were influencing the sampling strategy and the potential external validity of the study because the participant numbers obtained would not be sufficient to make any claims that could be generalised.

Secondly, *interpretations of the parenting construct* appeared to differ in this context. During the piloting phase of the study it became evident that many people in this community had serious economic challenges. The concept of parenting therefore appeared to be aligned with material and economic provisioning rather than the nurturing manner in which it is defined in the literature (Belsky, 1984). It therefore became apparent that the coparenting construct would probably be affected by the same narrow definition as well. Since the coparenting field specifically cautions that researchers should be clear about what does and does not constitute coparenting (Van Egeren & Hawkins, 2004), it became clear that a deeper level of questioning was warranted in order to establish if the coparenting construct actually existed within this population.

In response to the above, it was decided to add a qualitative, explorative dimension to the study to allow for richer interpretation and description of subtle nuances of key findings that would be missed if the study relied solely on quantitative data collection methods. This sensitivity and reflexivity to issues encountered in the field is one of the prevailing legacies of one of the most prominent sociologists of the 20th century, Pierre Bourdieu (Fries, 2009). The researcher encountered Bourdieu's work at roughly the same time that the above decision was made. Bourdieu's emphasis on methodological reflexivity is encapsulated in his reflexive sociological theory which in itself is a misnomer as he "...was deeply opposed to the separation of theory and research." (Weininger, 2005, p. 120). He felt strongly that researchers needed to be reflexively aware of the implications and effects of theory in relation to their own interpretations of the social world. He was critical of what he called the 'intellectualist bias' which, he asserted, arose when researchers were not sufficiently critical of how forces such as their social and cultural background as well as their position within particular fields shaped their own assumptions and presuppositions of the world (Bourdieu & Wacquant, 1992, p. 39). By bringing

together insights and theories from various fields, Bourdieu transformed bodies of knowledge by challenging the ‘sacred cows’ of a particular field.

Practically, Bourdieu would assert that researchers cannot be ignorant of their own preconceptions at all stages of the research process – that is, from the way that the research study is conceptualized at the outset in relation to the interpretation of constructs and the theories used to support them, to how these preconceptions influence interpretation of data at the latter stages of analysis. As was noted in the previous chapter, Bronfenbrenner’s (1979) ecological systems theory is the theoretical framework which underpins the conceptual development and key constructs within the coparenting field as well as in the field of ECI from which the researcher originates. Ecological systems theory emphasizes the development of the child in context (Garbarino & Ganzel, 2000). In this way, researchers are encouraged to take a multifocal view of the ecology surrounding the teenage parent and her child focusing on the close up lens of the family (microsystem) as well as systems further away which have the potential to influence the exo- and macrosystems (Logsdon & Gennaro, 2005). What is hardly acknowledged in the field however, is that the lens through which this ecology is viewed is in effect that of the researcher and therefore essentially one which is subjective and prone to bias.

The field-based reflections in Appendix A have elements of self appraisal and self critiques in relation to theoretical assumptions which Koch and Harrington (1998) suggested were characteristic of reflexive research. As context begins to be explored, it influences interactions with and interpretations of theory, thereby allowing the researcher to also critique theories and seek new theoretical frameworks and appropriate methodologies for answering the main research question (Koch & Harrington, 1998). This circular process of coming to an appropriate research design is similar to that of the Hegelian dialectic cycle (Figure 3.1).

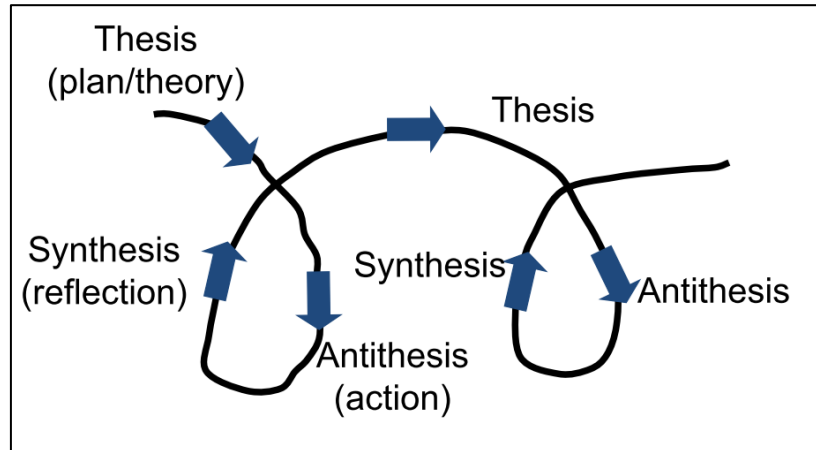


Figure 3.1. The Hegelian dialectic cycle.

The Hegelian dialectic cycle refers to a circular pattern of thought and action resulting in the expansion and changing of ideas (Johnson, 2008). It is named after the German idealist Georg Wilhelm Friedrich Hegel (1770-1831) who argued for a radically different method to shape understanding. According to Hegel, when we start building a theory (referred to as the thesis), everything appears to fit quite well for a while. In relation to the current study, this would pertain specifically in terms of how the coparenting construct was originally defined, which was a definition guided by the prevailing Western literature. However, as one starts to delve into the implications of the theory or come across practices which contradict the theory (for example in relation to how parenting is defined), it may result in deeper consequences that appear to conflict with the basic tenets of that theory. Eventually, this leads to the development of an opposed theory (the antithesis). The current study would tend to support this, since there are some early indicators that there may be additional features to the coparenting construct which are unique to coparenting within the context of a diverse family system like teenage coparenting. This includes the fact that power relationships between coparents are unequal, since a teenage mother and a grandmother coparent for example enter into the coparenting relationship with unequal levels of parenting competency.

The final stage in the Hegelian dialectic cycle is that there is a leap in understanding and a new theory is created. This new theory manages to resolve the two apparently incompatible theories in a unique and unpredictable way and in such a manner that a new theory is born (the

synthesis). The cycle then continues and via this on-going dialectic interaction, knowledge and understanding of specific paradigms increase (Greene, 2007). In short, the process highlights that “Ideas become accepted in some domains and over time they become challenged and replaced.” (Johnson, 2008 p. 203). The dialectic process is essential to the mixed methods design according to Johnson (2008), as it requires a back and forth movement between quantitative and qualitative perspectives to enhance understanding of various concepts and paradigms.

It is essentially these two encounters, one contextual and one theoretical, which resulted in cognitive dissonance within the researcher, prompting the move away from a purely quantitative methodology toward a mixed methods design. Cognitive dissonance theory, which is based on the work of Leon Festinger, has been described as the mental conflict that is experienced when someone is presented with evidence that their beliefs or assumptions may not be correct (Sadock & Sadock, 2007). It is this dissonance (which could be argued to be part of Hegels’ antithesis) which motivated the need for change in research design.

It would be presumptuous, if not premature, to assume that the current study aims to present an opposing view of coparenting from that which has thus far been encountered in the literature. However, it is believed that a mixed methods design that brings together both quantitative and qualitative data and that is underpinned by a reflexive dialectic processes, would allow for deeper understanding and a broadening of understanding of the coparenting paradigm; this would be especially true within a diverse family. It appears to be a design which is more authentic and reflective of the realities of the everyday life of teenage mothers and their coparents in this particular low- income, South African community. It also allows the researcher to debate the question of ‘so what’ or ‘what does this mean’, thus becoming the vehicle for a deeper critique of current coparenting theories which have largely been defined from a Western, middle class perspective. The question of ‘so what’ is often a critique levelled at quantitative methodologies which may not always be able to answer deeper questions prompted by the results of these methodologies, but at the very least may speculate or provide an educated hypothesis. The addition of a qualitative component to this study therefore allows the researcher to move beyond speculation to a space where theory may be debated from the point of contextually sensitive information. This permits the field of coparenting to gain a richer understanding of the

construct in diverse contexts, which may in turn add to more relevant, context specific interventions.

3.4.2 Mixed methods research design

In its simplest form, a mixed methods research design can be described as the combination of quantitative and qualitative methodologies, but more specifically it would be defined as a procedure for collecting, analysing and integrating both quantitative and qualitative data at some stage of the research process into one research study or in a series of studies (Creswell, 2009; Creswell & Plano Clark, 2007). The purpose of using a mixed methods design in this study is to consider multiple perspectives, because neither quantitative nor qualitative methods may be sufficient on its own to capture the trends and details of the coparenting construct as discussed earlier (Creswell, 2009; Johnson, Onwuegbuzie, & Turner, 2007).

Although mixed methods research as a design has been described and cited in the work of various authors working in the middle part of the 20th century (Campbell & Fiske, 1959; Webb, Campbell, Schwartz, & Sechrest, 1966), its official use in the nomenclature of the social sciences methodological literature has only come about more recently, with the first landmark publication by Tashakkori and Teddlie (1998). Since then, within the methodological literature, the mixed methods approach is increasingly being recognised as the third research design along with quantitative and qualitative designs (Johnson et al., 2007).

However, a mixed methods research design does present some challenges that have implications for the current study. Among these are periods of extensive data collection, the large amount of numeric and text data generated as well as the time and insight needed to analyse and integrate the data (Creswell, 2009). Moreover, the researcher has to be acquainted with both quantitative and qualitative forms of enquiry (Hall & Howard, 2008).

3.4.3 Mixed methods in the family science, coparenting and early childhood intervention fields

Critics of methodologies in the family science field have argued that the field has largely allowed itself to be dominated by methods and techniques of enquiry which have restricted its

ability to ask complex questions required to extend theory and inform practice (Handel, 1996; O'Brien, 2005). In a recent systematic review of studies published over a 10-year period in the four leading journals in the family science field, Plano Clark, Huddleton-Casas, Churchill, Green and Garret (2008) found only 19 studies which fit the criteria of a mixed methods design. None of the studies mentioned had a coparenting focus.

Contributing to the lack of mixed methods studies may be the differing perspectives with respect to methodological concepts and terminology. Mixed methods, for example, is seen as a research design by some (Creswell & Plano Clark, 2007), while others consider it to be a research methodology (Tashakkori & Teddlie, 1998) or a method of data collection and analysis. To illustrate the conceptual differences in perspectives, Creswell and Plano Clarke (2007) highlighted the distinction between methodology, design and methods (Table 3.1). These concepts are sometimes used interchangeably when in fact they are quite distinctive.

Table 3.1

Clarification of Methodological Concepts

Methodological concept	Description
Methodology	It refers to the philosophical frameworks/worldviews and the fundamental assumptions of research, for example, post-positivist philosophical frameworks underlie quantitative designs and social construction, advocacy/participatory frameworks underlie qualitative designs, while pragmatism underpins mixed methods designs. These philosophical frameworks, although often 'hidden' in that they are rarely discussed in most quantitative designs, influence the procedures of research. Usually, the philosophical framework with which a researcher approaches the study is shaped by the field in which the researcher is located.
Design	It refers to the plan of action that links the philosophical assumptions to specific methods. Therefore, quantitative design (for example survey research), qualitative designs (for example ethnography), and mixed methods (for example, sequential) are examples of research designs.
Methods	Methods are more specific and refer to techniques of data collection or data collection materials, for example a quantitative questionnaires (standardised or self-developed) instrument or qualitative interviews.

Note. Adapted from Creswell and Plano Clark (2007).

These differing perspectives on mixed methods research have in themselves led to various differences in terminology and the following terms have also been used in the literature, namely blended research, quantitative and qualitative research, integrative research, multi-

method research, methodological triangulation, multiple methods, two stage, dual methodological research and mixed research.

The lack of mixed methods approaches in the coparenting field is further corroborated by the literature review of this study which revealed that the field has been reliant on quantitative methodologies. While it is acknowledged that there is much scope for the development of coparenting theory and that measures which have been typically used to explore these are limiting (McHale, et al., 2004; Van Egeren & Hawkins, 2004), the tendency is still to debate this matter in terms of dichotomies of methods. There is much debate, for example, on whether data collection tools currently used, such as self-report or observational measures (both quantitative methods) are suitable for measuring coparenting (McHale et al., 2004). Rarely does discussion involve an analysis of whether other methodologies and different research designs could move coparenting theory forward, even though many of the quantitative methods which have been used to date to build the theory in this field, are still to be validated (Van Egeren & Hawkins, 2004). As has been explored in the previous chapter, the field is increasingly aware that the coparenting construct may require redefinition or expansion to include other contexts and cultures. Exploring the subtleties of a construct would therefore benefit from paradigms that incorporate more context specific designs and methods.

Similar reviews with respect to mixed methods research designs have not been conducted in the ECI field although historically, the field has taken its lead from the quantitative methodologies of the natural sciences in order to provide scientific evidence for the efficacy of ECI. Recently, however, there have been calls for methodological pluralism, especially in relation to exploring cultural aspects of child development and child rearing practices across contexts (Marfo, 2011).

With particular relevance to the current study, Marfo (2011) has criticised researchers from Africa for largely adopting the methodological hegemony of the West, to such an extent that White middle-class ethno-theories and values about childrearing are seen to drive developmental child research on the African continent. He believes that this has been to the detriment of espousing local knowledge and ecological realities that could contribute to a global

knowledge base. He further calls for an emergent African child development field to adopt various paradigms and methodological approaches as an exploratory vehicle for research across cultures on the continent to help, as he puts it, “... distinguish uniquely local and culture-bound developmental processes from those that are universal but expressed differently in particular cultural contexts.” (p.143). These thoughts are echoed by McHale et al. (2004) in acknowledging that the coparenting field, dominated as it is by Western philosophies of the coparenting phenomenon, would benefit greatly from research into diverse family systems and cultural contexts guided by “... indigenous approaches... and native researchers” (p.232).

From the discussion above it should be clear that broadening the methodology of a field has considerable implications for extending theory in that particular field. This is true for both general and universal principles as well as for the incorporation of indigenous knowledge about how these principles are interpreted and acted out in different cultures, contexts and family systems. This study therefore aims to take up this challenge by using a mixed methods research design for exploring the coparenting arrangements of teenage mothers within a specific low-income South African cultural context. The use of the mixed methods research design has therefore largely been dictated by the nature of the research questions of this study as well as by issues encountered in the field that were detailed earlier in this chapter. In this particular study, the term *mixed methods* is referred to and used as a design consistent with the definition of Creswell and Plano Clark (2007):

“Mixed methods research is a research design with philosophical assumptions as well as methods of inquiry. As a methodology, it involves philosophical assumptions that guide the direction of the collection and the analysis of data and the mixture of qualitative and quantitative approaches in many phases in the research process. As a method, it focuses on collecting, analyzing, and mixing both qualitative and quantitative data in a single study or series of studies. Its central premise is that the use of quantitative and qualitative approaches in combination provides a better understanding of research problems than either approach alone.” (p.5)

In keeping with this definition, this study is situated within the pragmatic paradigm which proposes that the research question or set of questions should guide the researcher in choosing the most suitable methodological approaches (Creswell & Plano Clark, 2007; Tashakkori & Teddlie, 2003). While post-positivism and constructivism or post-culturalism are the paradigms most often associated with quantitative and qualitative research respectively, the pragmatic paradigm is characteristic of mixed methods research designs (Johnson, et al., 2007). At the heart of this paradigm is its appreciation for considering multiple perspectives and standpoints (both quantitative and qualitative) in order to answer the research question (Johnson et al., 2007). The specific mixed methods research design used in this study is elaborated upon below.

3.4.4 Mixed methods designs in relation to the current study

As mentioned earlier, the research design provides an important structure to guide the research process and is essential for the rigour required of any research endeavour (Plano Clark & Creswell, 2008). Currently, there are three approaches to mixed methods designs, which include the typological (linear) approach (Bryman, 1988; Creswell & Plano Clark, 2007), the systemic approach (Maxwell & Loomis, 2003) and the synergistic approach (Hall & Howard, 2008).

Classic typological designs are usually linear or logical in flow and are influenced by three central aspects, namely timing, weighting and mixing (Creswell and Plano Clark, 2007). Timing refers to when in the search process the quantitative and qualitative data is collected and used, that is, concurrently (at the same time) versus sequentially (in phases) (Creswell & Plano Clark, 2007). Weighting refers to the priority given to either of the two methods. In some studies, the weight between the quantitative and qualitative approaches may be equal, while in others the one may take priority over the other (Creswell, 2009).

Typologies, however, have been criticised on the basis that they are not always able to take into account the degree of variation that occurs in real world encounters where the researcher, for example, may have to adapt the methodology to include diverse perspectives or to explain contextual levels factors that influence the construct being examined (Hall & Howard, 2008). In keeping with the ecological framework of coparenting guiding the study (Figure 2.3) it

became clear that in order to gain multiple perspectives about the coparenting relationships of teenage mothers, the characteristics and opinions of coparents could provide additional richness in understanding the coparenting triad. This theoretical framework also necessitates a broader understanding of the sociocultural context in which teenage coparenting takes place. During the process of data collection with teenage mothers and their coparents, it became clear that an additional source of information was needed to provide contextual relevancy to the data being collected. Knowledgeable people from the community who acted as key community informants were subsequently incorporated into the study. For this reason, an alternative mixed methods approach, such as the systemic approach (Maxwell & Loomis, 2003) appears to be more appropriate for this phase of data collection. The advantage of this model is that it considers issues of context and processes in terms of how research designs unfold in practice, rather than a set series of steps which tend to be overemphasised in typological designs (Plano Clark & Badiee, 2010).

From the above, it can be seen that typological as well as systemic methods are needed for the current study. The synergistic mixed method design (Hall & Howard, 2008) which integrates both typological and systemic approaches, is therefore preferred.

3.4.5 The synergistic mixed methods design of the current study

Because of the reflexive nature of the current study and the multiple sources of data, the synergistic mixed methods design approach (Hall & Howard, 2008) is used as the strategic framework to guide data collection. This mixed methods design takes advantage of each of the inherent strengths of typological and systemic designs in that typological direction is given with respect to timing, mixing and weighting of data while still remaining flexible to the interactive nature of the research process in the real world environment.

Multiple sources of quantitative and qualitative from people at various levels of the ecology, that is, teenage mothers, their coparents and key informants from the community, may each represent individual data sets within the bigger data corpus of the study (Braun & Clarke, 2006). The data corpus refers to all the data collected for a particular research project and comprises the individual data sets (Braun & Clarke, 2006). Mixing data sets at various levels of

the ecology is therefore characteristic of systemic, mixed methods approaches, because quantitative and qualitative information from various data sets are triangulated with each other in order to strengthen the validity of findings of the data corpus. However, within a particular data set, for example data derived from teenage mothers, typological mixed methods designs may provide specificity, structure and guidance on how to collect and mix the data.

With specific reference to the current study, the ecological framework within which it is embedded, requires multiple sources of information to be taken into account and triangulated with each other, since contextual characteristics at various levels of the ecology influences the quality of the coparenting relationship (Lindsey, Caldera & Colwell, 2005). Within the data corpus various types of data were collected at different levels of the ecology (Maxwell & Loomis, 2003) to yield quantitative, qualitative and mixed results as schematically represented in Figure 3.2.

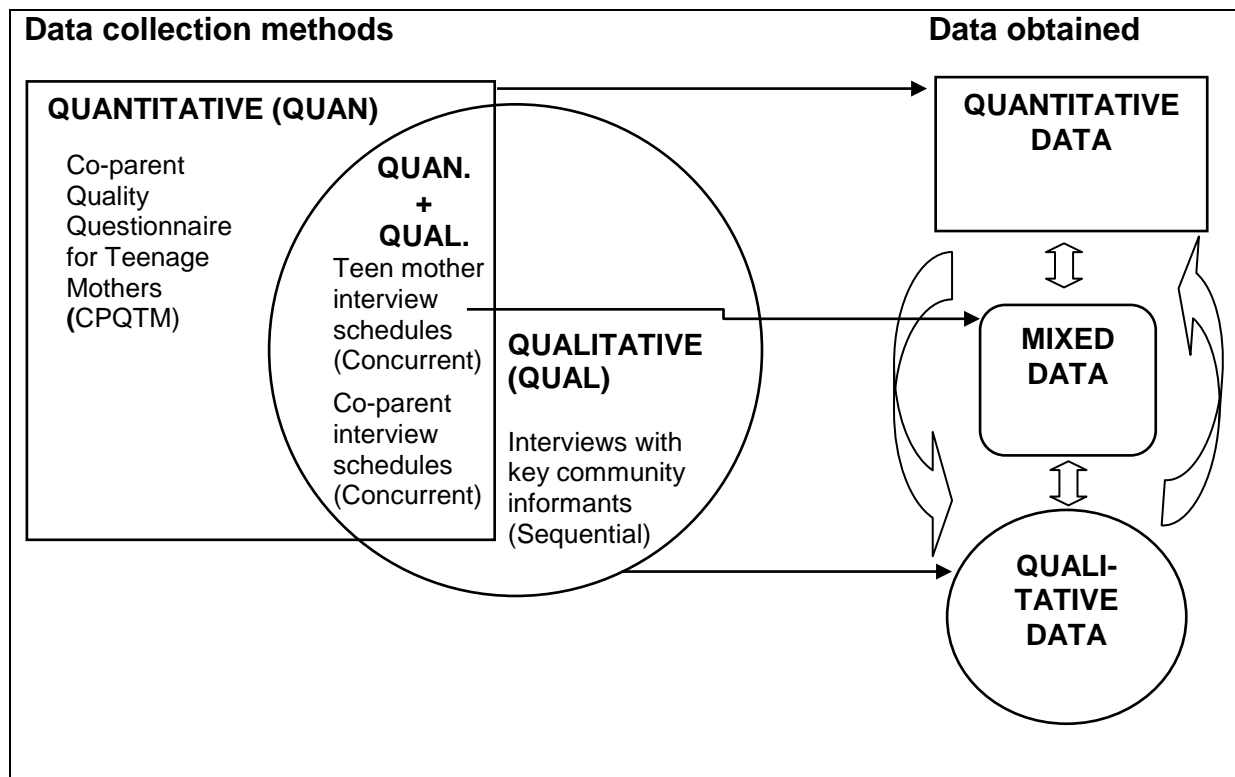


Figure 3.2. The synergistic mixed methods data collection approach adapted from Hall and Howard (2008).

As seen in Figure 3.2, the interview schedule for teenage mothers and their coparents included both open and closed ended questions resulting in quantitative and qualitative data collected concurrently for both data sets yielding mixed data. The Coparenting Quality Questionnaire for Teenage Mothers (CPQTM) yielded quantitative data only. However, in order to make sense of some of the results of the CPQTM at the interpretative stage, it was necessary to go back to the qualitative data from the interview schedule. As described earlier, the qualitative part of the study gained more prominence after it became apparent that context-related factors at the exosystemic level appeared to be influencing some of the results obtained. Context-sensitive qualitative data about this specific community was subsequently collected from key community informants in order to explain the initial findings. Following up with qualitative data collection is therefore consistent with a sequential-explanatory, typological research design (Creswell & Plano Clark, 2007).

Based on the timing and mixing of data sets at various systemic levels, the synergistic approach appears to be an appropriate research design as it captures the real world issues encountered in this study and therefore incorporates an important methodological strategy, namely that of reflexivity (Bourdieu, 2004; Fries, 2009). The use of both qualitative and quantitative research methods assists therefore to provide a clearer understanding of the coparenting paradigm with the specific target group of this study living within a specific ecocultural and socioeconomic context. In essence, the synergistic approach advances the idea that the combined effect of the quantitative and qualitative research is greater than the sum of either approach on its own (Hall & Howard, 2008). This concept of synergy forms one of the core principles of the synergistic mixed methods design. The core principles act as a set of standards or values that makes it possible to mix qualitative and quantitative research frameworks. Apart from the principle of synergy, the core principles also include the position of equal value, the ideology of difference and the relationship of the researcher to the study design.

A position of equal value (the priority and weighting decision in typological designs) takes the view that neither methodological approach overrides the other. Therefore, the theories, methodologies and methods of both quantitative and qualitative paradigms are valued equally

throughout the research process. In this study quantitative and qualitative data were weighted equally.

The ideology of difference recognises that both quantitative and qualitative paradigms offer important and yet diverse perspectives to a mixed methods study, thereby providing multiple points of view on the same research question.

The *relationship of the researcher to the research design* relates to the different positions that the researcher has to take in terms of the different research paradigms in a mixed methods study, which may often be in conflict with each other. On the one hand, from a quantitative perspective, the researcher takes a position of objectivity, while from a qualitative perspective the researcher takes a more subjective perspective. Bourdieu's reflexive sociological theory is therefore seen as an important vehicle with which to resolve the two positions. According to Fries (2009, p. 329) "...it seeks to combine an understanding of how objective social structures pattern human conduct while remaining open to the insight that human beings can and do subjectively act".

These core principles of the synergistic mixed methods design are therefore at the heart of how data was generated in this study to make up the data corpus (Braun & Clarke, 2006).

3.5 Summary

This chapter described the process of coming to the particular research design that was used in this study in order to answer the main research question set out at the beginning of the chapter. The research question was operationalized and broken down in terms of a main research aim and more specific sub aims. Real world encounters and broader theoretical knowledge made it clear that, in order to understand teenage coparenting within a diverse, sociocultural and economic context, would require both positivist and interpretivist methodologies. Based on this insight, a synergistic mixed methods design based within the pragmatic paradigm was adopted, since it recognises that greater understanding of teenage coparenting would result from diverse perspectives and by combining and integrating quantitative and qualitative data. Furthermore, it

incorporates the necessary reflexivity required to answer the research question, since it is responsive to systemic, contextual factors.

CHAPTER 4

METHOD

4.1 Introduction

This chapter focuses on the methods used in this research to achieve the aims of the study set out in the previous chapter. The various phases of the study is outlined as well as a description of how the measuring instruments were developed and employed within a mixed methods design. In addition the research site, participant selection criteria and sampling techniques are also discussed. The chapter concludes with an explanation of how the quantitative and qualitative data were analysed and triangulated with each other within the synergistic mixed method design used in the study.

4.2 Stages of the research

The study consisted of three distinct stages, namely the preparatory stage, the pilot study and the main study (Figure 4.1). In the main study, the synergistic, mixed methods design also consisted of three phases. Figure 4.1 displays the mixed methods short hand notation, typical of typological designs (Creswell & Plano Clark, 2007; Tashakkori & Teddlie, 1998), to describe these phases as well as the quantitative and qualitative data collections procedures. These data collection procedures are represented by the abbreviations *quan* and *qual* respectively. The plus symbol (+) indicates simultaneous or concurrent forms of data collection to demonstrate that quantitative and qualitative data were collected at the same time. The arrow (→) indicates a sequential form of data collection to show that additional quantitative or qualitative data were subsequently collected. In keeping with the synergistic mixed method design of this study (Hall & Howard, 2008), the quantitative and qualitative procedures were weighted equally in terms of their priority and are therefore displayed in lower case.

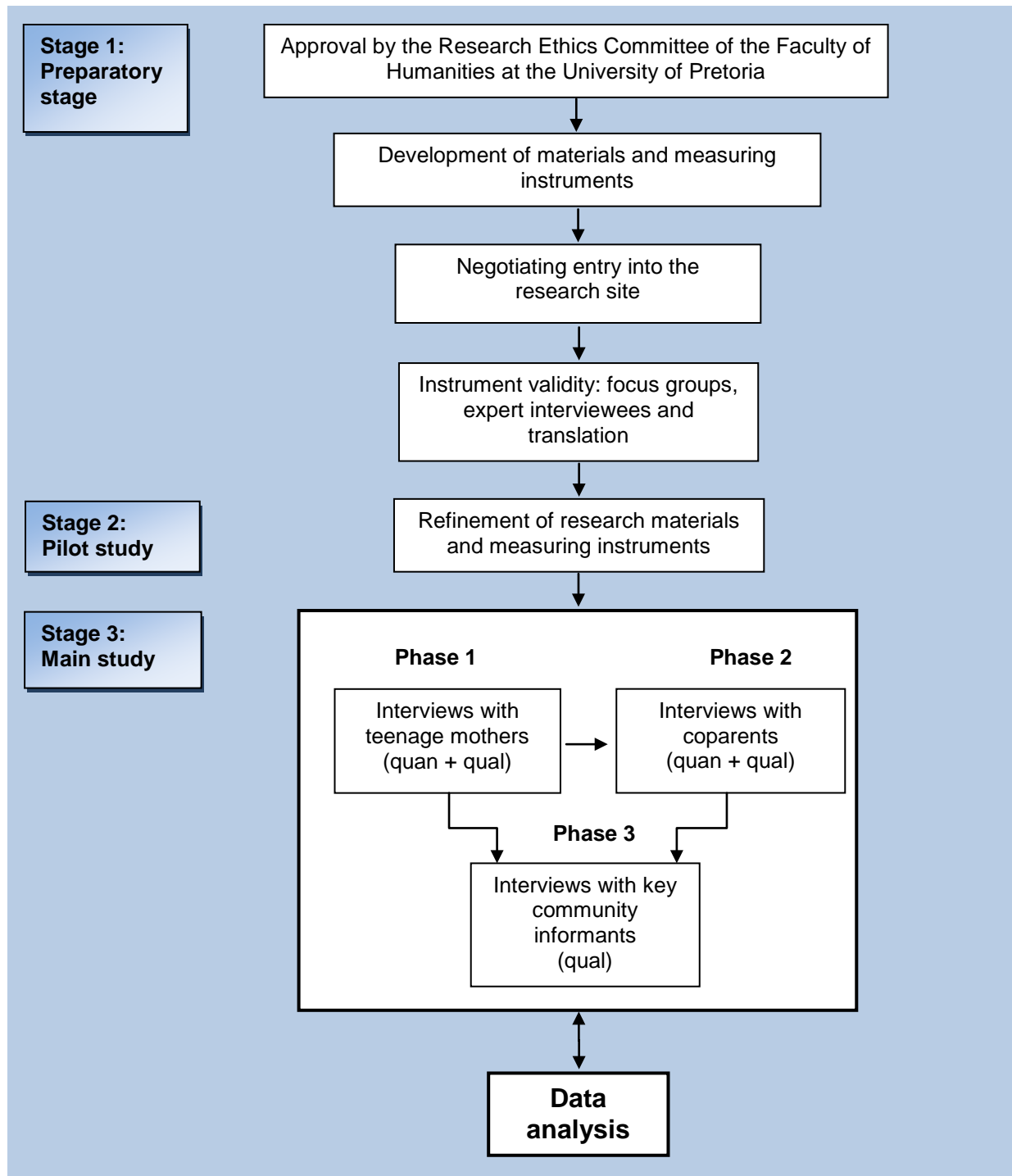


Figure 4.1. Overview of the three stages of the study.

Formal data analysis of the complete data corpus was undertaken once all data had been collected. During this stage, it was necessary to move back and forth between the various data sets in order to triangulate results and to explain findings.

4.3 Stage 1: Preparatory stage

4.3.1 Obtaining ethical approval for the study

Before proceeding with the study, ethical consent (Appendices B, C & D) was obtained from the Research Committee of the University of Pretoria's Faculty of Humanities. The National Health Act in South Africa (Parliament, 2005) requires that an accredited research ethics committee approve all research involving human participants. As was highlighted in the literature review, teenage pregnancy and parenting in many communities is a divisive issue and can lead to stigma. It was therefore important to ensure that participation in the study would not lead to negative consequences for the participants or to further stigmatisation. Furthermore, the definition of teenage mother means that many participants may still be below the age of consent and would thus require consent from their legal guardians to participate in the study.

Obtaining ethical approval for a study, however, focused on more than just the welfare of participants. The researcher also had to show ethical conduct and honesty as well as ensure scientific validity and for these reasons the research design, methodology and analysis should be rigorous, justifiable and feasible (Wassenaar, 2006).

4.3.2 Development of materials and measuring instruments

Once ethical approval was obtained, materials, measuring instruments and procedures for the study were developed. The first of these was an interview schedule for teenage mothers. It was imperative that information obtained in the interview schedule would elicit answers related to the research aims. This interview schedule for teenage mothers was specifically designed to provide information related to sub aims (i-iii) of the study, which would enable the researcher to obtain demographic information about the teenage mother as well as information related to family structure and the type of support received from the family. Furthermore, the interview schedule was also required to obtain information about the external structure of coparenting, that is, the specific people in the teenage mother's ecology who were considered to be coparents (Van Egeren & Hawkins, 2004). It was therefore decided that a semi-structured interview format with both closed-ended quantitative and open-ended qualitative questions would best elicit this information. This would allow for deeper probing to rule out instances where individuals may have been offering parenting assistance such as caregiving, but were not really involved in a

parenting role and would hence be ruled out as coparents. Furthermore, it was also important that the interview could identify participants who would be able to provide information related to sub aim (iv), which deals with the quality of coparenting.

4.3.2.1 Semi-structured interview schedule for teenage mothers

A literature review revealed important considerations that needed to be taken into account when evaluating the family structures of teenage mothers (Table 4.1). Certain family structures appear to be related to particular race groups and have the potential to predict the amount and type of parenting support (Henly, 1997, Bunting & McAuley, 2004a). The specific family structure within which teenage mothers are embedded, namely nuclear versus multi-adult/extended family structures, has implications for the identification of the potential people who may act as coparents. By taking this information into account, the first draft interview schedule for teenage mothers was compiled.

Table 4.1

Interview Schedule: Justification from Literature

Variables from the interview schedule	Justification	Support from the literature
<p>Biographical information</p> <p>This included biographical detail of teenage mothers such as age, health, employment/schooling status, and previous child care experience, financial status of family as well as the gender, temperament, age, health and developmental status of the child.</p>	<p>This information is important for delimiting the participant selection criteria and for controlling extraneous variables which could impact on the quality of coparenting (sub aim iv).</p>	<p>Age: Because of their immaturity, teenage mothers younger than 16 years of age have a higher chance of not being in a coparenting relationship due grandmothers taking over the parental custody of child (Apfel & Seitz, 1991).</p> <p>Scholastic status: Schooling is related to perceptions of the teenage mother's parenting competence and the amount and type of coparenting support provided (Bunting & McAuley, 2004a). Teenage mothers who have returned to school may be less competent in parenting than their counterparts who have not returned to school. Moreover, they may require a wider range of coparenting support to be able to manage school and childcare (Bunting & McAuley, 2004a).</p> <p>Health: Chronic health problems of a teenage mother may affect her ability to parent her child (Caldwell et al., 1998), thus increasing the probability of someone else completely taking over the parenting from her.</p> <p>Previous child care experience: Teenage mothers with previous child care experience may not require as much parenting support. Providing support for these mothers may therefore be viewed as intrusive and unwanted thereby creating opportunities for conflict with family members (Caldwell et al., 1998).</p> <p>Family's financial status: A family's level of income can create additional stressors for the family system and individuals within the family (Elder, 1996). Low-income families may welcome the involvement of the child's father if he is able to provide financial</p>

Variables from the interview schedule	Justification	Support from the literature
<p>Family structure This includes identifying the people who live in the same household as the teenage mother.</p>	<p>If the teenage mother is embedded in an extended family structure, a greater number of adults may potentially provide parenting support or may act as coparents.</p>	<p>support (Fagan et al., 2007). Child characteristics: The health, temperament or developmental status of a child can influence the quality of coparenting. Children with behavioural, emotional and health difficulties have been found to increase parenting stress (Schoppe-Sullivan, Mangelsdorf, Brown, & Sokolowski, 2007) With respect to gender, unsupportive coparenting with fathers has been found when the child is a boy (Stright & Bale, 2003). Certain race groups in SA are synonymous with certain family structures and household types (Amoateng et al, 2004). Multi-adult family structures have the potential to provide more coparenting support (Jones et al., 2007).</p>
<p>Identification of coparent/s and the parenting roles they play. This includes identifying the people who act as coparents versus those who only provide material support or caregiving support. It also explores the type of coparenting support they provide through the parenting roles they play.</p>	<p>Not all support can be defined as coparenting. Therefore, it is important to clarify if coparenting actually does exist and to provide a subjective indication of the status of the relationship.</p>	<p>In diverse family systems, researchers need to be clear about what constitutes coparenting since not all people who provide support fit the definition of a coparent (McHale et al, 2004). It is therefore important that those responsible for the guidance, care and upbringing of children be identified as coparents.</p>
<p>The quality of the interpersonal relationship. This would include information about the relationship with a coparent before and after having the child.</p>	<p>The quality of interpersonal relationships with coparents before teenage mothers became pregnant may predict the quality of coparenting relationships once the child is born. Even though mother-daughter relationships are separate to coparenting relationships, there may be spillover effects from one subsystem to the other.</p>	<p>The birth of a child may either have a positive or negative affect on the mother-daughter or couple relationship and may be dependent on the quality of the relationship before having had the child (Wakschlag et al, 1996). Hence information is needed about both stages.</p>

4.3.2.2 Development of the Coparenting Quality Questionnaire for Teenage Mothers (CPQTM).

During the preparatory phase of this study, literature surrounding aspects of measurement of coparenting were explored. A literature review revealed that, being a fairly new field of

enquiry, coparenting has developed relatively few composite measurements of the construct; possibly because consensus has not yet been reached on what exactly coparenting is (Van Egeren & Hawkins, 2004; Feinberg, 2003). The field of coparenting has therefore largely borrowed measuring instruments from the field of Family Therapy, resulting in studies which have drawn inferences using limited measures designed to tap the coparenting construct. This has taken place even while research has suggested domain specificity in the effects of coparenting relationship on parenting and child outcomes (Feinberg, 2002). On the other hand, some coparenting measures that have been developed (Table 4.2), tap some but not all of the domains of coparenting (Abidin & Brunner, 1995; McHale, 1997; Stright & Bales, 2003). Additionally, the items are not always applicable or appropriately worded for use with a population of teenage mothers who, in contrast to the mainstream coparenting literature, often engage in coparenting with a more experienced adult.

Similarly, while there are many instruments that explore social support available to teenage mothers across relationships (Logsdon, Birkimer, Ratterman, Cahill, & Cahill, 2002; Secco & Moffatt, 1994), tools that tap the quality of the parenting support a teenage mother receives from her own mother when they parent together, have only recently been developed. The Grandparent Support Scale for Teenage Mothers is one such example (Borcherding et al., 2005; Maposa & SmithBattle, 2008) but again only measures a few domains of coparenting. It therefore has similar limitations to previously mentioned measures in that it does not fully tap the coparenting construct. Therefore, a multidimensional measure of coparenting that can evaluate the quality of a coparenting relationship between a teenage mother and a designated coparent as was required for this study, currently does not exist and therefore had to be developed.

In developing a multi-domain, self-report measure of coparenting for this population, it was important to come to a conclusion regarding the specific coparenting domains. The two frameworks which have thus far been put forward in the coparenting field, namely Feinberg's (2003) four components of coparenting and Van Egeren and Hawkin's (2004) five dimensions were analysed in terms of areas of overlap and difference. Based on this analysis, it was concluded that the multidimensional measure of Coparenting Quality for Teenage Mothers (CPQTM) would include the following six domains:

- i. *Childrearing agreement* refers to the degree to which the teenage mother's views on topics such as behavioural expectations, children's emotional needs, development and safety are similar or in agreement to the coparent.
- ii. *Shared parenting* refers to the teenage mother's sense of fairness about the way parenting responsibilities are divided between her and the coparent. An additional measure of shared parenting namely the Division of Caregiving Labour, also adapted from the Who Does What Scale (Cowan & Cowan, 1988), was also included in order to supplement the Shared Parenting Dimension. This measure views the division of caregiving responsibilities between coparents on a number of caregiving activities for children between the ages of 0 and 2 years. The Division of Caregiving Labour does not form part of the multi-domain CPQTM measure but was added as a separate measure.
- iii. *Supportive coparenting* pertains to the teenage mother's perceptions of approval from the coparent regarding her parenting competencies as well as whether the coparent upholds her parenting decisions. It also includes the teenage mother's perceptions of emotional and instrumental support from the coparent during times of parenting strain.
- iv. *Undermining coparenting* refers to the teenage mother's perception of criticism, disparagement and blame from the coparent in her efforts to accomplish parenting goals. It also includes a perception of a lack of respect from the coparent regarding the teenage mother's parenting decisions as well as perceptions of competition for the child's attention by excluding the teenage mother from triadic interactions.
- v. *Coparenting solidarity* refers to the teenage mother's perception of working with the coparent within an effective, enduring, and unified team as they grow together and become closer while sharing the joys of parenting together.
- vi. *Coparenting conflict* refers to stressful, argumentative or anxiety-provoking discussions between the teenage mother and the coparent about the child or childrearing. It is distinct from interpersonal conflict which is not related to the child or parenting.

Items for each domain were sourced from existing measures (EM) as well as the literature on coparenting and teenage parenting support (Table 4.2). Individual items were selected based

on their face validity in relation to the coparenting domains described above; they were adapted and reworded for use with a population of teenage mothers.

Table 4.2

Development of the CPQTM: Justification from Existing Measures (EM) and Literature

Childrearing agreement	Shared parenting and division of caregiving labour	Supportive/undermining coparenting	Coparenting solidarity	Coparenting conflict
EM: Ideas about Parenting Questionnaire (Heming, Cowan, & Cowan, 1990). A 70-item <i>Likert</i> scale about parenting beliefs.	EM: Shared parenting subscale of the Coparenting Quality (CQ) scale (Burney, 2007). This is a 68-item coparenting questionnaire evaluating four domains of coparenting quality, namely coparenting solidarity, coparenting support, shared coparenting and undermining coparenting.	EM: Coparenting support and undermining subscales of the Coparenting Quality (CQ) scale (Burney, 2007).	EM: Family Experiences Questionnaire (FEQ; Frank, Jacobson, & Avery, 1988). This is a 117-item self-report scale of inter-parental relationships, parenting goals and styles.	EM: Parenting Convergence Scale (PC) by Ahrons (1981) is comprised of 11 items that assess three areas of the parent-coparent relationship: communication, support and conflict. The conflict subscale consists of three items relating to disagreements and arguments about childrearing with the person helping to raise the child.
EM: Childrearing Practices Report (CRPR; Block, 1965). This is a 91-item measure that assesses a range of parenting practices, beliefs and philosophies.	Literature: Kurrien and Vo (2004) devised an interview schedule to determine shared caregiving responsibilities with a member of the extended family on nine caregiving activities. These included brushing teeth, toileting, bathing, dressing, feeding breakfast, taking to preschool, fetching from preschool, feeding lunch, feeding dinner and putting to bed.	EM: Perceptions of Coparenting Partners Questionnaire (PCPQ; Stright & Bales, 2003). This is a 12-item questionnaire measuring supportive and unsupportive coparenting behaviours. Each item is rated on a five-point frequency scale.	EM: Parenting Alliance Scale (Abidin & Brunner, 1995). This is a 30-item measure that assesses individual parents' perceptions of their alliance with the child's other parent. Parent's rate the strength of their alliance on a six-point, agreement type Likert scale.	Grandparent Support Scale for Teenage Mothers (GSSTM) (Borcherding et al., 2005) and grandmother (Maposa & SmithBattle, 2008).
Literature: Qualitative themes in relation to childrearing practices emerged from Apfel and Seitz' (1991) article	EM: 'Who Does What' (Cowan & Cowan, 1988). A 49-item, self-report questionnaire that was developed to measure	EM: Grandparent Support Scale for Teenage Mothers (GSSTM) has two versions: teen mother (Borcherding et al., 2005) and grandmother	Coparenting solidarity subscale of the Coparenting Quality (CQ) scale (Burney, 2007). Literature: Feinberg (2002)	EM: Conflict subscale of the Family Environment Scale (FES; Moos & Moos, 1974). It includes items gauging openly expressed anger,

Childrearing agreement	Shared parenting and division of caregiving labour	Supportive/undermining coparenting	Coparenting solidarity	Coparenting conflict
regarding the four models of parenting with teenage mothers. These included disputes about discipline and parenting strategies.	spouses' perceptions of family responsibilities and household tasks as well as satisfaction with current arrangements. There are three domains; decision-making, household and family tasks, and child related tasks.	(Maposa & SmithBattle, 2008). The GSSTM-T and the GSSTM-G consists of 21 and 14 items respectively. EM: Coparenting Scale (McHale, 1997) is a 16-item scale designed to assess parents' perceptions of the frequency with which they engage in activities related to coparenting and to promoting a sense of family	found in qualitative interviews with parents that there was a perception of joy and harmony as individuals grew together in their roles as parents.	aggression, and conflict;

When developing the instrument item-specific considerations regarding measurement of coparenting as proposed by Van Egeren and Hawkins (2004), were taken into account. They include the following:

- i. Coparenting requires a child. In a measure of provision of child care, labour or shared parenting for example and labour related to addressing the child's needs and not that of general housework, needs to be included.
- ii. Coparenting requires a partner. Items designed to measure coparenting should include reference to the partner's existence.
- iii. Not all relationship processes which take place in the presence of the child are coparenting and may be part of the general family processes. Measurement items therefore need to distinguish between coparenting processes and general processes which involve the family.
- iv. Coparenting is a bi-directional process: Van Egeren and Hawkins (2004) cautioned that many instruments that measure feelings and behaviours of coparenting are inconsistent regarding the target of the items. Some measures ask respondents to report on the behaviour or perceptions of the coparent (for example, *my coparent supports me sufficiently*) and in other cases it evaluates participants themselves in the coparenting role in comparison to the other parent (for example, *I am a better parent to my child than my coparent*). Within this measure, there has been an attempt to develop items that reflect the former approach, namely the respondents' perceptions of the attitudes and behaviours of the coparent.

Because the quality of coparenting, for the purpose of this study, was defined in terms of the six domains mentioned above, it was important to have a measure to tap these domains. Although the instruments reviewed were all used in coparenting studies, none of the instruments included all of the domains of coparenting as suggested by the literature. In addition, they were not always consistent in applying the above-mentioned guidelines to the measurements.

4.3.2.3 Establishing content validity of CPQTM items within the six domains

A pool of potential items for each domain of coparenting was subsequently generated from the literature and existing measures (Table 4.3).

Table 4.3

Number of Items Generated per Domain of the CPQTM and a Sample Description of Items

Domain of coparenting quality	Number of items	Examples of items
Childrearing agreement	12	[name] and I agree about how to respond to [child's name] when s/he cries.
Shared parenting	11	[name] likes to play with [child's name], but then leaves the hard work for me to do.
Supportive coparenting	20	[name] makes me feel like I am a good parent to [child's name]
Undermining coparenting	20	When [child's name] wants something and I say <i>No</i> , [name] will say <i>Yes</i> .
Coparenting solidarity	12	[name] and I work well together as a team in raising this child.
Coparenting conflict	4	When [name] and I talk to one another about the child, the conversation tends to be quite stressful.

These domain-specific items were then given to a panel of 8 experts from the 2009 PhD-group at the Centre for Augmentative and Alternative Communication. These experts included five speech pathologists, two occupational therapists and one psychologist. Five of the members were based at academic institutions and were therefore experienced in evaluating quantitative measures. The expert panel was required to evaluate whether potential question items in each domain would tap the range of descriptions and definitions of that specific domain of coparenting, as provided by Feinberg (2003) and Van Egeren and Hawkins (2004). The evaluation by the expert panel revealed that the pool of items generated in each domain sufficiently covered the definition as described by the literature.

Recommendations were also made for additional items to be included in specific domains, while others were deemed repetitive or confusing. A 4-point Likert-type scale with the extremes *strongly disagree* and *strongly agree* was deemed the most appropriate response format

for the domains of shared parenting, supportive, undermining and coparenting solidarity, while the response format for childrearing agreement and coparenting conflict domain questions lent themselves more to a *never* to *always* 4-point Likert scale. These processes were therefore important mechanisms for increasing the face and content validity of the measuring instrument (Creswell, 2009; McMillan & Schumacher, 2010).

Subsequently, the first draft of the CPQTM was developed, incorporating the recommendations of the expert panel. Items were adapted in wording to fit the criteria of Van Egeren and Hawkins (2004) as well as the characteristic of the population. For example, it should be taken into account when developing items that, unlike married couples, the coparenting partner in this situation usually has more experience in parenting than the biological mother. The relationship therefore starts off on an unequal footing, demonstrating a unique coparenting dynamic.

4.3.3 Negotiating entry into the research site

The field methods used to answer research questions are not independent of each other and descriptions of how the research site was accessed are important for detailing the placement of the researcher in the evolving story of the research journey, as well as the relationships of the researcher to the context and to the participants (Harrington, 2003; Maginn, 2007). This is of particular importance when the issues under investigation are sensitive in nature. Furthermore, reflecting on access experiences helps with understanding the power dynamics between the researcher and the participants. This has implications for the reliability of the collected data (Koch & Harrington, 1997) and the reflexive interpretations of data during analysis (Alvesson & Sköldbberg, 2009).

In exploring a setting for the current study, I came to know about the research site from my supervisor, due to an article which appeared in a local newspaper in early 2009 (Kaap Rapport, 2009). In this article, the situation of teenage mothers in a low-income Coloured community on the Cape Flats was highlighted by the manager of the local Community Advice Centre. She described teenage pregnancy and teenage motherhood as a silent epidemic in the community; silent, because it was such a common phenomenon that local residents were hardly

shocked by it anymore, seeing it as nothing out of the ordinary. The main thrust of the article however, was that teenage pregnancy and motherhood continued to have adverse effects on the community in terms of the economic advancement of teenage mothers and a negative impact on children born to these mothers. These perceptions were consistent with the literature of teenage parenting that had been reviewed and thus appeared to be a potential community in which to explore coparenting within a diverse South African context.

The starting point of negotiating access to communities is based upon building relationships with gatekeepers at various points in the research journey (Wanat, 2008). During May 2009, a meeting was set up with the manager of the Community Advice Centre who had been interviewed in the said newspaper article. At our meeting I described the aims and objectives of the study and discussed the viability of this particular community as a potential research site. The availability of the office manager to act as a gatekeeper and research assistant who could give valuable insight into the social structure of the community and also to assist with the recruitment of potential participants was also explored. Maginn (2007) alludes to the use of gatekeepers as a means of facilitating the pathway to community access as well as the starting the process of developing a relationship of trust with the necessary community informants, especially when the topic of the research is sensitive or when the researcher could be putting herself in physical danger. This particular walk-in Community Advice Centre appeared to maintain a good standing amongst locals, since it assisted residents with various, housing, employment and community-related issues.

An added bonus was also that the Centre manager, henceforth referred to as Andrea, had a particular interest in the subject of teenage mothers and was keen to learn more about the coparenting aspects of this population, since it was not an angle which had been explored in any of the workshops she undertook with vulnerable youth in the area. She was qualified as an oral historian and at the time was assisting in the writing of a manuscript about vulnerable youth on the Cape Flats (Arendse & Gunn, 2010). One of the case studies she shared with me was the story of a young teenage mother whose story mirrored many of the themes encountered in the literature related to parenting support and the relationship with coparents (Marais, 2010). Shaffir and Stebbins (1991) highlighted the fact that the chance of gaining access to communities is

enhanced when the subject matter appears to coincide with pertinent interests of the community and the participants.

Andrea provided experiential accounts of young pregnant youth who accessed the Community Advice Centre and various youth programmes which affirmed the site as a suitable research setting. Based on her interest in the subject matter, she also affirmed her interest as a research assistant and confirmed her skill in obtaining participants for the initial focus group described earlier in the chapter. Her knowledge of the community also proved instrumental for recruiting participants for the main study when the initial recruitment strategy yielded less favourable results.

Maginn (2007) warned that identity politics and a general suspiciousness of researchers asking questions in a community need to be taken into account when negotiating and securing community access for a research site. Access into a community tends to be shaped by cultural and any attributed difference between the researcher and those being researched such that when the differences are minimal, then access is likely to be easier and acceptance improved (Shaffir & Stebbins, 1991).

I became aware quite early on in my interaction with the people of this community that the potential for an imbalance of power and in-group cultural differences existed due to socio cultural legacies of South Africa's discriminatory past. At this point a brief historical summary is necessary to explain the researcher's reflexive awareness of the aforementioned differences.

As a result of legalised segregation during the apartheid era, people were classified into various racial groups according to skin colour and ethnicity setting up the nomenclature of race, namely Black, Coloured, Indian and White. A prevailing legacy of this divisive period of history when people were forcibly moved to residential areas for different race groups is that many communities in the Cape Town area are still demarcated according to race, with the is particular community in which the study took place previously reserved for people classified as Coloured (Moses, 2006). Additionally, the policy of apartheid created and promoted economic imbalances and linguistic disparities— levels of state spending, for instance, were tallied according to these

racial divisions and residential areas. This led to vast inequalities in physical and social environments (Moses, 2006) with the effects still evident today, even though segregation policies were abolished when South Africa became a democracy in 1994. This will be explained in more depth in Chapter 6.

In relation to this historical backdrop, I found that even when I spoke in Afrikaans, as most people did in this community, they persisted in speaking back to me in English. I understood then that they probably recognised from my accent that I was a first language English speaker, or maybe because I introduced myself as someone from a university. In communities such as this, one's language and accent often feature as linguistic markers of difference (Farred, 2002), with the language of the community being predominantly a patois (Afrikaans mixed with English in a way unique to Coloured communities on the Cape Flats). Within communities such as these, speaking English is often associated with a higher education level and a different social status (Farred, 2002).

The power dynamics and relationships at all levels of the research process, especially in the South African research context, should be reflected upon if power differentials are to be minimised (Shefer, 2002). In keeping with the reflexive view which is central to the methodology of this study, it has been argued that researchers should take their own subjectivity into account and disclose aspects of their identity that may influence the research process (Lesch & Kruger, 2005). As a researcher I was therefore aware that a potential power imbalance existed in that even though I grew up in the same city and we shared the same racial classification of being Coloured, my upbringing and socioeconomic status as a university graduate (middle class) and my language (English first language) were markers of difference between myself and the people of this community. I found this to be somewhat ironic, since my parents, as a result of the apartheid system, had both grown up poor and had had very little formal education beyond basic primary school. My father in particular had a similar linguistic and economic background to the people of this community.

In order to minimise these within-group differences and create a common understanding between myself and the community, I incorporated strategies of social identity theory (Tajfel &

Turner, 1979) and asserted my identity to fit the context (Harrington, 2003) in order to facilitate acceptance and downplay any perceived power differences which could influence access to potential participants in the study. I therefore drew upon my family's working class roots and adopted the patois of the communities on the Cape Flats in all my informal social communication exchanges with members of this community. Hill, Lee and Jennaway (2010) highlighted the importance of researchers taking on a thoughtful and conscious self-awareness that allows for the exploration of identity on the part of research participants. In this way, the authors state that reflexivity becomes linked to the construction of identity, which is seen as fluid and context specific, for purposes of facilitating better relationships and to minimise any perceptions of difference, which may influence the research process.

These strategies appeared to enhance access to the research site as well as acceptance by community members. For example, a few weeks into the data collection phase during an excursion into one of the more dangerous areas of the community, a well-known and well-connected community member to whom I had been introduced previously, greeted me enthusiastically as I parked my car. She hollered my name from the balcony of her apartment so that everyone could hear. She then told me to park in the street and not worry about my car as it would be looked after. This recognition and familiarity as well as concern for my safety and possessions confirmed that, even though I was an outsider, I was accepted. This was in stark contrast to an incident which occurred a few weeks earlier at the beginning of the data collection phase, when after getting into my car, I was approached by two very suspicious-looking men who demanded to know who I was and what I was doing there.

These two incidents show the progression from having initially been viewed as an outsider and therefore different, to someone who was accepted and allowed to participate in the community. This acceptance may also have come about as a result of the role assigned to me as a researcher by the community. Harrington (2003) mentioned that when researchers enter the research site they will be defined in terms of social identity categories which are salient among participants. Therefore, not only does the researcher have to assimilate issues of identity into her research behaviour, but participants themselves have expectations of certain roles assigned to the researcher upon entering the community. For example, as community members started to

become aware about the focus of my research, which I broadly explained as support provided to teenage mothers, I became aware that they were pleased that someone deemed their community important enough to conduct research among them and to highlight the prevalent issues. This corroborates Harrington's (2003) argument that similarity or enhancement of salient identities is central to social identity theory. She goes on to say that "Indeed, it can be identity-enhancing when a high-status individual who is otherwise very different from other group members wants to study the group or shows that he or she shares a salient characteristic that defines the group's identity" (p. 608). The issue of identity has therefore important implications for researchers accessing the research site.

In summary, down-playing my middle class, English status while taking on the language of the community as well as highlighting research issues which the community themselves deemed salient, assisted in categorising me as familiar if not similar (Hogg & Abrams, 1990). This therefore enabled me to gain community trust, cooperation and support in accessing the research site, impacting positively on the trustworthiness of the data.

4.3.4 Instrument and procedural validity

As highlighted in earlier chapters, construct salience with respect to coparenting within non-Western contexts has the potential to influence accurate assessment of the population in this study. Most instruments which have traditionally been used to measure coparenting have been developed for middle class, American, nuclear families. Items borrowed from these measures may therefore not be valid for use in this unique South African context where members of the extended family may play greater if not varying coparenting roles. Formative work with focus groups, community stakeholders and selected teenage mothers was therefore undertaken to address this concern.

4.3.4.1 Focus groups

Focus groups were conducted as a method of verifying information obtained from the literature review for adapting the interview schedule for teenage mothers. Focus groups can help to clarify issues before going into the field to collect data for the main study (Silverman, 2009). The main purpose of focus group research is to use contextually sensitive information that draws

upon respondents' attitudes, feelings, beliefs, experiences and reactions in a way that would not be feasible using other methods. Focus groups can therefore be used as a scoping exercise to assist in developing questionnaires or interview schedules to ensure that the language, experiences and priorities of potential research participants are represented and also to control for the subjective views and interpretations of the researcher (Morgan, 1998). Focus groups allow various views and possible contentious issues to be clarified. With specific reference to this study, information from the focus group can be useful for understanding how the coparenting construct could be influenced by cultural aspects such as extended family relationships (Kurrien & Vo, 2004) as well as community characteristics such as poverty and violence (Forehand & Jones, 2003).

With assistance of the research assistant Andrea, a focus group was conducted with first time teenage mothers in this community. The aim of this focus group was to gain a context-based understanding of teenage parenting within this community and to assess understanding and appropriateness of the questions on the interview schedule. Table 4.4 discusses the participants included in the focus group, the aims, methods and analysis while Table 4.5 shows the recommendations for change which resulted from the focus group.

Table 4.4

Focus Group with Teenage Mothers

Category	Description
Participants	<p>Teenage mothers between the ages of 16 and 20 years who had children aged approximately between 0 and 2 years were recruited for the focus group with the help of a research assistant. Eleven teenage mothers who fit the study criteria were recruited. The focus group was conducted in a room at the community centre. An older single woman in her early twenties who had been a teenage mother, having been incorrectly asked by the community worker to attend the group, also participated. Two older ladies from the community who had heard that a meeting about teenage mothers was taking place, decided to join the group as well. This had the potential to limit participation from the younger participants (Grudens-Schuck, Lundy Allen & Larson, 2004). However, since the researcher was an outsider in the community, these older ladies contributed critical background knowledge since they both had personal experience of parenting with a teenage mother. One was helping her son to look after his teenage girlfriend's child and the other was an aunt to one of the focus group participants and was helping her to take care of her child. It was decided that, in order to build community trust and gain valuable first hand coparenting knowledge, these older ladies would be allowed to remain as part of the focus group. In addition, the focus group also included the school guidance counsellor from the school which some of the teenage mothers attended. The additional participants therefore added context-sensitive information to teenage parenting in this specific community.</p>
Aims	<p>a) To discuss the relevance of constructs, teenage mothers' perceptions around the type and quality of parenting support that they receive from others in their environment was determined. Four open-ended questions were used to obtain authentic answers (Tashakkori & Teddlie, 1998).</p> <ol style="list-style-type: none"> i) What is your experience of the support that you receive (from other people) in helping you to raise your child? ii) Who are some of the people who you would call your child's other parent, that is, the people who are helping you to raise your child? iii) What are some of the things that this person does or says that helps you to be a parent to your child? iv) What are some of the things that the two of you argue about or things about this person that makes you angry when it comes to parenting? Which aspects of parenting do you disagree/agree on? <p>b) To determine whether the measures would elicit information relevant to the coparenting construct, the group completed a preliminary draft of the interview schedule and evaluated whether questions were relevant and understandable to them or needed to be adapted.</p>
Method	<p>As recommended by Kreuger and Casey (2000), a comfortable environment was created. Participants were seated around a table so that they could all see and interact with one another. The researcher acted as facilitator of the discussion and the research assistant helped with logistics. This entailed setting up the room, handling refreshments, observing and taking additional notes.</p> <p>The researcher welcomed the participants, explained the purpose of the focus group and allocated participant numbers so that their identities would remain confidential in any transcribed data. She then obtained permission to tape record the focus group discussion.</p> <p>As a warm-up activity the participants introduced themselves to the rest of the group and were encouraged to share their experiences of becoming and being a teenage mother. The focus group was conducted in Afrikaans since this appeared to be the first language of most of the participants. One participant was an English first language speaker and the questions were therefore translated for her. At the end of each question the researcher summarised some of the key points (Krueger & Casey, 2000) and asked if there were any other viewpoints on the topic that had not yet been mentioned. The focus group lasted 1 hour and 20 minute. At the end of the discussion, the participants who were teenage mothers at the time were given the preliminary interview schedule to fill in and were requested to indicate if they had difficulty with any of the questions on the interview schedule.</p>

Category	Description
Analysis	<p>After the focus group, the researcher, together with the research assistant, summarised some of the key points which were highlighted during the discussion. The research assistant was also asked to explain some colloquial expressions and to give some contextual explanation to some of the points that emerged. The field notes of both facilitator and assistant were filed together with the recording of the focus group which would later be transcribed verbatim. The focus group discussion was later analysed by taking into consideration some of the following aspects recommended by Krueger and Casey (2000):</p> <p>i) Words – think about some of the words/phrases used by participants and their meaning. <i>When asking them about the support they received many of the participants started off by relating how their mothers initially experienced the news of their pregnancy. They spoke about their mothers being initially very upset and sad about the situation, but eventually they came around and accepted it. “Dit staan voor almal se deur”, a colloquial expression which translated means “It can happen to anyone”, was a phrase used often by the participants of how their mothers eventually accepted their pregnancy. The point of acceptance appeared to be the time when support started for many of the participants and continued when they eventually became mothers.</i></p> <p>ii) Intensity – examine if any topics elicited a special intensity or depth of feeling. <i>The types of disagreements which teenage mothers had with their mothers with respect to parenting elicited lively discussion. Some participants felt that their parents were too lenient with most disagreements centred around the issue of food and luxury items, for example sweets, especially if the child was a little bit older. They mentioned also that their mothers often spoil their children and that they allowed them to get away with much more than they themselves tolerated in terms of discipline. In this way they described their mothers as showing characteristics of typical grandmothers who dote on their grandchildren. Some participants also mentioned that they felt that some of the parenting advice that they received from their mothers was behind the times. As teenage mothers became more comfortable in their parenting roles, they took on more modern parenting ideas in terms of the types of food they gave their children etc. In spite of these disagreements, they considered these minor issues and felt that overall they had a very good parenting relationship with their own mothers.</i></p> <p>iii) Finding big ideas – Step back for a few days after the analysis and then write down three or four of the most important findings. <i>In reflecting on the focus group later, some of the important aspects which came to the fore were firstly, how issues related to individuals are inter related with community issues. For example, the two older ladies who were not specifically invited to the focus group also felt that they needed to give their input. This emphasised that teenage motherhood is something community members feel strongly about. Allowing these ladies to remain in the focus group had implications for later access to the community. For example, one of the older ladies and school guidance counsellor assisted in recruiting teenage mothers in their networks who fit the entrance criteria for the study.</i></p> <p><i>Secondly, important cultural perspectives on parenting also became clearer. Although frowned upon initially, the idea of a teenager having a child appeared to be preferable to her having an abortion, which was seen as morally unacceptable. Religion plays an important role in this community, hence the anti-abortion stance.</i></p> <p><i>Thirdly, some participants appeared to struggle with open-ended questions and needed to be prompted considerably or given examples to open up discussions. This may be related to issues of rapport but also to difficulty in structuring thoughts. Open-ended questions in the interview schedule may need to be supplemented with closed forced choice options as well.</i></p>

Table 4.5

Focus Group Outcomes and Recommendations

Category	Outcomes	Recommendations
Procedural changes and adaptations to the Interview Schedule for Teenage mothers	1. The interview schedule was originally envisaged as a self-report instrument that participants would complete independently. Some participants however, failed to complete all questions resulting in missing data, for example the number of people living in the same household and their ages.	The researcher should conduct the questionnaire with participants in an interview format rather than getting them to complete it independently.
	2. The majority of participants were first language Afrikaans speakers, which may have influenced the richness of responses on some of the open-ended questions.	Translate the interview schedule into Afrikaans so as to avoid any potential difficulties with English. Participants will therefore be given the choice of the language they prefer to be interviewed in.
Content changes and adaptations to Interview Schedule for Teenage mothers	3. A question that asked whether the teenage mother had ever lived separately from her baby was not well understood. This question appeared to have little utility.	Remove question
	4. Participants were asked to indicate who assisted them with caregiving and parenting from a closed set of pre-coded family members. Focus group discussion indicated that not only teenage mother's family assist with parenting but also the family of the child's father.	Change to an open-ended question response format to allow for diverse members and to allow probing if the answer is not immediately apparent.
	5. Participants were asked about the type of financial support they received and to describe their financial situation via pre-coded statements. The current description of their financial situation was not sufficient to accurately classify participants in terms of income categories, that is, low, middle or high. It also does not give an idea of where their income came from.	<p>Need to consider whether participant will be privy to this type of information if still viewed as a minor in the family.</p> <p>Change question to reflect monetary equivalents based on SARS finance tables in order to quantify income bracket of participants and their family.</p> <p>Include open ended questions to get an idea of how income is generated. Will possibly also determine whether teenage mothers are accessing Child Support Grants.</p>

Category	Outcomes	Recommendations
	<p>6. Although the quality of the teenage mother's current relationship with her coparent is asked, the relationship before she became pregnant is not known. Participants indicated that relationships with parents before becoming pregnant were not always good. This has implications for the current coparenting relationship as previous difficulties in the mother-daughter subsystem can predict the quality of the relationship in the coparenting subsystem.</p> <p>7. Questions are, for the most part, closed-ended, limiting the richness of the data in terms of parenting support. For example, it would be important to get participants opinions as to why their coparents decided to help them.</p> <p>8. Focus group discussions indicated that there were different perspectives between the teenage mothers and the older ladies relating to issues of discipline and parenting support. To gain a deeper understanding of coparenting it would be important to interview coparents as well and not only the teenage mothers.</p>	<p>Add in a question about the quality of the relationship between the teenage mother and her coparent before she became pregnant.</p> <p>Include additional open-ended questions to obtain an idea of teenage mother's perception of why her coparent decided to or did not decide step in and help raise child. The involvement of the child's father should also be considered as well as any members of his family.</p> <p>Coparents will be interviewed as well, once they have been identified by the teenage mother. An interview schedule for coparents will therefore be developed as well, as having both perspectives will lead to a richer data set.</p>

The results of the focus group gave the researcher further insight into the parenting situation of teenage mothers in this specific community and also gave direction regarding the appropriacy of the questions in the interview schedule as well as questions which needed to be removed, adapted and added. Following the focus group, a second draft of the Interview Schedule for Teenage Mothers (Appendix F) was developed which was tested in a pilot study before commencement of the main study.

Based on feedback from the focus group discussion, a separate interview schedule was developed for the coparents of the teenage mother (Appendix P). According to research focused on the multi-generational households of teenage mothers, the perspective of grandmothers who help to raise the teenage mother's child is often missing in the data (Barnett, 2008). Due to the vast difference in parenting experiences between the two parties as well as the potential dynamics of a coparent who not only is still raising her teenage daughter but now also her grandchild, this information was critical. This could influence the family's functioning, the quality of parent-child interactions, the coparenting relationship and also increase the financial burden on the family. For this reason it was felt that some of the coparents of these teenage mothers who agreed to be interviewed should form part of the study to gain a multi-dimensional perspective of the coparenting relationship. The results pertaining to the two parties could also be compared for similarities and differences. The content of the coparent interview questionnaire was similar to the one for the teenage mother in terms of the content categories, but additional questions relating to parenting experiences were also included, as well as information related to income categories. More-opened ended questions were also added to gain an idea of the nature of the support provided and the dynamics and quality of the coparenting relationship.

4.3.4.2 Content validity of the CPQTM using information rich teenage mothers

Following the recommendations of the expert panel, three teenage mothers, rich in information and who had participated in the focus group and were involved in coparenting relationships were administered the revised CPQTM (Appendix E). They were required to gauge the suitability and appropriateness of the test items and asked to comment on any difficulties in understanding instructions, scoring or specific questions. They were also asked to give their opinion on additional items they thought should be included. This feedback was taken into

account in the on going process of refining the CPQTM. The following changes and removal of items were recommended:

- i) Scoring changes: The participants recommended that the number-line in the *Shared parenting* domain be replaced with a Likert scale because it was confusing to continually refer back and forth to the number-line. They also recommended that the 3-point Likert scale for the *Coparenting conflict* domain be changed to a 4-point scale (*never, sometimes, often, and always*) so that it would be consistent with all other Likert scales in the measure. Removing the middle option also forced participants to make a forced choice.
- ii) Based on the participants' feedback and scoring patterns, certain items were removed (Table 4.6) as they were consistently misinterpreted or deemed inappropriate for the culture.

Table 4.6

Items Removed from First Draft of CPQTM

Domain of coparenting quality	Item	Description
Shared parenting (C)	5	I do more than coparent when it comes to parenting the child.
	9	Coparent tells me I am doing a good job as a parent.
Supportive coparenting	12	Coparent backs me up as a parent
	16	When I feel at my wits end, coparent gives me the extra support I need.
	18	When I feel I have a mistake with the child, I can talk it over with coparent.
Undermining coparenting	3	Coparent criticises my parenting in front of the child.
	15	Coparent tries to have the last word on how we raise the child.
Coparenting solidarity	12	Coparent often encourages positive interactions between me and the child (e.g. show mommy/granny)
Coparenting conflict	4	How often do you and coparent differ about how to raise the child?

For example, the participants mentioned that within this culture, parents did not specifically use words to complement them about their parenting (e.g Supportive coparenting-Item 9) but would show it in less tangible ways such as facial expression or behaviour.

Items related to the areas of discipline, feeding and giving luxury food items such as sweets, were additions recommended to the *Childrearing agreement* domain.

Although participants were first language Afrikaans speakers and indicated that they were proficient in understanding English, some had trouble interpreting negatively worded statements, for example, “*When there is a crisis with the child, my coparent does not help me as much as I would like*” as well as certain English expressions “*When I feel at my wits end, my coparent gives me the extra support I need*”. It was therefore decided that all measuring instruments would be translated into Afrikaans to minimise the influence of language on the participants’ responses.

4.3.4.3 Translation of measuring instruments

A colloquial or patois form of Afrikaans is the dominant language spoken in the community where the main study was to be conducted. It was therefore important that the measuring instruments be culturally and linguistically appropriate for participants to enhance their validity.

A blind-back translation procedure was used in this study (Bornman, Sevcik, Ronski, & Pae, 2010; Peña, 2007) to ensure linguistic as well as cultural equivalence. Linguistic equivalence is often achieved when translating from one language to the other, but one needs to be aware that translation can change the meaning of the item. This has implication for construct and content validity of the instrument as well as for the level of difficulty of an item (Peña, 2007; Peña & Halle, 2011). Furthermore, instrument instructions are also subject to translation effects and were therefore included as part of the translation process.

Two translators were used in this study (Table 4.7). Both translators had university degrees and the necessary background experience to be able to translate from English to

Afrikaans and vice versa. Both translators were also familiar with the local form of Afrikaans spoken in this community.

Table 4.7
Description of Translators

Category	Translator 1	Translator 2
Qualification/s	B.Ed	BSc OT, MSc (Rehab)
Occupation	High school Afrikaans teacher	Occupational Therapist
Work experience	17 years teaching	15 years in practise
Mother tongue	Afrikaans	English
Other languages	English	Afrikaans
Translation experience	Frequently for curriculum purposes	Occasionally for medico-legal client reports

The translation procedure included three steps, namely linguistic translation, cultural adaptation and expert review (Table 4.8). Once translation of the measuring instruments was completed, a pilot study was conducted.

Table 4.8

Translation Procedure for the Measuring Instruments

Procedure	Results
<p>Step 1: Linguistic translation Blind-back translation. Translator 1 was given the English version of the Interview Schedule for Teenage Mothers, the Interview Schedule for Coparents and the CPQTM. She was requested to translate these it into Afrikaans so that it would be understandable to a young adult woman aged 16-20 years living in the particular community concerned. Subsequently, Translator 2 independently translated the Afrikaans version back into English. The researcher then compared the original and back-translated English versions.</p>	<p>1. Interview schedules A comparison of the two English versions of both interview schedules revealed very little differences in meaning between the two. Where differences did occur they were mostly synonyms. Overall, the back-translated version retained the meaning of the original English version.</p> <p>2. CPQTM There was a discrepancy in two items in that they lost their original intent of specifically referring to the coparented child. However, they did make reference to parenting conflict which is more similar to the original as opposed to a measure of general conflict between the two. The researcher clarified the issue of referring to the child with Translator 2 and asked her to translate them again into English. Except for a few word order differences and the use of some synonyms (for example child raising versus childrearing) the items on the two English versions including items were similar and did not affect the intended meaning.</p>
<p>Step 2: Cultural Adaptation A review committee consisting of the researcher, the two translators and the research assistant from the Community Advice Centre, made cultural adaptations to the measuring instruments</p>	<p>Cultural adaptations were made to items from the CPQTM to reflect some of the colloquial Afrikaans language used in this community, for example “gespanne/stressed” was changed to “gestress/stressvol”. “Kompeteer/Competes” was reported by the research assistant to be a word that was not used often by young people in this community. It was therefore decided to use the original English equivalent. Code mixing between Afrikaans and English is a well known feature of the language spoken in this community.</p>
<p>Step 3: Expert panel and teenage mother consultant review The review committee asked one of the teenage mothers from the focus group to act as a consultant. This teenage mother was in Grade 11 at the time. She reviewed the translated measuring instruments in light of the terminology used.</p>	<p>Minor terminology changes were recommended to improve understandability, for example “verleen geen hulp” (lends no help) was deemed to be too formal and was changed to “help my nie” (does not help me).</p>

4.4 Stage 2: Pilot Study

Because various changes were made to the measuring instruments during the preparatory phase, it was imperative that these instruments as well as the logistics and data collection

methods were tested prior to the commencement of the main study, in order to improve their efficiency and to evaluate any deficiencies in design (Lancaster, Dodd & Williamson, 2004).

In Chapter 3, reflexivity was defined as the researcher checking her own interpretations of theory, constructs and design in relation to context. Hence, in this study, the pilot study is seen as a reflexive exercise in that it allows the researcher to verify methods using context specific and sensitive information as a means of checking preconceptions which shaped the study (Rubinstein-Ávila, 2009). Piloting as a reflexive exercise may therefore be argued to improve methodological rigour in terms of validity or reliability (Rubinstein-Ávila, 2009). In this phase of the study, the translated measuring instruments for use with teenage mothers were evaluated using an adapted form of the methodological framework of Lancaster et al. (2004), in combination with Rubinstein-Ávila's (2009) recommendations regarding piloting as a reflexive tool (Table 4.9 and Table 4.10).

4.4.1 Participants

Ten teenage mothers, who fit the main study's selection criteria, participated in the pilot study. Face-to-face, semi-structured interviews were conducted with each participant in a private office of the Community Advice Centre.

4.4.2 Results and recommendations regarding materials and procedures

The results and recommendations of the pilot study are outlined in Tables 4.9 and Table 4.10.

Table 4.9

Results and Recommendations in Piloting the Materials of the Study

Objective	Results	Recommendations and adaptations
1. To determine the appropriateness of the Interview Schedule for Teenage Mothers (Appendix F).	The font size and space for recording information was too small.	Increase font size to 12pt and add additional space for the researcher to add notes and comments.
	Question 7 was not extensive to incorporate all potential people living with the teenage mother.	Include a few 'other' categories
	Many participants indicated that they left school before becoming pregnant. This is not accounted for in Question 18.	Rewrite the categories so that they can indicate whether they left school before or after they became pregnant.
	Participants required more specific prompts for Questions 20, 22 and 24.	Rewrite these questions so that it is more specific. Ask participants why they returned or did not return to school after the baby was born.
	There is no question to determine how soon participants returned to school after having the baby and if support was available to facilitate this.	Ask how long after the baby was born she returned to school and what support was in place to facilitate this.
	It would be beneficial to determine the reasons for poor scholastic performance (Q.23) as it could be related to having extra caregiving responsibilities.	Include an open-ended question asking the participant's opinion regarding current scholastic performance.
	The order of questions needs to be changed as questions related to finance (Q26) occur very early in the interview.	Less emotive questions should come first in order to build rapport with participants.
	Participants were unsure how to answer question 26 related to family income and found it difficult to name an exact income. They may not always be privy to this information or direct recipients of the family's income if they are living with their boyfriend's family.	Add specific income per month ranges, for example R500-R1000 per month, R1050-R2050 based on SARS categories.
	Participants had difficulty recalling two or more options which were read out to them (Q27).	Prompt them to give a rough estimate of what they think the family income is.
		Develop show cards with the question and various pre-coded options displayed so that participants can read and make a selection.

Objective	Results	Recommendations and adaptations
<p>Question 27 exploring whether the participant was involved in a coparenting relationship was often misinterpreted. A number of false positive occurred in that participants who were not in coparenting relationships indicated that they were getting help in raising their child. As the interview progressed it became clearer that the person was not a coparent but a friend or relative who provided occasional caregiving support.</p>	<p>The close-ended choices of question 31 limit the potential people who could be coparents.</p>	<p>This question requires reformulation and additional clarification. Additional questions should be included to differentiate coparenting support from general support.</p>
<p>Some participants indicated for question 33 that the person they selected as the child's other parent, taught them how to be a parent (mentoring). Others also indicated that their coparents did not take away decision making responsibilities from them although they continued to mentor them.</p>	<p>Some participants also did not include the child's father as a coparent even though he is listed as provider.</p>	<p>This question should be changed to an open-ended format i.e. "Is there anyone else who is like your child's second/other parent?" and then prompt them to explain why. This will give an indication of whether they understand the coparenting concept.</p>
<p>Quite a few participants indicated that there was more than one coparent e.g. the grandmother and the child's father. They gave the impression however that the one was engaged in more active parenting than the other.</p>		<p>Include a mentoring pre-coded option into participants' description of the roles played by coparents.</p>
		<p>Prompts need to be added to explore the role that the child's father plays and why they do or do not identify him as a coparent. Include a closed- and open-ended question where they can indicate how involved the child's father is and the way in which he is involved.</p>
		<p>Include ranking of coparents to indicate the more active coparent.</p>

Objective	Results	Recommendations and adaptations
<p>2. To determine the appropriateness of Coparenting Quality Questionnaire for Teenage Mothers (CPQTM) measure used to assess the teenage mother's perspective of the quality of the coparenting relationship (Appendix G).</p>	<p>Childrearing agreement domain: Questions surrounding discipline issues (15, 16) may be too specific and could be seen by participants as judging them to be overly harsh. Some participants also indicated that the child was too young to be disciplined (new born/infant) or to be given luxury food items (23). However since focus group discussions indicated that this was often an area of contention, it was decided that this question would remain in the questionnaire.</p> <p>Shared parenting domain: Some participants did not understand Questions 30 and 32. They may be too long. Their education levels might be an influencing factor in how they understand the question.</p> <p>Negatively worded statements which require reverse scoring, for example Question 33 is not well understood. Education levels of participants again may be an influencing factor. However some, negatively worded items are important to prevent pattern type responses.</p> <p>The direction of Question 34 is incorrect since it is asking about the teenage mother's perception of her own parenting rather than that of the coparent.</p> <p>Question 38 is a repetition of Question 32.</p> <p>Supportive coparenting domain: Question 43 may not always be applicable if the coparent is as inexperienced in parenting as the teenage mother is, for example, in the case of the child's father.</p> <p>Question 44 does not meet the criteria of Van Egeren and Hawkins (2004) in that it does not refer to the child who is being coparented.</p> <p>Question 50 is too long and not always understood very well.</p>	<p>Delete Questions 15 and 16 and formulate a more generic question regarding discipline.</p> <p>Participants will be given the option to not answer if the new questions surrounding discipline or Question 23 are deemed inappropriate. Since responses would be averaged for each domain, this would not adversely affect results.</p> <p>Reformulate Questions 30 and 32 so that they are simpler and shorter</p> <p>Simplify the sentence construction and emphasise the double negative of Afrikaans when reading the question out aloud.</p> <p>Limit the amount of negatively worded items.</p> <p>Remove Question 34 because it does not conform to the criteria of Van Egeren & Hawkins (2004).</p> <p>Remove Question 38.</p> <p>This question was retained because only one participant indicated that the child's father did have some experience of parenting and did give her advice.</p> <p>Reformulate Question 44 so that the child is referred to.</p> <p>Reformulate Question 50 so that the wording is simplified and better understood.</p>

Objective	Results	Recommendations and adaptations
<p>Undermining coparenting domain: Question 55 and Question 66 are very similar, in that they both ask about the coparent criticising the teenage mother in terms of childrearing.</p> <p>The competitive aspect mentioned in Question 68 was not well understood.</p> <p>The wording in question 70 is too formal.</p>	<p>Remove Question 55.</p> <p>Remove Question 68.</p> <p>Reformulate Question 70 for easier understanding.</p>	
<p>Coparenting solidarity domain: The wording of Questions 74, 77 and 78 are too formal.</p> <p>Participants had difficulty understanding the word “<i>aanmoedig</i>” which means “encourage” in Question 82.</p> <p>Most participants had difficulty completing the questionnaire independently. This resulted in missing data when they did not understand a question or when they felt it was not applicable to them. They also make mistakes regarding in where they indicated there answer, sometimes indicating the wrong question.</p>	<p>Reformulate Questions 74, 77 and 78 to facilitate understanding.</p> <p>Question 82 was removed because it required the researcher to engage in long explanations with participants to help them understand the meaning.</p> <p>It was decided that, to avoid the possibility of missing data and to maintain the participant’s concentration and engagement in the activity, the researcher would read the questions out to participants and they would indicate on a response sheet which of the responses on the 4-point Likert scale was appropriate. The researcher would then record their responses on the answer sheet herself. This also controlled for participants who had reading difficulties, due to poor literacy exposure.</p>	
<p>Coparenting conflict domain:</p>	<p>No difficulties were experienced with questions in this domain.</p>	

Table 4.10

Results and Recommendations in Piloting the Procedures of the Study

Objective	Results	Recommendations and adaptations
<p>1. To determine the integrity of the study protocol. The pilot study was treated as a test run for the main study which included the following procedures:</p> <ul style="list-style-type: none"> a) Inclusion/exclusion criteria b) Recording of information c) Storage and testing of equipment 	<p>Inclusion and exclusion criteria The motivations for the inclusion and exclusion criteria for the study are discussed later in relation to the main study. Initially, the cut-off upper age limit for participation was 19 years of age. However, difficulties with recruitment described previously necessitated that this criteria be relaxed</p> <p>Recording of information Audio recordings were done directly into a digital audio sound file.</p> <p>Storage and testing of equipment In order to maintain the ethical integrity of all data, it was necessary for all data to be filed and stored appropriately so as to ensure confidentiality of the information.</p>	<p>Inclusion criteria were adapted to include mothers who were currently beyond the age of 20 but not older than 21 years and whose children were younger than 2 years of age but who had borne their child when they had been in their teenage years.</p> <p>A hand-held mp3 audio recorder was used to record the interview data. Audio data would thus be recorded digitally and be used to provide additional information beyond the researcher's handwritten notes as well as for transcription purposes of qualitative data.</p> <p>The researcher's field journal as well as all information obtained from interview schedules were filed and stored in a locked steel cabinet.</p> <p>To ensure the safe storage of the audio recordings, the information was copied to the researcher's computer as well as to a Dropbox account (a 'cloud-based server') which are both password accessed-controlled through a password. Additionally, the information was also copied onto a password-protected USB device and stored in a locked cupboard.</p>

Objective	Results	Recommendations and adaptations
<p>2. To determine recruitment and consent. According to Lancaster et al (2004), it is important to determine the recruitment procedure and what the potential consent rate will be for participants in the main study. It has implications for how long it will take to recruit participants as well as for the statistical power of instruments if participant numbers are not large enough.</p>	<p>Recruitment</p> <p>Access to participants was obtained via a gatekeeper, namely Andrea, the manager of the Community Advice Centre who had experience of working with youth in the community and had access to a wealth of community networks. She acted as a research assistant and her details were described earlier in Section 4.3.3. The following methods were used to recruit participants:</p> <p>Permission was obtained from the nursing administrator in charge of each of the four health clinics to put up posters about the study in the waiting areas of each clinic. Flyers (Appendix H) were also placed in prominent areas around the clinic waiting room. Permission was also obtained to speak to people in the waiting rooms of these clinics as they themselves may be potential participants or may know potential participants. Contact details of the researcher and research assistant were included on the flyer (Appendix H) and potential participants could send the researcher a ‘missed call’ or a free ‘please call me’ text message to a specific cell phone number dedicated for the research.</p> <p>After 2-3 weeks of recruiting participants in this manner, only a handful of participants who consented to participate were found in waiting rooms. Many were reluctant to participate even though they were assured that it would of minimum inconvenience to them. Nursing staff in these clinics indicated that many teenage mothers did access these clinics. However, they did not keep specific statistics or details about these mothers, nor was the data-capturing system used in the clinic able to provide the necessary information for participant selection. In addition, nurses could not ethically release this information as accessing patients’ private records</p>	<p>Additional recruitment procedures</p> <ol style="list-style-type: none"> 1. Community door-to-door walks: This was recommended by the research assistant as this had worked best for previous campaigns that she had undertaken. 2. Speak to principals and guidance counsellors at the four high schools in the community. The research assistant recommended the recruitment of a school guidance counsellor from one of the high schools in the area, since he had contact with potential participants who were still in school or who had left the school as a result of their pregnancy. This person also had contact with guidance counsellors from the other 3 high schools in the area. He also had knowledge of the study as he had participated in the focus group. 3. Make use of informal networks such as community workers to spread flyers. This particular community had voluntary community workers in the area who were willing to disseminate information about the study. 4. Collect data during the school holidays so as to minimally disrupt any academic time of school going participants.

Objective	Results	Recommendations and adaptations
	<p>would require additional ethical consent from the Provincial Health Administration as well as from patients themselves, which would be a very time-intensive process.</p> <p>Consent and assent Participants who were older than 18 years of age were able to give immediate consent to participate in the study. In cases where participants were younger than 18, they were required to assent to participate as well as obtain written consent from their parents/guardian before they could participate further. This usually required a second interview to be set up with the participant, this was inconvenient for them, given their caregiving duties and scholastic obligations. The whole process, from identification to interview, could therefore take at least a week.</p>	<p>Conduct interviews in participants 'homes so that parental consent could be obtained immediately.</p> <p>Verify the age of the participant on first contact (telephonically or in person) and get assent from them to participate if they are younger than 18 years of age. Drop off or give them research information letter and consent forms to take home and to bring along with them once appointment date is confirmed.</p>

4.5 The research site

According to the most current Census of 2011 (Stats SA, 2012b), the Western Cape, one of the nine provinces of South Africa, is home to approximately 3 million people who are classified as Coloured, the largest population group within that province. Afrikaans is the predominant spoken language, although many members of this group are bilingual in Afrikaans and English (Dyers, 2008). Within the Western Cape the three main languages spoken are Afrikaans (55%), English (23%) and isiXhosa (19%). Even after eighteen years of democracy, the city of Cape Town, the capital city of the Western Cape, is still economically, socially, racially and spatially polarised (City of Cape Town, 2006). Cape Town has an overall unemployment rate of 24.5 %, with the Black (39.7%) and Coloured (21.8%) population affected the most in comparison to the city's White (4.4%) residents (City of Cape Town, 2008).

The vast majority of the Coloured population lives on the sprawling expanse of land called the Cape Flats (Figure 4.2), so named for its flat geography. To the local inhabitants of the city, the area is known simply as 'The Flats' and was established during the apartheid era through a process of forced removals. Race-based legislation at that time forced Coloured and Black people into government-built urban townships and out of the central urban areas designated for White people. Elsies River (Figure 4.2) is one such township and is situated approximately 12 km from Cape Town's central business district and is home to an estimated population of 150 000 people (Stats SA, 2012c).

In terms of infrastructure, income, health and education it ranks as one of the poorest areas in the city of Cape Town (City of Cape Town, 2006)

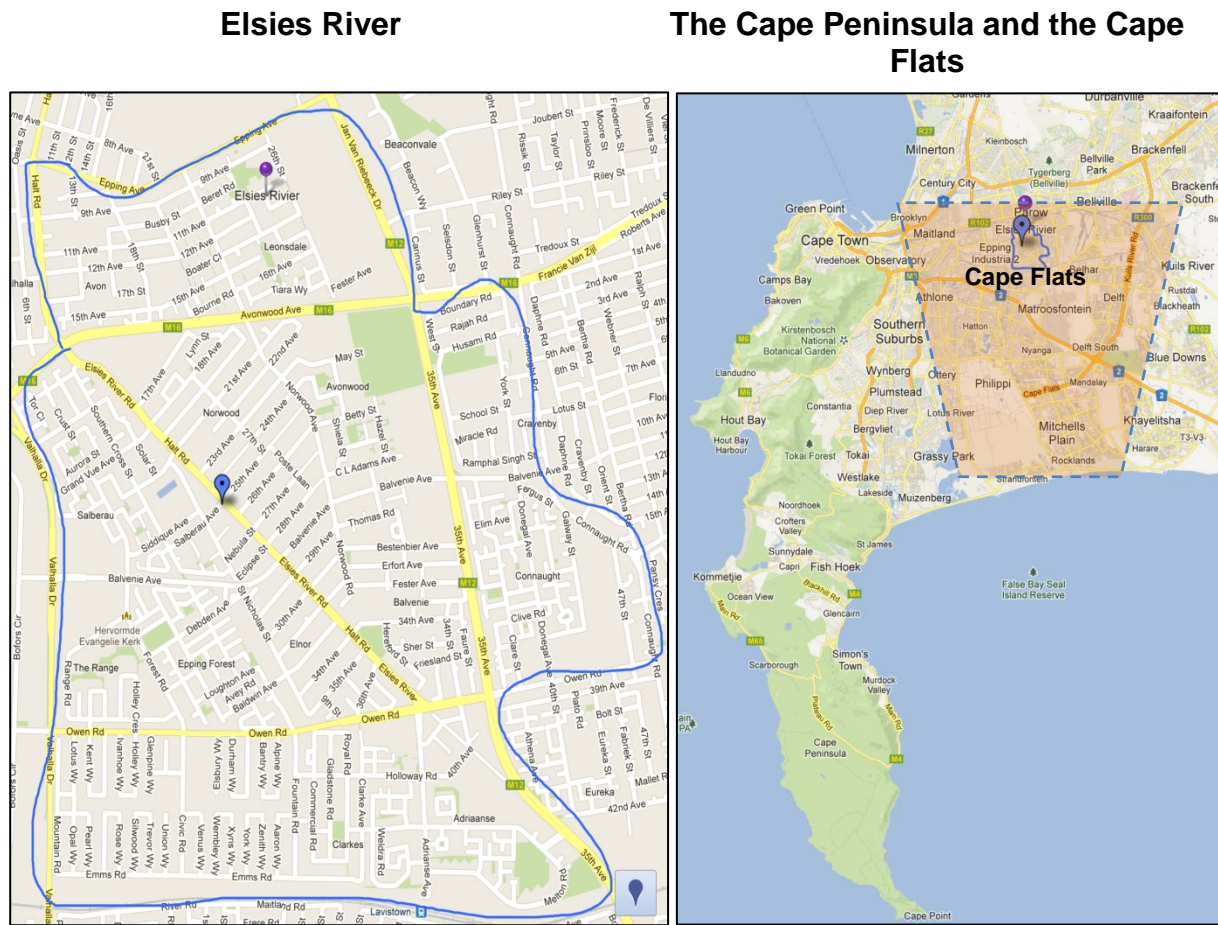


Figure 4.2. The research site: Elsie's River situated in the area known as the Cape Flats.

Despite the fact that in post-apartheid South Africa people's choice of residence is no longer restricted by skin colour, analysis of the 2011 national census shows that 94% of households in Elsie's River remain Coloured (Stats SA, 2012c). Housing remains a persistent service delivery challenge in this community with low-income dwellings such as 'Council flats' (Figure 4.3) as well as rented and privately own houses being the common forms of housing (City of Cape Town, 2009). However, extensive overcrowding and poverty force many people to resort to informal backyard housing structures. In terms of infrastructure, health, education and income, Elsie's River is known as one of the poorest areas in the City of Cape Town (City of Cape Town, 2006). Like similar communities on the Cape Flats, it is characterised by high levels of overcrowding, unemployment, poverty and deprivation with gangsterism, drug and alcohol abuse, family violence and child abuse being rife (Ehlers & Tait, 2009; Kagee & Frank, 2005;

South African Police Service, 2012; Standing, 2006). According to Makiwane and Daniel (2007), high levels of teenage pregnancy and school dropout rates usually co-occur with the above socioeconomic challenges.

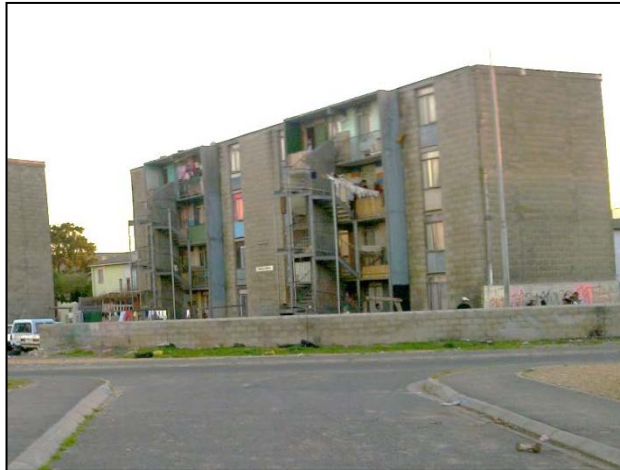


Figure 4.3. An example of the low cost housing in Elsie's River i.e. “Council flat”.

Elsie's River area has 14 primary schools and six high schools with only 2.8 % of the population having qualifications beyond Grade 12 (Stats SA, 2012c). Despite its many challenges, locals in Elsie's River attest to its proud history as a bastion of the anti-apartheid struggle in the 1970s and 1980s and are proud to name leading political and societal figures as sons and daughters of their community. As such, however, the community is also seen as being highly politicised with conflict between the two major political parties occurring often at a local government level.

In the next section the three phases of the main study (Figure 4.1) are described in terms of the participants, the final instrumentation used for data collection and the manner in which the data was analysed. The main study took place from May to July 2010.

4.6 Main Study-Phase 1: Teenage mothers

4.6.1 Participants

4.6.1.1 Criteria for Participant Selection

Participants for the study had to meet selection criteria that were determined by research on coparenting and teenage motherhood. Decisions on selection criteria were made to enhance the chances of finding teenage mothers who were involved in coparenting relationships. The selection criteria were as follows:

- i. Participants were first-time teenage mothers who had given birth between the ages of 16 and 20 years. The lower range cut-off age of 16 years was used as the minimum age for entry into the study, because younger teenage mothers have a higher chance of grandmothers taking over parental custody of their child and thus not sharing in the parenting role (Apfel & Seitz, 1991).
- ii. Participants had to self-report that they were in good health, because chronic health problems might affect their ability to parent their children, thus increasing the chances of someone else taking over the parenting role (Caldwell et al., 1998).
- iii. Participants' children had to be typically-developing and be between the ages of 0 and 2 years. The literature reveals that older children are more likely to be in formalised childcare, which influences coparenting quality, since there would be fewer opportunities for shared parenting (Borcherding et al., 2005). Since coparenting is a bi-directional process, any health, developmental or disabling conditions of the child may affect the quality of coparenting in terms of transactional parent-child relationship (Schoppe-Sullivan et al., 2007). Developmental information of the children of teenage mothers was therefore taken into account in establishing criteria for selection, in order to control for extraneous variables, which could potentially influence results on the measure of coparenting quality.
- iv. Teenage mothers 18 years of age and older could consent to participate since legally, they are considered adults, while those younger could assent to participate but were also required to obtain consent from a parent or legal guardian (Appendix I).

4.6.1.2 Recruitment and sampling

The aim of this research was not to generalise, but to build on theory of coparenting in a population where the phenomenon is not yet well understood, hence a multipurposive sampling strategy (Teddlie & Yu, 2007) was used which sought to to obtain information-rich participants who could reveal more of the coparenting construct as it played out in this population.

Firstly, in order to select the research site, sampling special or unique cases was employed. The research site was purposively selected as a case study due to the high number of teenage mothers reported to be in this community. This type of purposive sampling technique is used when the case is a major focus of the study (Teddlie & Yu, 2007). Secondly, in order to recruit participants who matched the selection criteria, a combination of sampling unique cases (criterion sampling) and sequential sampling (snowball sampling) was used.

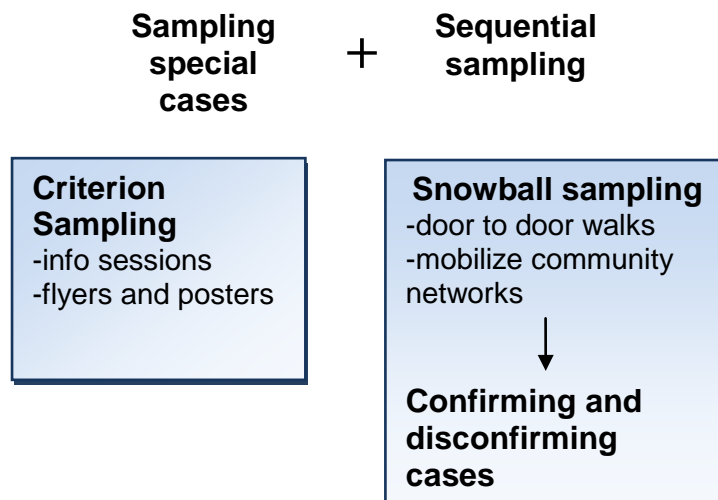


Figure 4.4. The multi-purposive sampling strategy used in this study.

Criterion sampling was employed through information sessions and distributing flyers and posters about the study (Appendix H) in the waiting rooms of the four health clinics in Elsie's River. When this proved to have limited success with only four participants coming forward in two weeks, it was decided that a door-to-door walks in the community would possibly yield

better results. Two teams consisting of the researcher, a school guidance counsellor from one of the high schools and a community youth worker in the one team and the research assistant and two community youth workers in the other team went knocking on doors in the community. A number of participants who matched the selection criteria and who agreed to participate were recruited in this way. These potential participants as well as other people on whose doors we knocked also pointed the team in the direction of other potential participants in the community. Additionally, the community networks of the local Community Advice Centre which included community safety workers, youth pastors and knowledgeable people in the community, were mobilised to recruit young women who matched the selection criteria. These latter two examples represent examples of snowball sampling. After the interviews were conducted, allowing differentiation between teenage mothers who were coparenting from those who were not, a quantitative measure, namely the measure of coparenting quality, was administered to those teenage mothers who were involved in coparenting relationships. This is an example of sequential sampling (confirming and disconfirming cases) used in the study.

4.6.1.3 Description of participants

The descriptive information of participants assists in understanding the context of teenage mothers in the main study. In total, 36 teenage mothers who fit the criteria for participation, agreed to participate in the study. The demographic characteristics of participants are shown in Table 4.11.

Table 4.11
Descriptive Characteristics of Teenage Mothers (n=36)

Variable	M (SD)	n (%)	Range
Mother		36	
Age (years)	18.67 (1.29)		16.58- 20.83
In education currently		8 (22.2)	
Grade 9		1 (12.5)	
Grade 10		2 (25)	
Grade 11		1 (12.5)	
Grade 12		4 (50)	
Not currently in education		28 (77.8)	
Left before pregnancy		15 (53.6)	
Left after pregnancy		13 (46.4)	
School leaving grade			
Grade 7		2 (7.1)	
Grade 8		2 (7.1)	
Grade 9		9 (32.1)	
Grade 10		7 (25.1)	
Grade 11		4 (14.3)	
Grade 12		4 (14.3)	
Unemployed		24 (85.7)	
Employed (Casual work)		4 (14.3)	
Child		36	
Age (months)	10.78 (6.13)		2-27
Gender			
Female		17 (47)	
Male		19 (53)	
Family			
Living with own family		33 (91.6)	
Living with boyfriend's family		3 (8.4)	
Household size	7.75 (3.20)		4-16
Monthly income (SA Rand)			
500-1000		6 (18.2)	
1050-2000		11 (33.3)	
2050-3000		11 (33.3)	
3050-4500		1 (3.1)	
≥ 500		4 (12.1)	
Receiving CSG		14 (38.9)	
Coparenting (n=27)		13 (48.1)	
Not coparenting (n=9)		1 (11.1)	

The description of participants indicates that the majority are not in school (77.8%), even though many are still of a school-going age. Those participants not attending school are mostly unemployed (85.7%). This would appear at first glance to corroborate the literature on teenage

parenting which states that becoming a mother in the teenage years affects their employment and economic opportunities (Gustafsson & Worku, 2007). However, in a city as well as in a community (Stats SA, 2012a) where unemployment rates are extensive, particularly amongst this population group, the highlighted link may not be a valid one.

Even though the sample is small and was not drawn randomly, thereby limiting the generalisability of the results, it is interesting to note that the majority of participants who were no longer in school at the time of study, had left school before they had become pregnant with Grades 9 and 10 appearing to be a particularly vulnerable time in their education years. This would suggest that, for young women in this community, factors other than early motherhood may also play a part in decisions on whether to remain in school (Seekings, 2006; Zeelen, Van der Linden, Nampota & Ngabirano, 2010).

It is evident that the majority of the teenage mothers in this sample live with their family of origin (91.6%). The high average household size (7.75) is consistent with population figures for the city, but this mean is decidedly higher than the mean for the Coloured population in Cape Town (4.9) (City of Cape Town, 2008). Household size would suggest that participants live in households that could be classified as extended, which may be important with respect to the availability of potential coparenting partners.

The majority of participants (85 %) estimated the monthly income of the family to be between R500 and R3000. This again is consistent with race-based income figures for the city (City of Cape Town, 2008), but family-level economic deprivation would appear to be much more severe in the current sample. In comparison to the monthly income of other population groups, In Cape Town, 20.9 % of Coloureds earn between R1600 and R3,200, 18.6% earn between R3201 and R6,400 and 14.4% earn between R801 and R1,600 (City of Cape Town, 2008). If one considers that for this sample, the average household size is almost eight members and that the range varies between 4 and 16 members (Table 4.11), then the economic vulnerabilities for teenage mothers and their children, become even more apparent.

4.6.2 Data collection materials and procedures

Following the recommendations for adaptation and change in the pilot study, the following materials were used in this phase of the main study and will now be discussed in depth.

1. The Interview Schedule for Teenage Mothers (Appendix J)
2. The Division of Child Related Labour Measure (Appendix K).
3. The Coparenting Quality Questionnaire for Teenage Mothers -CPQTM (Appendix L)

4.6.2.1 The Interview Schedule for Teenage Mothers

The development and refinement of this measure was discussed in Section 4.4.2. The Interview Schedule for Teenage Mothers (Appendix J) uses a semi-structured format. It consists of close-ended questions which are demographically, educationally, financially and support-orientated. It contains six open-ended main questions and seven open-ended sub-questions. The open-ended questions explore mainly the coparenting experiences of the participants. Sub-questions are prompts to clarify a participant's response to close-ended questions. As alluded to earlier, semi-structured interviews are advantageous in that the researcher has some control over the line of questioning (Cresswell, 2009). On the other hand, it could be seen as artificial, in that it does not always take place within a natural setting where the construct under investigation (in this case coparenting) can be observed directly. Furthermore, the responses obtained from participants may not always be articulate or perceptive because the researcher's presence may influence the quality of information obtained (Cresswell, 2009). Notwithstanding, the advantages of this data collection approach were felt to out-weigh the disadvantages, especially since the researcher had a short time available to be in the field (just under three months) to collect as much information as possible.

Face-to-face interviews were conducted in a private office at the Community Advice Centre or at a location which was more convenient for the participant (for example, their homes). Although the researcher followed an interview script (Appendix M) the semi-structured format of the interviews allowed each participant to be asked the same questions within a flexible framework without having to specifically define the ordering of the questions. Open-ended questions were included to encourage participants to talk about their experiences as young

mothers. The order of further questions was also determined by the nature of their responses. Where possible, the researcher manually recorded participants' responses as they occurred and each interview was also audio recorded for later transcription and coding.

An independent rater randomly selected 20% of the recorded interviews and examined them according to a procedural integrity checklist (Appendix N) to heighten the trustworthiness of the data and also to determine whether the researcher conducted the interviews in an ethical manner.

4.6.2.2 Measure for Division of Caregiving Labour

An adapted version of the “Who does What Scale” (Cowan & Cowan, 1988), namely the Division of Caregiving Labour (Appendix K), was administered to obtain an idea of how the caregiving tasks were divided between the teenage mother and coparent. In previous studies, it has been used as an indicator of the dynamics of the coparenting relationship (Oberlander et al., 2007), but in this study it is used to gain complementary descriptive data on the Shared Coparenting domain of the CPQTM. Van Egeren and Hawkins (2004) argued that a more valid indicator of the health of the coparenting relationship was not so much how caregiving tasks were divided, but rather each partner's satisfaction or sense of fairness with these divisions.

The Division of Caregiving Labour measure contains 13 items that are answered on a 3-point Likert scale that describes how caregiving tasks are divided. Responses range from 1 = *I do it all*, 2 = *We both do this equally*, to 3 = *She/He does it all*. Examples of items include *Preparing the child's meals* and *Getting up if the child wakes up in the middle of the night*. In addition, participants were also asked to rate their satisfaction with the division of child related duties on a 4-point scale ranging from (1) *Very dissatisfied* to (4) *Very satisfied*. This satisfaction rating was subsequently interpreted in relation to the scores on *Shared parenting domain* of the CPQTM, since it was hypothesised that a greater score on this measure would correlate with greater ratings of satisfaction.

4.6.2.3 Coparenting Quality Questionnaire for Teenage Mothers (CPQTM)

Based on responses to the Interview Schedule and the Division of Caregiving Labour, participants who were identified as being in coparenting relationships were asked to complete the Coparenting Quality Questionnaire for Teenage Mothers (CPQTM) as well (Appendix L).

The coparenting quality questionnaire (CPQTM) is a 58-item measure, specifically designed for this study and is intended to measure the quality of the coparenting relationship as experienced by the teenage mother in relation to an identified coparent. This measure had to be developed, because a comprehensive multi-domain measure of coparenting for teenage mothers does not currently exist. The CPQTM targets the experiences of teenage mother and asks them to reflect on the parenting behaviour of the coparent in relation to her child. In situations where more than one coparent was identified, a separate questionnaire was completed for each coparent.

As described previously, development of the CPQTM began with the compilation of items from existing measures (Table 4.2) as well as the generation of new items based on focus group discussions with teenage mothers and experts in the field. The items were translated blind-back and the wording and content were to suit the language comprehension of adolescents in this particular community (Table 4.7).

The CPQTM measures the following six domains of coparenting (Appendix L & O)

- i) Childrearing Agreement (11 items)
- ii) Shared Parenting (9 items)
- iii) Supportive Coparenting (14 items)
- iv) Undermining Coparenting (14 items)
- v) Coparenting Solidarity (7 items)
- vi) Coparenting Conflict (3 items)

Domain-specific questions are randomly distributed throughout the questionnaire with some statements negatively worded to avoid pattern related responses. As a result, some items

require reversed scoring so that higher scores on the CPQTM suggest a higher quality of coparenting relationship (Appendix O).

Originally envisioned as a self-administered questionnaire, during the piloting phase it became apparent that participants had limited experience with completing questionnaires independently and that they also had difficulty with reading. Therefore, to make the process easier and limit the chances of missing or incorrect data, the researcher read the items and possible responses aloud whilst at the same time pointing to response options using show cards.

Participants responded verbally or pointed to responses on the card, after which the researcher recorded the answers on the questionnaire response form. Reading the questionnaire items aloud enabled the researcher to provide a quick explanation of certain items as needed and to make sure that all items were properly understood and completed.

Responses were later transferred to a domain specific analysis sheet (Appendix O). Items that required reverse scoring were altered in order to obtain a domain specific raw score. The results on this measure allowed the researcher to purposively select specific coparenting cases in the data-set through the use of confirming and disconfirming cases sampling methods (Figure 4.4). In this way, further in-depth analysis of the quantitative data could be undertaken by referring back to the qualitative data so that common and unique aspects, which underpin the coparenting construct in this population, could be understood. Reliability and validity of the results of this study was therefore increased through triangulation of methods (Cresswell & Plano Clark, 2007), which compared findings from two or more different data collection methods to interpret phenomena (Collins & O’Cathain, 2009).

After concluding the session with each participant, they were given a R30 supermarket voucher as a token of appreciation for participating in the study.

4.7 Main study-Phase 2: Coparents

The unit of analysis in coparenting is the triad consisting of the teenage mother, the coparent and the child. While the children in this study were too young to be interviewed, a

multi-focal ecological perspective of the coparenting construct (Figure 2.3) required an understanding of the relationship from the perspective of coparents as well. This aspect is often neglected in coparenting research with this population (Sterrett, Jones, Forehand, & Garai, 2010). Grandmothers who act as coparents, for example, may experience adverse effects of physical and mental health (Barnett, 2008; Goodman & Silverstein, 2002) as well as role overload in the face of economic stressors (Dallas, 2004). This in turn may influence coparenting interactions with the teenage mother (for example, resentment) and reciprocity in dyadic interactions with her grandchild (Sameroff & Fiese, 2000).

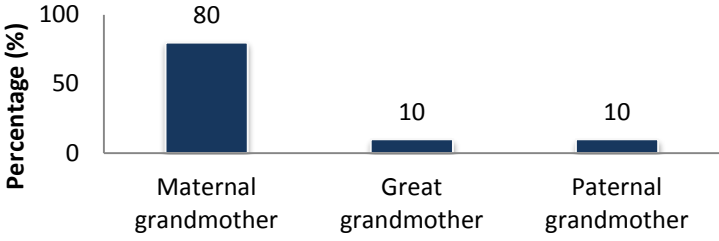
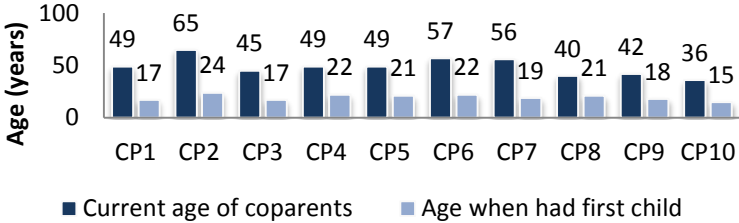
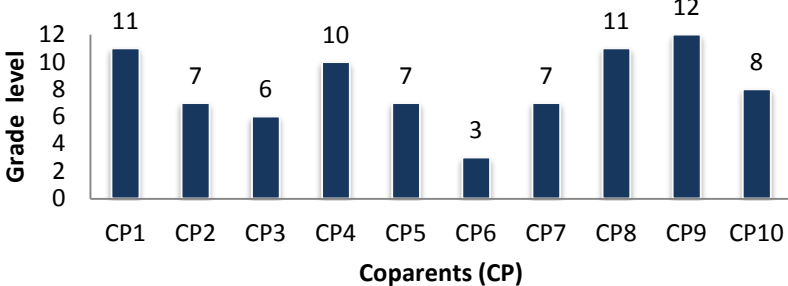
Coparents of teenage mothers interviewed in Phase 1 of the main study were contacted to participate, but difficulties with recruitment (as described in Chapter 3), persisted in this phase as well. Although 27 teenage mothers in Phase 1 indicated that they were involved in a coparenting relationship, only 10 coparents agreed to participate in the study for various reasons (difficulty making contact, non-availability because of work-related reasons, refusal to participate). Sampling difficulties therefore affected the piloting of quantitative measuring instruments like the CPQTM. This, together with the small sample size, dictated that comparative statistics between the teenage mother and a coparent on the CPQTM could not be conducted. It was therefore decided that the coparent's perspective of the coparenting relationship would be obtained from information rich participants in order to interpret and contextualise the information obtained in Phase 1.

4.7.1 Description of coparents

Participants in this phase were 10 women whom teenage mothers in Phase 1 identified as their coparents. Descriptive information of coparents is presented in Table 4.12.

Table 4.12

Descriptive Characteristics of Coparents Interviewed (n=10)

Variables and description	Results																																	
<p>Relationship to child: The majority of coparents (80%) interviewed are maternal grandmothers to the teenage mothers child but also include a great grandmother (10%) and a paternal grandmother (10%).</p>	<p style="text-align: center;">Coparents relationship to the child of teenage mother</p>  <table border="1"> <caption>Coparents relationship to the child of teenage mother</caption> <thead> <tr> <th>Relationship</th> <th>Percentage (%)</th> </tr> </thead> <tbody> <tr> <td>Maternal grandmother</td> <td>80</td> </tr> <tr> <td>Great grandmother</td> <td>10</td> </tr> <tr> <td>Paternal grandmother</td> <td>10</td> </tr> </tbody> </table>	Relationship	Percentage (%)	Maternal grandmother	80	Great grandmother	10	Paternal grandmother	10																									
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Great grandmother	10																																	
Paternal grandmother	10																																	
<p>Age: The coparents range in age from 36-65 years. Fifty percent of the sample had their first child when they were in their teenage years (15-19 years).</p>	<p style="text-align: center;">Current age of coparents and age when they had their first child</p>  <table border="1"> <caption>Current age of coparents and age when they had their first child</caption> <thead> <tr> <th>Coparent</th> <th>Current age (years)</th> <th>Age when had first child (years)</th> </tr> </thead> <tbody> <tr><td>CP1</td><td>49</td><td>17</td></tr> <tr><td>CP2</td><td>65</td><td>24</td></tr> <tr><td>CP3</td><td>45</td><td>17</td></tr> <tr><td>CP4</td><td>49</td><td>22</td></tr> <tr><td>CP5</td><td>49</td><td>21</td></tr> <tr><td>CP6</td><td>57</td><td>22</td></tr> <tr><td>CP7</td><td>56</td><td>19</td></tr> <tr><td>CP8</td><td>40</td><td>21</td></tr> <tr><td>CP9</td><td>42</td><td>18</td></tr> <tr><td>CP10</td><td>36</td><td>15</td></tr> </tbody> </table>	Coparent	Current age (years)	Age when had first child (years)	CP1	49	17	CP2	65	24	CP3	45	17	CP4	49	22	CP5	49	21	CP6	57	22	CP7	56	19	CP8	40	21	CP9	42	18	CP10	36	15
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CP9	42	18																																
CP10	36	15																																
<p>Education: Fifty percent of coparents only have education up to a primary school level (Grade 7). Only one coparent completed her schooling with a Grade 12 certificate.</p>	<p style="text-align: center;">Highest educational attainment of each coparent</p>  <table border="1"> <caption>Highest educational attainment of each coparent</caption> <thead> <tr> <th>Coparent (CP)</th> <th>Grade level</th> </tr> </thead> <tbody> <tr><td>CP1</td><td>11</td></tr> <tr><td>CP2</td><td>7</td></tr> <tr><td>CP3</td><td>6</td></tr> <tr><td>CP4</td><td>10</td></tr> <tr><td>CP5</td><td>7</td></tr> <tr><td>CP6</td><td>3</td></tr> <tr><td>CP7</td><td>7</td></tr> <tr><td>CP8</td><td>11</td></tr> <tr><td>CP9</td><td>12</td></tr> <tr><td>CP10</td><td>8</td></tr> </tbody> </table>	Coparent (CP)	Grade level	CP1	11	CP2	7	CP3	6	CP4	10	CP5	7	CP6	3	CP7	7	CP8	11	CP9	12	CP10	8											
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CP9	12																																	
CP10	8																																	

Variables and description	Results																		
<p>Employment: Only 20% of the coparents are employed full-time, while the majority (60 %) classified themselves as being housewives.</p> <p>Marital Status: An equal percentage (30%) are married or divorced while the rest are widowed (20%) or have never married (10%).</p>	<div style="text-align: center;"> <p>Coparents' employment status</p> <table border="1"> <caption>Coparents' employment status</caption> <thead> <tr> <th>Employment Status</th> <th>Percentage (%)</th> </tr> </thead> <tbody> <tr> <td>Employed full time</td> <td>20</td> </tr> <tr> <td>Unemployed</td> <td>20</td> </tr> <tr> <td>Housewife</td> <td>60</td> </tr> </tbody> </table> </div> <div style="text-align: center; margin-top: 20px;"> <p>Coparents marital status</p> <table border="1"> <caption>Coparents marital status</caption> <thead> <tr> <th>Marital Status</th> <th>Percentage (%)</th> </tr> </thead> <tbody> <tr> <td>Married</td> <td>30</td> </tr> <tr> <td>Divorced</td> <td>30</td> </tr> <tr> <td>Widowed</td> <td>20</td> </tr> <tr> <td>Never married</td> <td>20</td> </tr> </tbody> </table> </div>	Employment Status	Percentage (%)	Employed full time	20	Unemployed	20	Housewife	60	Marital Status	Percentage (%)	Married	30	Divorced	30	Widowed	20	Never married	20
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4.7.2 Procedures

Data was collected from coparents using a semi-structured interview schedule (Appendix P). The Interview Schedule for Coparents was similar to the Interview Schedule for Teenage Mothers in terms of content categories. Three additional questions were however included as discussed in Section 4.3.4.1. Coparents also completed the Division of Caregiving Labour Measure (Appendix K).

4.8 Main study-Phase 3: Interviews with key community informants

Within studies where there is a strong emphasis on context, a surface level of data analysis usually takes place concurrently with the collection of data since the researcher continually engages in a process of reflection by asking analytical questions and recording observations throughout the study (Cresswell, 2009). In this way, I increasingly became aware of process-related and context-related systemic issues which I thought had possible implications for coparenting. These were however, not tapped by the measuring instruments that were used. For example, the concept of parenting and the responsibilities and roles of parents, particularly

fathers, was not well understood. I had already completed most of the data collection of teenage mothers and coparents and was able to gauge from the interviews that the teenage mothers were experiencing largely positive coparenting relationships with their coparents. This would appear to have positive developmental implications for the offspring of teenage mothers. However, I reflected in my research journal on whether this seemingly positive resiliency factor was powerful enough to protect children from economic deprivation. Financial insecurity and deprivation were common themes which were beginning to emerge in interviews with both teenage mothers and coparents. In addition I was also beginning to observe wider community risks, which are known to negatively influence child development (Osofsky & Thompson, 2000). It bothered me, for example, to see so many young children (some from the households of coparenting teenage mothers) left unattended to play on their own in busy streets, exposed to alcohol abuse as well as to the gang culture which pervaded the play of school-going youngsters.

From my perspective, it appeared that the community accepted these risk behaviours as part of their everyday lives or chose to turn a blind eye. Within the reflexive and bioecological framework of the study (Figure 2.3), I deemed it pertinent that the wider ecology required investigation in order to contextualise the study and understand how risks and opportunities at higher levels of the system, for example risky neighbourhoods (exosystem) and culture (macrosystem), could potentially influence the coparenting relationship and child development. At about the same time I also became aware of research being undertaken by Sterrett et al. (2010), in relation to the effect of community risks on coparenting and child development. The wider ecology and its influence on the coparenting relationship at the micro-system of the family has received very little attention in the coparenting literature (Sterrett et al., 2010), even though systems theory and more specifically family systems theory, which underpins the field, acknowledges the interconnectedness of systems.

While descriptions of community risks and their influences on youth and child development within the greater Cape Flats area are documented in the South African academic literature (Moses, 2006; Salo, 2003; Van de Merwe & Dawes, 2000), the unique risks for young people and children growing up in this particular community are not specifically known. Within a constructionist and interpretivist approach to human inquiry that aims to understand the

complex world and lived experiences from the perspective of those who live in it (Schwandt, 1994), it would be appropriate to interview knowledgeable people from Elsie's River to gain an insider perspective. In this way one could broaden understanding of the unique characteristics of parenting and the manner in which young people and children are raised in this context.

Mindful of the use of field-based reflexivity (Flyvbjerg, 2002), rather than relying on my subjective perceptions, I decided to interview key community informants from varied sectors in the community who have first hand knowledge about the community and the issues under investigation (Marshall, 1996).

4.8.1 Description of key community informants

Participants were purposively selected with the help of the research assistant and were chosen on the basis of their knowledge of and work in the community. They included community workers, community leaders, community residents and youth advocates. Table 4.13 presents a description of the key community informants.

Table 4.13

Description of Key Community Informants

Informant	Description
Informant 1 (48 years of age)	This informant is the chairperson of the local Community Policing Forum (CPF). This forum consists of organisations and institutions such as schools, ratepayers associations, civic organisations, businesses and religious institutions, working in partnership with the local police. The purpose of a CPF is to create and maintain a safe and secure environment for the people of Elsie's River. In his capacity as chairperson Informant 1 is well acquainted with on the socio economic challenges of the community
Informant 2 (20 years of age)	Informant 2 is part of the local Ground breakers Programme for Love Life, a national HIV prevention initiative targeted at youth. Within this programme he works as a peer educator with young people at schools, clinics and various community youth initiatives. He conducts workshops and peer counselling sessions about HIV and high risk sexual behaviour. He therefore has a good understanding of the attitudes and perceptions of young people in this community.
Informant (55 years of age)	This informant is a volunteer community worker and well known resident in the community having lived there for more than 30 years. She has a wealth of knowledge with respect to the day-to-day trials and challenges of living in Elsie's River. She prides herself on knowing what is happening in the

Informant	Description
	community and is able to tap into a vast amount of informal community networks. Having been a long time resident she has seen trends develop over the years and thus has a good frame of reference for describing how the community has changed over the years.
Informant 4 (28 years of age)	Informant 4 has worked at the Community Advice Centre for the past two years. This centre assists residents of Elsie's River in gaining knowledge about their social and judicial rights. She works with people from the community on daily bases who seek advice regarding children's rights, consumer rights, labour rights, HIV/Aids maintenance and social grants. She is at the forefront of understanding the various socio-economic challenges which plague many residents of this community. She works closely and networks with various NGOs working within and outside of Elsie's River. She also conducts workshops with young people regarding teenage pregnancy.
Informant 5 (42 years of age)	This informant is a community development worker employed by the Western Cape Local Provincial government. She is involved in many community projects which aim to promote the economic and social upliftment of people in Elsie's River. Her work brings her into close contact with community members and allows her to gain a unique insight into their lives. She has lived in Elsie's River most of her life and has a good knowledge of its history and its people.

4.8.2 *Data collection and materials*

A semi-structured interview was conducted with key community informants. All questions in the interview were open-ended. Participants were asked to give their views on the following topics which were prompted by the researcher's encounters in the field, preliminary analysis of the data as well as new research on community influences on coparenting (Sterrett et al., 2010):

- i. How would you describe this community?
- ii. What are the strengths and challenges of living in this community?
- iii. How are children raised in this community with particular reference to the roles of women and men or mothers and fathers?
- iv. Can you specifically describe the situation of young people in this community and some of the challenges they face?

- v. What are your perceptions regarding the high teenage pregnancy rate in this community?
- vi. What role does education play in this community and how is it viewed by community residents?
- vii. Who or what keeps this community going in the face of the many challenges?

All interviews were digitally recorded for later transcription. The semi-structured interview format allowed the researcher to be flexible in the way and sequence in which questions were asked. The open-ended nature of the questions was aimed at encouraging reflection and the emergence of new thoughts in relation to informants' community experiences and yielded qualitative data only.

4.9 Data Analysis and statistical procedures

Through the use of the synergistic mixed methods approach (Hall & Howard, 2008), the various measures used in this study allowed for the development of quantitative, qualitative as well as mixed results (Chapter 3: Figure 3.2). Quantitative data analysis took place before qualitative data analysis. However, as was mentioned earlier, in a context-sensitive study the researcher is continually reflecting on the data as it is being collected, which implies that some form of concurrent qualitative analysis is already taking place.

4.9.1 Quantitative data analysis

4.9.1.1 Preparation of data

Raw data from the various measuring instruments used in this study were transformed into an error-free data set through the process of coding, entering and cleaning the data. Specific codes were assigned to various descriptive categories of information for each participant, for example age, gender (of child), education levels, and so forth. This coded data together with scores on quantitative measures such as the CPQTM were then entered into an electronic spread sheet for analysis by Statistical Programmes for the Social Sciences (SPSS: Version 18). Items on the CPQTM that were reverse-scored were recoded as such.

Since errors may occur when entering the data, the data set was checked and cleaned in the following manner: The researcher selected a random sample of 10% of participants and recoded and entered the data (Durrheim, 2006). Results were then compared with the original data set to check for any discrepancies. If errors were found, they were corrected. The researcher then drew a second random sample and re-coded and compared, following the same process as before. This process was followed until the data set was found to be error-free. The researcher then checked all columns (variables) for impossible codes or missing data.

4.9.1.2 Statistical procedures

Descriptive and inferential statistical procedures were conducted via SPSS (Version 18). Frequencies, means, range and standard deviations were used to organise the quantitative data collected from the two Interview Schedules. Subscale scores for the six domains of the CPQTM were calculated by taking the mean and standard deviations of all the items comprising each subscale (negative items were reverse-scored). Inferential statistics, (Mann-Whitney U test) were used to check for differences between coparenting partners, that is, the teenage mother's scores for grandmothers versus her scores for fathers. The reliability of the subscales of the CPQTM was calculated using Cronbach's alphas (McMillan & Schumacher, 2010).

4.9.2 Qualitative data analysis

4.9.2.1 Preparing the data for analysis

All interviews were digitally recorded and verbatim responses to each question were translated and transcribed by the researcher and a research assistant using a standardised transcription protocol (McLellan, MacQueen, & Neidig, 2003). This includes the transcription of non-verbal information such as pauses, background noises and laughter. The researcher transcribed all open-ended questions for the Interview Schedule for Teenage Mothers and Coparents and the research assistant transcribed the interviews for key community informants. Because transcription is a time intensive process, translation accuracy was determined by the researcher proofreading 20% of the research assistant's transcriptions and vice versa. Discrepancies were noted and translations revised when necessary.

4.9.2.2 Thematic analysis

Qualitative data was coded using thematic analysis, a method for identifying, analysing and reporting patterns in the data across the data set (Braun & Clarke, 2006). Thematic analysis is a flexible approach to qualitative data analysis in that it is not bound to any epistemological position such as grounded theory, narrative analysis and so forth. It is therefore independent of theory and can be applied across a range of theoretical and epistemological approaches (Braun & Clarke, 2006). Thematic analysis suits the pragmatic paradigm of a mixed methods study since it is not committed to any one system of philosophy or reality, but acknowledges that research always takes place within a historical, social or political context (Cresswell, 2009). Thematic analysis can follow a deductive or an inductive approach. Both approaches were used in the analysing the qualitative data of this study.

The flexible nature of thematic analysis has, however, been criticised as being too loose. Braun and Clarke (2006) therefore developed a set of guidelines for undertaking a structured thematic analysis; these were used to structure the analysis of qualitative data in this study. In order to make sense of the quantitative data that was emerging, an inductive (bottom-up approach) was used for analysing the qualitative data from the teenage mother and coparent interview schedules, which could provide an explanation of these findings (Braun & Clarke, 2006).

In contrast, an *a priori* (Ryan & Bernard, 2003) or deductive (top-down) approach was followed for coding the interviews of key community informants. A priori themes are generated from the literature or theory. An ecocultural theoretical framework (Leventhal & Brooks-Gunn, 2000; Tamis-LeMonda et al., 2008) that identifies known mechanisms through which neighbourhoods and culture influence parenting and child development, was used to frame the thematic analysis of interviews with key community informants.

Guidelines recommended by Braun and Clarke (2006) on how to systematically undertake thematic analysis were followed. These included:

- i. Familiarising oneself with the data. Transcriptions were read and re-read by the coders, the researcher and a trained professional colleague.

- ii. An initial list of semantic content (surface meaning) codes were then generated from the texts, for example codes for the ‘the good father’ (provider, acknowledges paternity).
- iii. A process of consensus coding was followed (Willms et al., 1990). Disagreements in code description were resolved through discussion.
- iv. Search for themes. The researcher then searched for codes within and across data sets and then collated them into themes, for example ‘collectivist culture’.
- v. Themes were then reviewed, refined and named. Theme refinement was to be expected after more data sets were analysed and additional perspectives added which resulted in more subtle nuances to the initial themes. In this process sub-themes were then also generated.
- vi. Specific texts that vividly highlighted a theme were subsequently chosen for inclusion in the dissertation.

4.9.2.3 Interpretation of themes

Following this systematic approach to mining the data for themes, interpretation of the themes was undertaken. The researcher thought about the themes generated across the data corpus and interrogated them in a reflexive manner recommended by Cresswell (2009). The following questions were asked in relation to the themes obtained:

- i. Were there themes that one would expect to find based on existing literature?
- ii. Were there themes which were surprising and thus not anticipated at the beginning of the study?
- iii. Were there themes that addressed a larger theoretical perspective in the research?

The interpretation stage culminated with the researcher comparing the themes with results from other sources of data collected in the study as well as literature and theories in the field. This is an example of the on-going dialectic interaction between data, context and theory discussed in Chapter 3 as part of the Hegelian dialectic cycle (Figure 3.1). Through this process, knowledge and understanding of teenage coparenting within this community was increased.

4.10 Summary

This chapter clarified the different research stages and phases of the study. It also described how the measuring instruments were developed and refined. The main study was described in terms of the research site, participant selection criteria and sampling technique. In addition, it explained how different methods of data were collected, analysed and triangulated within a synergistic mixed methods design.

CHAPTER 5 RESULTS

5.1 Introduction

In this chapter, the findings from both the quantitative and qualitative data collected in the first two phases of the main study are analysed, triangulated and interpreted with respect to sub aims 1 to 4. Figure 5.1 illustrates the layout of this chapter according to the sub aims of the study and the method of data analysis employed.

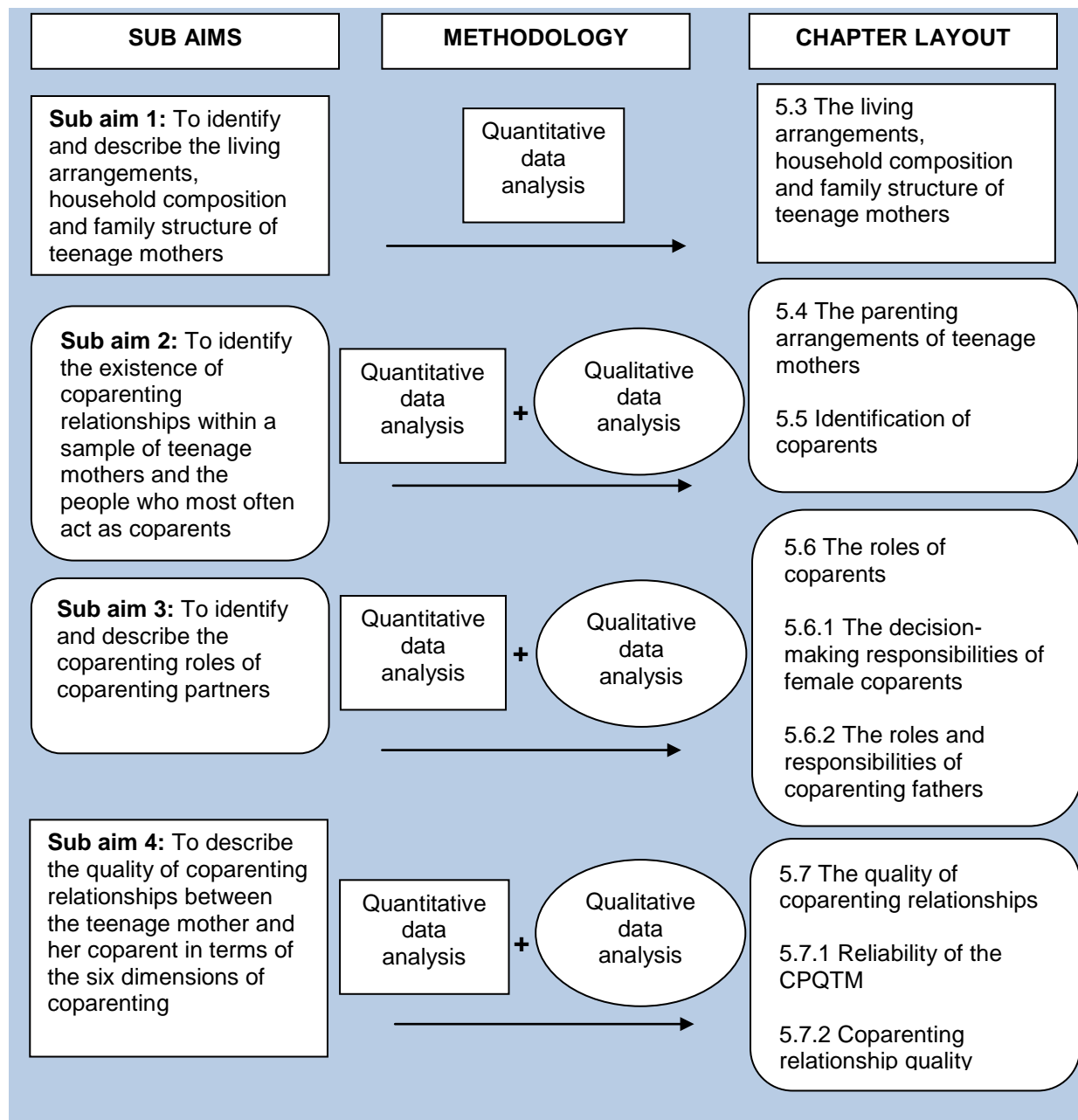


Figure 5.1. Layout of the results according to sub aims 1 to 4 and the method of data analysis.

5.2 Procedural integrity

An independent rater randomly selected and checked 20% of the audio recordings to determine the procedural integrity of the interviews. A procedural integrity score of 96% was obtained. The only procedural discrepancy noted was in terms of whether the questions were read out according to the interview schedule. This discrepancy is to be expected, because the semi-structured interview was not tightly scripted, thereby allowing a natural flow of the conversation.

5.3 Living arrangements, household composition and family structure of teenage mothers

The first step in the research was to establish whether the teenage mothers were living in households where they could potentially draw on parenting support from their parents or other members of the extended family.

The results revealed that the majority of the 36 teenage mothers (92%) were living in the households of their own family, while the rest (8%) lived with the child's father and his family (Table 5.1). None of the participants therefore lived as a nuclear family with only the child's father and their child. The mean household size of teenage mothers living with their own family and the child's father's family were 7.75 and 9.33 respectively. Other members of the household who contributed to the mean but not indicated in Table 5.1 include other female and male relatives as well as cousins and younger siblings.

These results indicated that participants were living in households in which there was at least one older female adult. Depending on the living arrangement, this person was most often the teenage mother's own mother (84.8%) or the paternal grandmother (100%). For participants living with their own families, their own fathers' household status was under-represented, with just more than a third of the sample (36.4%) having their own father in the household. In households where their own mothers were not represented, teenage mothers would mainly be living with their grandmothers, having been raised by them or because access to school was made easier by this arrangement.

Table 5.1

Percentage and Mean age of Adults Living in the Households of Teenage Mothers (n=36)

Relationship	n (%)	Mean age (SD)	Mean household size (SD)
<i>Teenage mother living with her own family</i>	33 (92)		7.75 (3.3)
Her mother (child's maternal grandmother)	28 (84.8)	47.4 (7.1)	
Her father (child's maternal grandfather)	12 (36.4)	47.4 (8.8)	
Child's father	2 (6)	20.5 (0.7)	
Her grandmother	5 (15.2)	66.2 (4.4)	
^a Her aunt	5	48 (15.9)	
Her grandfather	2(6)	65.5 (4.9)	
^b Her older female sibling	15	23.7 (3.1)	
^c Her older male sibling	26	25.6 (4.2)	
<i>Teenage mother living with child's father's family</i>	3 (8)		9.33 (0.56)
Child's father	3(100)	21.3 (1.5)	
His mother (child's paternal grandmother)	3(100)	53.3 (5.8)	
His father (child's paternal grandfather)	2(66)	55 (7.1)	
*His older brothers	3	29.7 (4.6)	

Note. ^{a b c} Percentages are not given for siblings and aunts, because there were more than one in each household.

The description of household composition corroborates the view held in the literature that teenage mothers are embedded in extended family structures from which they could potentially draw parenting assistance and support from older adults. However, as mentioned earlier, the presence of potential coparenting partners alone is not sufficient evidence to determine whether these members assist with active parenting and work in partnership with the teenage mother.

A deeper level of analysis is therefore required to determine the parenting support roles played by significant people in the ecologies of teenage mothers.

5.4 The parenting arrangements of teenage mothers

Twenty-seven participants (75%) indicated that someone was helping them to raise their child and were thus tentatively classified as being involved in coparenting relationships (Figure 5.2). This could only be conclusively be determined once they identified someone as a coparent who matched the criteria set out in the literature on coparenting (McHale et al., 2004; Van Egeren & Hawkins, 2004) and teenage motherhood (Apfel & Seitz, 1991; Dallas, 2004).

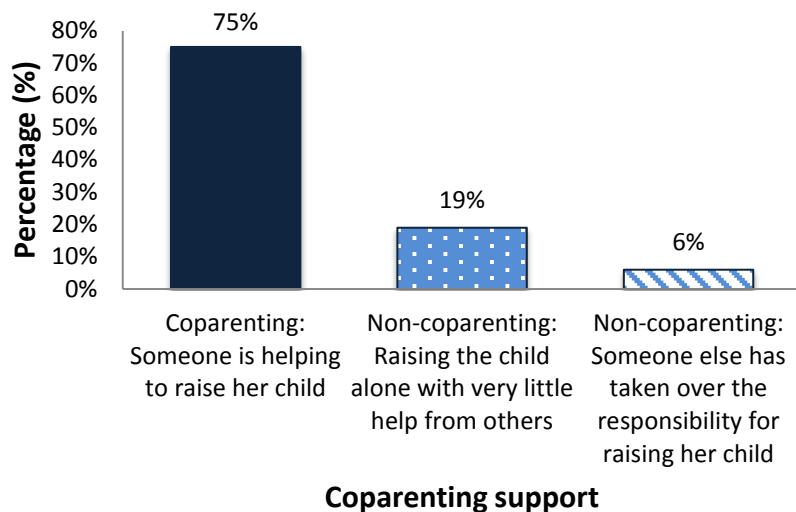


Figure 5.2. The coparenting support provided to teenage mothers (n=36).

Nine participants indicated that they were raising their child on their own (19%) and two indicated that someone else had taken over the parenting (6%) of their child (Figure 5.2). These latter two parenting arrangements were therefore classified as non-coparenting. Qualitative accounts of some of these teenage mothers who were raising their child on their own revealed that they could not expect parenting support as their mothers were working and thus not available to assist them consistently while others felt that they were responsible for becoming pregnant and therefore had to bear the burden alone as detailed in the following excerpt by Participant 7.

“Want ek is die ma en (dit)is omdat ek sê nie ek het ‘n mistake gemaak of ‘n ding nie maar ek het gelê so ek moet na die kind kyk.” (Participant 7)

[Because I am the mother and because I am not saying that I made a mistake or anything but I was the one who had sex, so I must look after the child. (Participant 7)]

On the other hand some participants like Participant 1 felt that they were sufficiently capable and competent to raise their child on their own.

“Toe ek die dag in die huis in kom met die baby, sy het die kind vas gehou en so maar ek moes selfs die kind se nael gedoen het. Sy het my een keer gewys en ek het dit op gelui dat ek kan dit doen! Ek het vir myself gesê “Ek kan na my kind kyk! Ek kan dit doen!” (Participant 1)

[The day I walked into the house with my baby, she (grandmother) held the child a bit but then I had to take care of the child’s belly button on my own. She showed me once but then I started to feel I was capable of doing this. I said to myself “I can look after my own child! I can do it!” (Participant 1)]

In the present study, the main reasons cited by participants who indicated that they were being helped by someone to raise their child (assisted group), related to them receiving social support (caregiving, material -housing, clothing, food, financial and parenting support). Caregiving and material support from particular members of their family were most often given as reasons why participants felt they were being assisted in raising their child, as evidenced by the following excerpts from interviews.

“Omdat my ma kyk bedags na haar as ek by die skool is en as ek wil uit gaan kyk my ma ook na haar. En wat my ma my baie help met haar ook.”(Participant 6)

[Because my mother looks after her during the day when I am in school or if I want to go out. And because my mother helps me a lot with her as well. (Participant 6)]

“Toe die baba gebore was toe was my ma daar en my ouma maar my ma bly nie by ons nie. My ma bly by haar eie ma maar sy het ook baie gehelp en so. Het die kind se goedjies gewas en vir hom gebad. Maar toe gaan sy. Sy was vir twee weke daar toe gaan sy huistoe. Toe help my ouma vir my van daai tyd af. Ek het baie bystand van my ouma gekry. So sy het vir ons gesorg en vir hom gekoop en omgesien na ons twee.” (Participant 22)

[My mother and my grandmother were there to help me when the baby was born but my mother does not stay with us. She stays with her own mother but she did help a lot initially. She washed all the child’s things and she also bathed him. But then she left. She was there for two weeks and then she went home. Then my grandmother began to help me. So my grandmother cared for us and she bought things for him and looked after both of us. (Participant 22)]

“Al wat ek kan sê is my ma en my pa. Is oor my ma en my pa dat my kind nou vandag groot is. As dit nie vir ma en my pa was sou my kind nie vandag aan klere gekom het nie.” (Participant 11)

[All that I can say is that it’s my mother and my father. It is because of them that my child is what he is today. If it were not for them, my child would not even have had clothes today. (Participant 11)]

“Soos ons bly by ander mense op die yard. Die mense daar sal vir my help. Die vrou se dogter is altyd daar vir my as my ma in die werk is en die baba raak siek of so. Sy sal my altyd sê hoe moet ek nou maak en wat moet ek maak.” (Participant 16).

[We are staying in the backyard of these people. They will help me. If the baby gets sick and my mother is at work, then this lady’s daughter is there

for me. She will show me what to do and how to do things. (Participant 16)]

These results, however, are not meant to imply that participants who were not coparenting did not receive any form of social support. By comparing the group that was not coparenting with the coparenting group with respect to caregiving, material and financial support, both groups received social support from similar support providers (Table 5.2).

Table 5.2

Frequency of Social Support provided to Coparenting and (n=27) and Non-Coparenting Teenage Mothers (n=9)

Providers of social support	Types of social support					
	Caregiving		Material support (food and clothing)		Financial support	
	Coparenting	Non-coparenting	Coparenting	Non-coparenting	Coparenting	Non-coparenting
Grandmother	93%	57%	93%	100%	74%	43%
Child's father	68%	17%	71%	17%	86%	100%
Paternal grandmother	86%	75%	86%	50%	57%	0%
Maternal sister	77%	0%	56%	100%	33%	0%

What appeared to distinguish the two groups in Table 5.2 from each other, however, was that the coparenting group of teenage mothers was more likely to receive consistent support for all three categories of social support than the group that was not coparenting. Grandmothers in the coparenting group, for example, provided caregiving support (93%), material support (93%) and financial support (74%) whereas grandmothers in the non coparenting group were less likely to assist with caregiving (57%) and to provide financial support (43%), but were more likely to provide material support (100%).

Similarly, the children’s fathers in the coparenting group tended to provide a range of social support whereas those of the group that was coparenting were more likely to provide financial assistance (100%) than caregiving (17%) or material support. The paternal grandmothers in both groups however, were more likely to provide caregiving and material support as well as financial support in the case of coparenting teenage mothers.

The amount of support given to teenage mothers also did not appear to be related to the availability of support providers as they were similarly represented in the households of both the coparenting and the non coparenting group (Figure 5.3).

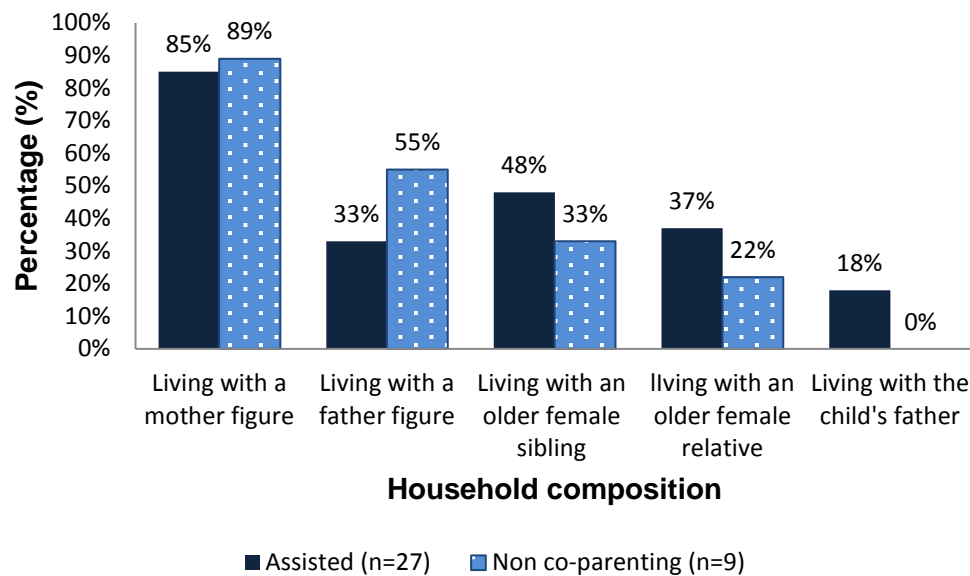


Figure 5.3. The household composition of coparenting and non coparenting teenage mothers (n=36).

The presence of the paternal grandmother as a social support provider is noteworthy since research suggests that social support from individuals in the fathers’ networks facilitates fathers’ engagement with their children (Dallas 2004; Fagan et al., 2007). In particular, caregiving as well as material support have been seen as important in this regard.

5.5 Identification of coparents

The twenty-seven participants who indicated that they were being helped in raising their child (Figure 5.2) were subsequently asked to identify a person or people they felt was like their child's second parent and to explain their reasons for saying so (Appendix J: 21(a) & (b)). Two coders (the researcher and an assistant) coded the qualitative responses and compared them to existing theory on the parameters that define a coparent (Apfel & Seitz, 1991; Van Egeren & Hawkins, 2004), since not all people whom the participants identified as coparents appeared to be fulfilling this role.

In addition, responses obtained on Appendix J: 21(c), which detailed the parenting roles played by potential coparents (to be discussed later), were also taken into account in coming to a decision. To enhance coding reliability the coders coded each of the participant's responses independently and compared codes. Differences were resolved through discussion and clarification in relation to theoretical coparenting definitions. Coders then came to consensus as to whether the person identified could be classified as a coparent. To illustrate this process, participant 11, for example, identified a neighbour as a coparent because she was affectionate towards her child and occasionally provided her with clothes, food and caregiving assistance. However, she did not appear to be involved in the guidance, care or upbringing of the child, which would have been indicative of a coparenting relationship (McHale et al, 2004; Van Egeren & Hawkins, 2004).

In another example, Participant 18 reported that the child's father only provided occasional caregiving assistance, that is, he would occasionally look after the child for short periods if there were no one else available. She reported that most of the parenting of the child was shared between her and the paternal grandmother who played the role of a surrogate mother to her, since her own mother had recently passed away. The paternal grandmother provided daily caregiving assistance as well as mentored the teenage mother in the parenting role by giving her advice on child rearing. This participant also mentioned that she saw the paternal grandmother as more of a parent to her child than the child's father and that the child even called her mommy. The coders therefore concluded that in these two examples the minimal involvement of the neighbour and the child's father (respectively) in active childrearing disqualified them as

coparents. The paternal grandmother in the latter example (Participant 18) however, was classified as a coparent, since she appeared to be more invested in the upbringing of the child. By coding responses in this manner, it was confirmed that all participants (75%) who indicated that they were being helped in raising their child (Figure 5.2) were able to identify at least one person as a coparent.

Since coparenting has traditionally been discussed within the confines of the marital relationship and within the context of the nuclear family, an individual person is usually identified as a coparent. In this study however, just over half (14 of 27) of teenage mothers who were coparenting, indicated that they were coparenting with two other people, that is, were involved in a multi-person coparenting relationship system (Gaskin-Butler; Engert, Markievitz; Swenson, & McHale, 2012). From Table 5.3 it can be seen that when coparenting with only one other individual, the person identified most often as a coparent was the grandmother (61%) followed by the child's father (31%).

Table 5.3

Identification of Coparents

Coparent	Frequency (%) identified as a coparent	Multi-person coparenting: Coparenting with two other people (n=14)			Frequency (%) identified as primary coparent	Frequency (%) identified as coparent (n=27)
		Primary (%)	Secondary (%)	Combined frequency (%) identified as a coparent		
Grandmother	61	50	21	71	55	67
Child's father	31	21	64	85	26	58
Paternal grandmother	8	14	0	14	11	11
Great grandmother	0	7	7	14	7	7
Great grandfather	0	7	0	7	3.5	3.5
Maternal sister	0	0	7	7	3.5	3.5

When participants were involved in multi-person coparenting arrangements (coparenting with two other individuals), the grandmother was identified as a coparent 71% of the time in either a primary capacity (50%) or a secondary capacity (21%) (Table 5.3). The distinction between primary and secondary coparent is made to indicate the person who was usually identified first and whom participants ranked as being more of a parent to their child in relation to the other coparent. This was taken to mean that the person identified in the primary coparenting role, was the more active parenting partner out of the two coparents mentioned. In conceptualizing the coparenting construct, Feinberg (2002) emphasized that coparenting roles should not necessarily be viewed as equal in terms of authority and responsibility since they are usually determined by the participants themselves in relation to the socio-cultural context. The child's father, although identified as a coparent 85% of the time in multi-person coparenting arrangements, was most often identified as the secondary coparent (64%) as opposed to the primary coparent (21%).

Collectively for all twenty seven coparenting teenage mothers, Table 5.3 shows that the grandmother featured as the most prominent coparent (67%), followed by child's father (58%), the paternal grandmother (11%) and less frequently other members of the maternal family namely the great grandmother (7%) and the great grandfather and sister (3.5%).

5.6 The roles of coparents

When the specific roles of the three most prominent coparenting partners (grandmother, child's father and paternal grandmother) are explored (Figure 5.4), it is evident that caregiving and disciplining are roles taken on by almost all coparents. Teaching the teenage mother how to be a mother (henceforth referred to as *mentoring*) and decision-making about the child's life, feature prominently and tend to follow gender specific patterns.

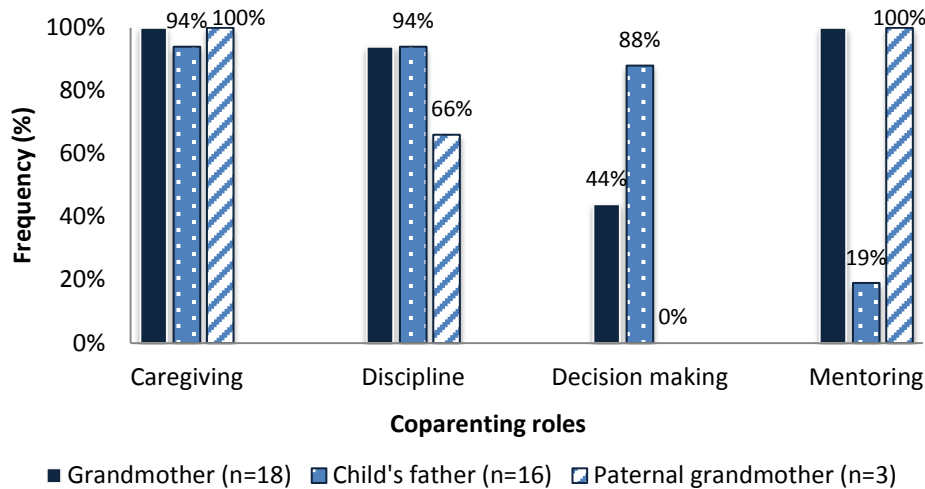


Figure 5.4. A comparison of the coparenting roles of the grandmother, the child’s father and paternal grandmother.

As expected, the mentoring role was assigned to those perceived to have more experience in parenting, namely older females. The parenting experience of teenage mothers varied and mostly related to caregiving aspects. They reported that they had irregular experience of baby-sitting (12) and undertaking caregiving tasks with cousins, nieces, nephews or children of friends (12). In some cases (12) they specifically indicated that they had no experience or very little understanding of what it meant to be a parent before becoming a mother. This inexperience was also confirmed by coparents as evidenced by the following excerpts when asked why they felt they needed to step in and assist.

“Omdat sy, uhm , nou ‘n ouer is en met haar eerste kind is weet, is hulle baie dom om hulle eie kind groot te maak. Daarom moet ons ook mos ‘n hand bysit en vir haar help om haar kind groot te maak.”

(Coparent 3)

[Because she, uhm, is now a mother with her first child and you know they are a bit stupid about knowing what to do to raise a child. Therefore we have to lend a hand and help her to raise her child.

(Coparent 3)]

“Sy is mos onder ouderdom en ek as haar ma, so te sê, ek het haar gewys hoe om ‘n kind groot te maak, wat om te doen.”

Researcher: Okay, dink jy sy het nie geweet hoe nie?

Huh uh.(shakes head to indicate ‘no’)

R:En hoe vorder sy in jou opinie?

“Sy vorder baie goed nou.” (Coparent 4)

[She is under age and so as her mother, I had to show her how to raise a child, how to do things.

Researcher: Okay, do you think she did not know how to do it?

Huh uh (shakes head to indicate ‘no’).

Researcher: And how do you think she is progressing in your opinion?

She is progressing very well. (Coparent 4)]

Teenage mothers and the ten coparenting grandmothers interviewed, perceived coparenting fathers to be just as inexperienced as teenage mothers in parenting. The teenage mothers largely identified the child’s father as sharing responsibility for decision-making about the child’s life (88%), irrespective of his capacity as a primary or secondary coparent. Grandmothers less often (44%) and paternal grandmothers never (0%) took on the decision-making coparenting role.

5.6.1 The decision-making responsibilities of female coparents

Qualitative data obtained from interviews with teenage mothers and the ten female coparents interviewed provided some insight into the above role delineation with respect to decision-making roles. The decreasing role of female coparents in decision-making appeared to be as a direct result of the teenage mother’s growing confidence and competence in the parenting role, allowing her to make her own decisions about the child. This is evidenced in the following excerpts of two teenage mothers.

“Ek en my ouma (maak besluite) maar meer kan ek nou eintlik besluite neem. As ek nou vir my ouma vra kan die kind nou daar na toe gaan, dan

sê sy, 'Dis jou besluit. Dis jou kind. So, ek maak die besluite.' (Participant 22)

[My gran and I (make decisions) but, these days I am more able to make decisions. When I ask my grandmother if the child can go somewhere then she will say, "It's your decision. It's your child." So, I make the decisions. (Participant 22)]

"My ma sê net dit is my keuse want ek as ouer moet self besluit. Ek moet ervaar het daarvoor." (Participant 37)

[My mother just says that it is my decision because as the child's parent, I must decide. I must gain experience. (Participant 37)]

Within the traditional coparenting literature, a coparent is defined as a caregiver who has executive decision-making responsibilities regarding the child (McHale et al., 2004). However, as the above responses indicated, decision-making by coparents about the child's life is not as straightforward as with traditional nuclear families. It would appear to be an aspect of parenting which changes over time, influenced by the teenage mother's and the coparent's perception of her parenting abilities. Moreover, the coparent's role in decision-making may differ at particular points in time. For example, when the ten coparents interviewed and their matched teenage mothers were asked about the decision-making role of the coparent, six of the ten coparents interviewed indicated that they were making decisions but only three (50%) of the teenage mothers agreed with them. Of the four coparents who indicated that they were not making decisions, there was better agreement i.e. three out of the four (75%) teenage mothers agreed with them. Irrespective of whether they agreed with each other or not, qualitative responses from mentoring coparents as indicated in the following excerpts, revealed that they expected this role to decrease over time as the teenage mother gained experience and confidence in the parenting role.

"Soms (maak ek besluite). Soos ek sê, dit moet 'gelevel' word. Sy moet mos weet wanneer om wat te doen want dit is mos haar kind. Ek is mos

nie altyd daar nie. As ek nie by die huis is nie is sy met die kind by die huis. Dan moet sy mos weet wat om hom te doen staan.” (Coparent 9)
[Sometimes (I will make desions). As I said, it should be balanced. She should know when to do things because it is her child. I am not always going to be available. If she is at home with the child and I am not there then she will need to know what to do. (Coparent 9)]

“Ek gee vir haar raad. Man, daar is baie keer wat ek vir haar sê wat sy moet doen maar as ek sien sy doen dit nie so nie, dan moet sy die gevolge dra.” (Coparent 8)

[I give her advice. Look, there are many times when I tell her what she should do but then when I see she does not follow this advice, then she has to take responsibility for what happens. (Coparent 8)]

“Sy maak haar eie besluite waar dit haar kind betref en dit het sy gesê ook in soveel woorde. Bietjie seer gemaak maar at the end of the day, it is her responsibility. It’s not my responsibility. So, nee, ek los dit in haar hande. Soos ek sê, ek ‘guide’ haar maar net. As sy wil iets doen gaan ek die pro’s en con’s vir haar gee. Dan sê ek ook vir haar, ‘Dit is jou keuse.’ Maar dit was ook nie maklik om dit te aanvaar nie omdat sy nog onder my dak bly. Dit is my reëls my regulasies, maar ek moes dit aanvaar. Dit is haar kind. Dit moes ek nou maar aanvaar.” (Coparent 10)

[When it comes to her child, she makes the decisions and she actually made this quite clear to me. It hurt a bit to hear that but at the end of the day, it is her responsibility. It is not my responsibility. So, no, I leave that to her. As I said, I will only guide her. If she wants to do something I will give her the pro’s and con’s. Then I will say to her ‘It’s your choice.’ But this was not always easy to accept because she is still living under my roof and therefore subject to my rules and regulations. But I had to accept it. It is her child. That fact I had to accept. (Coparent 10)]

The above statements from both teenage mothers and their mentoring coparents allude to transitions in the coparenting life course (Elder, 1996). Some mentoring coparents, for example, clearly indicated that their role as parents would change and that they would possibly take on roles that are more traditional and expected of them as grandmothers. For example, Coparent 9 indicated that she had started to relinquish some of her parenting authority to the teenage mother and justified her reasons for this in the following exchange with the researcher.

“Want ek is mos die kind se ouma, right? Sy is die kind se ma. Ons altwee het ‘n plig towards daai kind. Ons het albei ‘n plig towards daai kind. Want hoekom is die woord ouma ingestel as die ouma ook nie ‘n plig moet het nie? As jy die ‘ou’ weg haal dan is dit ‘ma’. So hoekom sal daar van die woord gebruik gemaak word maar hy het nie juis betekenis nie?”

Researcher: Wat dink jy sou gebeur het as jy heeltemal verantwoordelikheid van haar af weg geneem het?

Sal sy mos nooit van hierdie fout af geleer het nie. As ek volle verantwoordelikheid aanvaar het vir daai kind, het sy nie uit daai fout geleer nie glo ek stellig. Want dan sal sy voel ‘nee ek het nie rêrig kind nie. Daai kind is my ma se kind. Ek kan maar weer gaan vir n kind.’ En dan waar end sy op? Die een is mos nou oraait. Daai was nou rêrig ‘n fout wat ons nou saam mos kan uitsorteer, maar dit kan mos nie ‘n ongoing ding wees nie? (Coparent 9).

[Because I am the child’s grandmother, right? She is the child’s mother. We have a responsibility towards that child. We both have a responsibility towards that child. Because why then would there be a word such as grandmother if the grandmother does not have a responsibility? If you take away ‘grand’ then you are left with ‘mother’. So why then do we use this word if it does not have a particular meaning associated with it?]

Researcher: What do you think would have happened if you had completely taken over the responsibility for raising the child from her?

She would then never have learnt from this mistake. If I had accepted complete responsibility for this child, I really believe that she would not have learnt from this. Because then she would have felt, ‘No this is not really my child. This is my mother’s child. I should have another child.’ What do you think is going to happen to her then? The first one I can accept. She made a mistake and together we will be able to work it out but this can’t very well be an on-going thing? (Coparent 9]

The above extract lends credence to an argument that there is a particular period of transition in the coparenting relationships of teenage mothers with changes in the parenting roles occurring in relation to perceptions of her parenting competence as described above. Hill (1986), a leading advocate of family development theory, although speaking in relation to traditional nuclear families, commented on the transactional nature of similar roles played by various members in response to each other which can impact on the family system as a whole. He stated that “Since the family is an interdependent system, change in the role content of one specific position brings about changes in all positions containing roles reciprocal to the changing positions.” (p. 20). It is clear from the above qualitative accounts that this is also applicable to the current family arrangement in which the coparent “hands over of the parenting baton” to the teenage mother in relation to her growing skills and competence in the parenting role, which then brings about a change in the parenting role of mentoring coparents.

While the different roles of coparents and the changing nature of the coparenting relationship as it develops over time are accounted for in the literature (Cecil et al., 2008; McHale, 2007), a life course perspective (Elder, 1996) to coparenting as alluded to by Coparent 9, is rarely considered. This does not imply that life cycles do not exist within traditional coparenting families. For example married and divorced coparents are usually expected to make parenting decisions up until their offspring are old enough to leave home and start their own lives as adults, the so-called stage of ‘deparentalization’ (Hill, 1986). In contrast, the present study points to the shortened nature of the coparenting life course in a mentoring coparenting population, which can be seen in the way in which decision-making responsibilities change.

This relatively rapid change in the coparenting relationship as well as its possible dissolution (or the very least transformation, i.e. from parent to grandparent), highlights the unique nature of coparenting within this particular context. The changing nature of the decision-making role as a marker of transition in the coparenting life course may need to be accounted for in coparenting theory, especially since this role is used as a determining factor in deciding who can be considered to be a coparent (Van Egeren & Hawkins, 2004). Moreover the mentoring coparent's responsibilities towards the child do not end with the handing over of decision-making responsibilities. On the contrary, their contribution to disciplining and caregiving (Figure 5.4) belies this and points to their continuing involvement, even as they look to decrease their decision-making role. This is highlighted in the following excerpts:

“Ek help haar net. Soos nou as sy nou opstaan as sy nie daai dag werk nie dan is haar kind heeltemal hare. As hy by my kom aandag soek om bietjie opgetel te word dan doen ek net dit. Of sou sy besig is en ek moet vir hom 'n Kimbie® change dan sal ek dit doen.”

(Coparent 10).

[I only help her. So, for example, if she wakes up now and she is not working that day, then her child is completely her responsibility. But if he comes to me for attention and wants to be picked up then I will do so. Or if she is busy and he needs a nappy change then I will do that for her.

(Coparent 10)]

“My rol sien ek om haar vir altyd by te staan waar ek kan (praat hier van die tiener ma se kind). Waar die ma kan oorvat, waar die ma nou werk en die ma weet nou sy kan daar wees, daar is nou genoeg vir haar. Daai, maar dan sal ek nog altyd optree want ek vat dit so sy is nog altyd 'n huiskind” (Coparent 7).

[I see my role as being there to always support her where I can (referring to the teenage mother's child). Until her mother is able to take over and she has a job and knows she can be there for her and there will be enough

for her. Like that, but even then I will still intervene because the way I see it, she is still a child of this house. (Coparent 7)]

In considering the implications of the decision-making responsibilities for the internal structure of coparenting, i.e. coparenting quality, it can be expected that, if there is ambiguity between coparents about specific roles, mismatching and role misfit may occur, which could potentially lead to coparenting conflict. The comments of coparent 10 presented earlier, are particularly enlightening, since they indicate the importance of overt clarification of role boundaries, especially with regard to decision-making at particular stages in the coparenting life course as well as the potential for conflict that exists when there is disagreement in this regard.

5.6.2 The roles and responsibilities of coparenting fathers

In contrast to mentoring coparenting arrangements, the coparenting father is much more likely to be involved in decision-making about the child's life (Figure 5.4), even when he is perceived to have as little parenting experience as the teenage mother. His role is therefore similar to that encountered in traditional, nuclear family models of coparenting. These coparenting fathers' active involvement in their children's lives (Figure 5.5) may afford them certain decision-making privileges. Even though fathers were identified often as coparents in the coparenting teenage mother group (Table 5.3), their high level of involvement in the child's life is atypical of the majority of fathers in this study as only 44% (16) of the 36 teenage mothers interviewed, identified them as coparents.

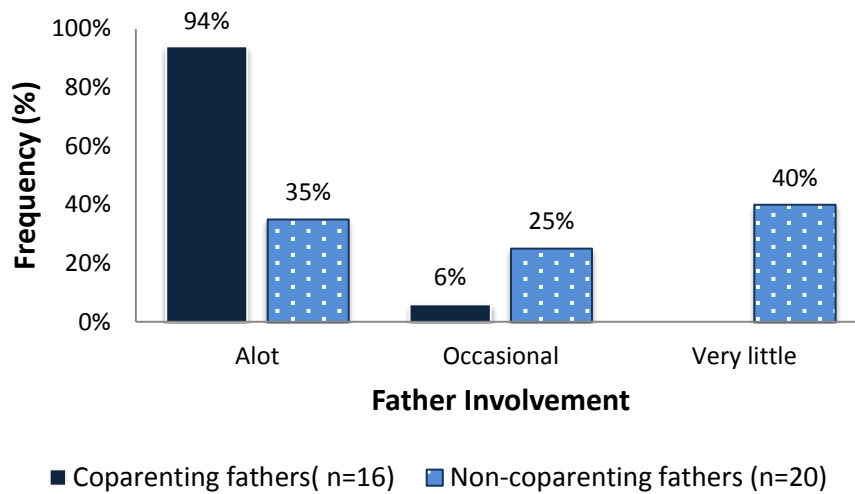


Figure 5.5. The frequency of involvement for coparenting (n=16) versus non coparenting (n=20) fathers as reported by teenage mothers.

The coparenting fathers also tended to provide a greater degree of social support (Figure 5.6) than their non-coparenting counterparts and engaged in more active caregiving of and financial assistance to their child.

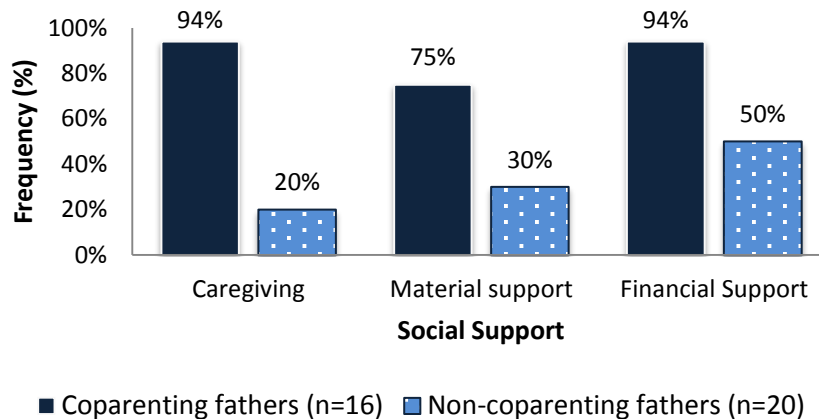


Figure 5.6. The frequency of social support provision by coparenting (n=16) versus non-coparenting fathers (n=20) as reported by teenage mothers.

Not only were the active parenting roles of the coparenting fathers in Figures 5.5 and 5.6 uncharacteristic of the overall sample, they also appeared to be atypical of Coloured fathers in

this particular city. Data from a comparative dataset, the Cape Area Panel Study (CAPS), a rich longitudinal survey of young adults and their children in the Cape Metropolitan area (Bray et al., 2010), in which the community of Elsies River is situated, revealed the absence of Coloured fathers in the lives of young children and adolescents (Bray et al., 2010). In the CAPS data set it was reported that less than half of all adolescents and approximately half of all Coloured children in Cape Town live with both their biological parents, with the majority of absent parents being fathers (Bray et al., 2010). The demographic data of the of teenage mothers' living arrangements (Table 5.1) described in Section 5.3, would appear to confirm these assertions.

For this reason, the active engagement of coparenting fathers in the lives of their children—which is not typical of fathers in this particular community—may afford them the right, in the eyes of teenage mothers, to make decisions about the child's life, as the following comment appeared to suggest.

“Hy kom by ons elke dag en so. Hy vat die kind. Nie soos anders wat nou nie met die kind...soos ander outjies wat ‘n baby by ‘n ander meisie het wat nou nie vir haar wil aankyk of so nie. Hy is nie so nie. Hy kom haal die kind, gaan stap met die kind. As hy geld het dan koop hy self sonder om vir my te sê. So hy sorg eintlik as hy het vir die kind.” (Participant 22)
 [He will come to us every day like that. He will take the child. Not like other guys who will not...like other guys who have had a baby with a girl and who don't even want to acknowledge her. He is not like that. He fetches the child. He takes the child for walks. If he has money then he will buy out of his own without even telling me. So he provides for the child when he can. (Participant 22)]

5.6.3 Factors that limit the role of fathers' involvement in their children's lives

There are suggestions from some qualitative responses, however, that gatekeeping may play a role in decreasing fathers' active involvement, especially when they fail to provide certain forms of social support. Gatekeeping is defined as allowing or disallowing the involvement of the father in the child's life by another parent (Allen & Hawkins, 1999). Participant 24, for

example, described a situation where the grandmother who was coparenting with her and who was making decisions about the child's life, limited the father's involvement with the child due to his inability to provide financially.

Researcher: En sal sy besluite oor sy lewe maak?

Somtyds.

Researcher: Soos wat nou?

Miskien as sy pa vra nou miskien kan hy die naweek daar slaap of kan hy die naweek saam met hulle gaan, dan sal sy net vir my sê. "Jy is baie sag vir hulle en ek sal vir jou nou sê hy sal nie saam gaan nie, want hulle betaal nie vir hom nie. Hulle kyk nie vir hom nie." (Participant 24)

[Researcher: So will she make decisions about his life?

Sometimes.

Researcher: What kind of decisions?

Maybe if his father asks if he can sleep there the weekend or if he can go away with them the weekend, then she will say to me: 'You are too soft on them and I will tell you now that he will not go with them, because they do not pay for him. They don't provide for him. (Participant 24)]

The tendency for certain grandmothers to disallow the child's father active involvement in the parenting role has no direct parallel in traditional mother-father, nuclear structures. These verbatim responses also highlight the importance ascribed to fathers as providers. The father's financial and material maintenance of the child is a theme that occurred often in discussions with both teenage mothers and coparents. Fathers who provided for their children's financial and material well-being were seen as fulfilling their parental responsibilities. However, fathers who were also actively engaged in the child's life, were viewed more positively than those fathers whose involvement was limited to financial support only. In contrast, fathers who failed to provide for their children were often spoken about in disparaging terms, with some teenage mothers reporting that these fathers would deny paternity in order to avoid financial responsibility for the child. These fathers would often be forced to undergo paternity tests and would only start to contribute financially once paternity was confirmed.

However, increased gatekeeping and denial of paternity may not be the only reason for fathers' limited involvement in their children's lives. It could also be that fathers who are not working and therefore unable to contribute financially, may feel that they have very little to offer their children. Participant 2, for example, described the mixed signals given to fathers in this regard.

“Hy weet van sy verantwoordelikhede. Soos hy sê is hy net besig om homself reg te kry want hy wil nie leë hande hier aan kom nie. Maar mens het mos nie geld nodig nie om jou kind support te wys nie of om lief te hê nie? Maar ek sê vir hom as jy smile en grappies maak gaan daar nie 'n Kimbie® aan my kind se lyf kom nie. So baat nie jy kom gee smiles en goedjies nie, maar ek sê ook nie jy kan nie kom nie. Hy mag kom. Ek wil eintlik hê hy moet kom dat hy kan sien hoe die kind groot raak, die kind nuwe goedjies aanleer, die kind se eerste smiles, laggies, geselsies, maar niks nie.” (Participant 2).

[He knows what his responsibilities are. He says that he is busy getting his things in order because he does not want to come here empty handed. But you don't only need money to show support to your child or to love him do you?. But then I also said to him if you smile and make jokes then that will not be enough to put a Kimbie ® (nappy/diaper) on my child. So it does not help if you come and give smiles and things but I am also not saying that he may not come. He can come. In fact I want him to come so that he can see how the child has grown and how he has learnt new things, his first smiles, laughs and chats. But no (he does not come). (Participant 2)]

Thus, a variety of factors may contribute to the father's involvement in the child's life and the subsequent roles which he is allowed to fulfil. However, even though only 44% of fathers in this study were reported to be involved, their representativeness as coparents is encouraging, since much of the early literature about teenage parenting tended to focus overtly

on their absenteeism (Bunting & McAuley, 2004b). More recently though, the coparenting roles of the fathers in this population has started to gain an increasing focus in the literature on coparenting (Fagan & Lee, 2010; Futris & Schoppe-Sullivan, 2007; Sheftall, Schoppe-Sullivan, & Futris, 2010; Varga & Gee, 2010). These studies have started to analyse the coparenting dynamics within this parenting arrangement and to explore methods to increase and maintain fathers' coparenting involvement.

5.7 The quality of coparenting relationships

The CPQTM (Appendix L), discussed in Chapter 4, was developed specifically for this study. When participants were coparenting with two people, e.g. the grandmother as well as the child's father, the teenage mother completed a separate CPQTM for each coparent. This resulted in a total of 38 CPQTM's being completed. There was missing data for two coparenting fathers due to difficulties encountered during the data collection process. Participant 25, for example, after completing the CPQTM for the first coparent, became ill and could not complete the second one. Of the 38 CPQTM's completed, 14 were for the child's father while the rest (24) were for all the female coparenting partners identified in Table 5.3.

5.7.1 Reliability of the CPQTM

For the reliability analysis of the CPQTM, missing data on some items was reported for 12 participants. Because of the relatively small sample size ($n=38$), rather than excluding these participants from the analysis, the decision was made to substitute missing data with mean scores. Reliability data (Table 5.4) indicated that Cronbach's alpha's for the six coparenting subscales ranged from 0.63 to 0.78. and were deemed to be within acceptable limits (George & Mallery, 2003).

Table 5.4

Reliability of the CPQTM

CPQTM subscales	Number of items	Cronbach's alpha α
Child rearing agreement	11	.64
Shared parenting	9	.71
Supportive coparenting	14	.74
Undermining coparenting	14	.73
Coparenting solidarity	7	.78
Coparenting conflict	3	.63

Although the *Child Rearing Agreement* (.64) and the *Coparenting Conflict* (.63) subscales were weaker than the other four subscales, their alphas are still acceptable in light of the small sample size. Furthermore, Cronbach's alpha scores are also influenced by the number of items in a scale (Tavakol & Dennik, 2011), the reliability of the *Coparenting Conflict* subscale is therefore acceptable for use in the current study (George & Mallery, 2003) since this subscale contained the least (3) amount of items.

5.7.2 *Coparenting relationship quality*

Descriptive statistics for the six subscales of CPQTM (Table 5.5) show that un-reversed mean scores for adversarial subscales of coparenting quality, *Undermining coparenting* and *Coparenting Conflict* are lower than that of the supportive subscales, *Shared parenting*, *Child Rearing agreement*, *Supportive coparenting* and *Coparenting solidarity* for both groups of coparenting partners. Adversarial subscales are towards the lower end of the scale while supportive subscales are towards the higher end of the scale (range 1-4).

Table 5.5

A Comparison of Female and Father Coparents on the Subscales of the CPQTM.

CPQTM Coparenting Quality Subscales	Female coparents (n=24)		Father coparents (n=14)		<i>U</i>	P-Values
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>		
Shared parenting	3.50	0.37	3.40	0.42	143.0	.453
Child rearing agreement	3.34	0.36	3.44	0.49	122.0	.167
Supportive coparenting	3.33	0.33	3.31	0.38	165.5	.946
Undermining coparenting	1.71	0.36	1.78	0.41	163.0	.887
Coparenting solidarity	3.36	0.48	3.45	0.51	139.5	.394
Coparenting conflict	1.81	0.57	1.98	1.02	167.5	.995

This pattern amongst subscales is to be expected in high quality coparenting relationships, namely those in which coparents work well together as a team and support each other with minimal conflict and undermining of each other in parenting the child. Overall, it can therefore be deduced that teenage mothers perceive their coparenting relationships with their female coparents and coparenting fathers to be of high quality.

To test whether scores on the CPQTM were different for female coparents and father coparents, a Mann Whitney test (nonparametric) was performed with $\alpha = 0.05$ significance. The results revealed that teenage mothers scoring of the two groups did not differ significantly on any of the 6 subscales of the CPQTM (Table 5.5).

Aggregating the data however, can obscure individual differences noted in coparenting quality for some participants. Two participants involved in multi-person coparenting arrangements (Participants, 5 and 37) for example, scored their relationship with one coparent

relatively lower to the other coparent on the majority of subscales of the CPQTM. These are two examples of disconfirming cases (Figure 4.4). Qualitative data from these participants explained some of these differences

Participant 5 for example indicated that even though her mother was helping her to raise her child together with her older sister (who was employed), she required more assistance with caregiving from her mother especially since she experienced competing demands on her time having to care for her child as well as still attend school. She therefore reported a high degree of dissatisfaction with the way in which caregiving duties were divided with her mother but not with her sister. In addition she reported that the relationship with her mother was highly conflicted since her mother was still very disappointed that she had become pregnant. This was therefore also reflected in her two lowest scores on the CPQTM, namely, *Shared parenting* (mean =2.33 (*SD* 0.7) as well as the *Coparenting conflict* (mean =2 (*SD*-1.0) subscale

Participant 37's scoring of the child's father on all the subscales of the CPQTM (mean = 2.06; *SD* 0.5) in comparison to her scoring of the grandmother (mean =3.28; *SD* 0.3) was the lowest of any of the participants in the study. The lowest scores were for *Coparenting conflict* (mean=1, *SD* 0.0); *Coparenting solidarity* (mean =1.86; *SD* 0.69) and *Child rearing agreement* (mean = 1.90; *SD* 1.3) and thus reflected a poor quality coparenting relationship with the child's father. Discussions with this participant provided further qualitative reasons for these scores.

“Hy sal kom dan raak hulle vining weg. Dan kom hulle vanaand huistoe. Dan sien ek die kind is nog nat. Die kind is te vuil na my sin. Die kind is nog nie gewas nie. Hy is meer as n vriend of n broer as wat hy n ouer is vir die kind, want rerig waar die way hulle twee aangaan dit is amper so hulle is nou tjommies! Ok, ek weet daar moet n verhouding wees maar nie so erg nie. 'n Mens moet darem weet om n mense se voet neer te sit.

Researcher: So hoe dissipliner hy vir hom?

Ons skel baie daaroor. Hy wil altyd die opposite hê as wat ek wil hê oor die kind.” (Participant 37)

[He will come and then they'll leave quickly. They will only be back at home tonight. Then I'll see the child is wet. In my opinion he is dirty, he has not been washed . He is more like a friend or a brother than a parent to his child because really, the way that the two of them go on it's almost like they are buddies! Ok, I know they must have a relationship but not like that. You must know when to put your foot down.

Researcher: So how does he discipline him?

We argue alot about that . He always wants the opposite of what I want for the child. (Participant 37)]

In addition, participant 37 came across as highly irritated with the child's father and indicated that she made the important decisions about the child's life since she felt she was more actively engaged in parenting than the father. He therefore needed to do more, in her opinion, to warrant having a greater say in his child's life.

“Hy het nooit 'n sê aan niks. Ek maak al die besluite.

As ek 'n ding sê dan bly dit so.

Want ek voel ek doen my ding en 'n bietjie meer”

[He does not have a say in anything. I make all the decisions

If I say that's how it is, then that is how it will be.

Because I feel I do my share and a bit more as well. (Participant 37)]

5.7.2.1 Division of Caregiving Labour

This measured the manner in which 13 caregiving tasks were divided between the teenage mother and the coparent. On average, across the 13 caregiving tasks, a *specialized pattern* of child caregiving labour as well as a *shared pattern* (Patterson, Sutfin, & Fulcher, 2004) appeared to be the two most prevalent patterns of how caregiving activities were divided between teenage mothers and their female coparents (Figure 5.7). A *specialised pattern* describes a caregiving situation where one parent proportionally assumes most of the responsibility for carrying out a caregiving activity compared to the other parent. A *shared pattern* is when both coparenting partners share equal responsibility for a caregiving activity (Patterson et al., 2004).

As can be seen in Figure 5.7 the specialized pattern of caregiving labour division occurred for coparenting teenage mothers in six out of the thirteen caregiving activities (*bathing; taking the child to the doctor; staying at home when the child is sick; dressing; doing the child's washing; waking up with the child in the middle of the night*) when coparenting with a female coparent. In other words in these caregiving activities the teenage mother most often assumed primary responsibility for carrying it out. Many of the specialised caregiving activities are not daily activities and therefore may be more manageable for the teenage mother. However, the shared pattern also featured prominently in this coparenting arrangement, most notably for the seven other caregiving activities. These included: *putting the child to bed, playing with the child, feeding, reacting when the child cries, making the child's food, visiting or taking for walks and changing nappies* (diapers).

That these two types of caregiving patterns featured most often in this parenting arrangement is indicative of a mentoring coparenting arrangement. The coparent thus avoids taking over full responsibility for rearing the child, thereby giving ownership to the teenage mother for some important care giving activities. In this way she then also shares some of the caregiving burden with her.

It is also noteworthy that the shared pattern of caregiving labour division featured prominently for six out of the thirteen caregiving activities when the teenage mother coparented with the child's father (Figure 5.8). It would appear therefore that when fathers are involved in coparenting relationships, they share in the caregiving experience. None of the coparenting fathers however assumed primary responsibility for a caregiving activity. However this is consistent with the caregiving labour division in traditional nuclear families where women are on average responsible for the majority of caregiving responsibilities and fathers are more involved in paid employment (Fulcher, Sutfin and Patterson, 2008). This interpretation is consistent with reports by teenage mothers who indicated that the child's father was often either at work or looking for work, which limited his ability to always be involved in active caregiving. As discussed earlier, the importance ascribed to the child's father as financial provider is a recurring theme in many of the accounts. Additionally the majority of the teenage mothers did not live

with the child's father which would also limit some of his involvement in daily caregiving activities.

The patterns of caregiving labour division noted above is in stark contrast to the division of caregiving labour patterns observed for non coparenting teenage mothers who indicated that they were raising their children on their own without the assistance of a coparent (n=7). For these teenage mothers, the specialized pattern, where they themselves carried out the bulk of caregiving activities, appeared to be most prevalent for the majority (12 out of the 13) caregiving activities (Figure 5.9).

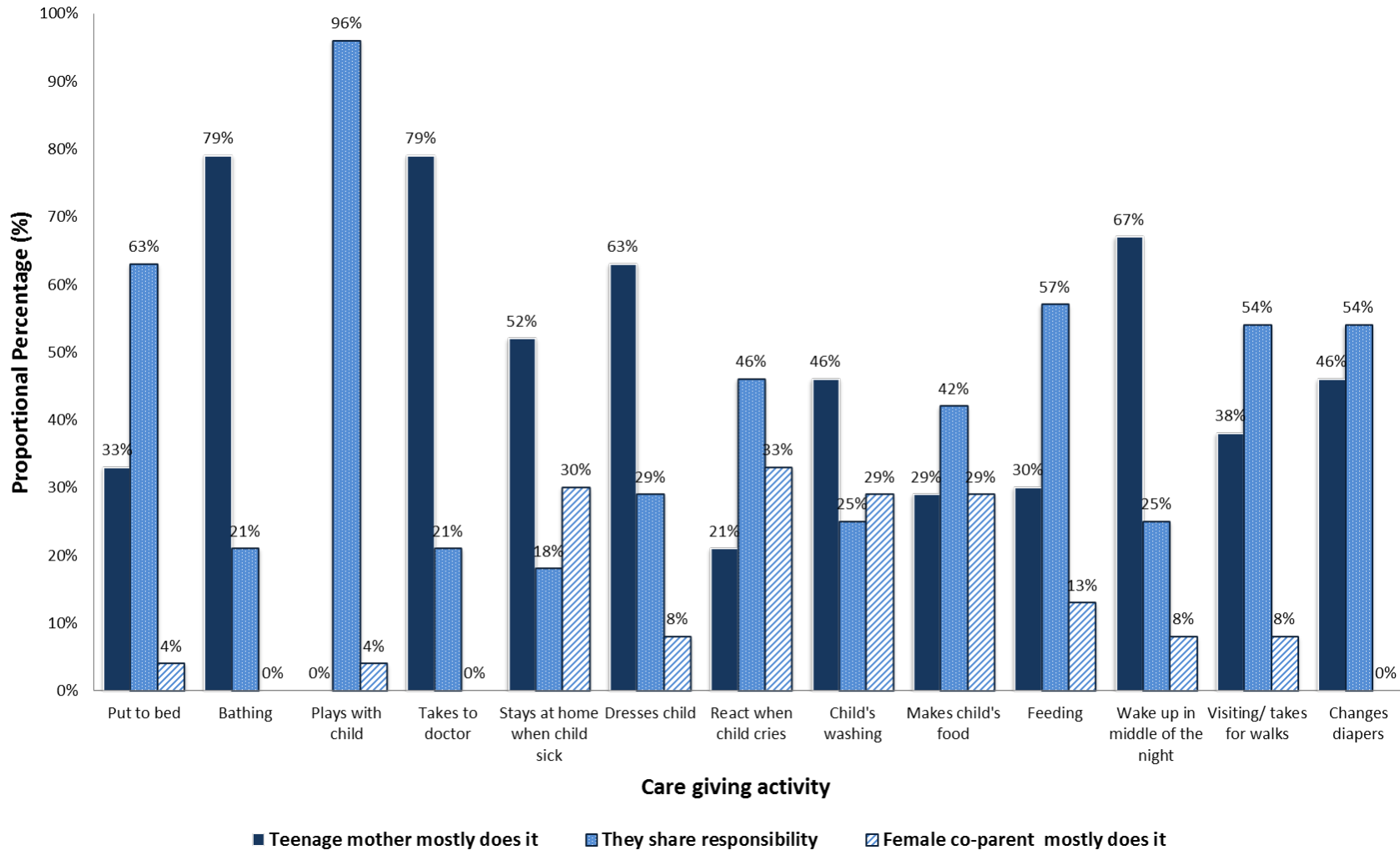


Figure 5.7. Patterns of caregiving labour division between the teenage mothers and female coparents (n=24) as rated by coparenting teenage mothers on 13 caregiving activities.

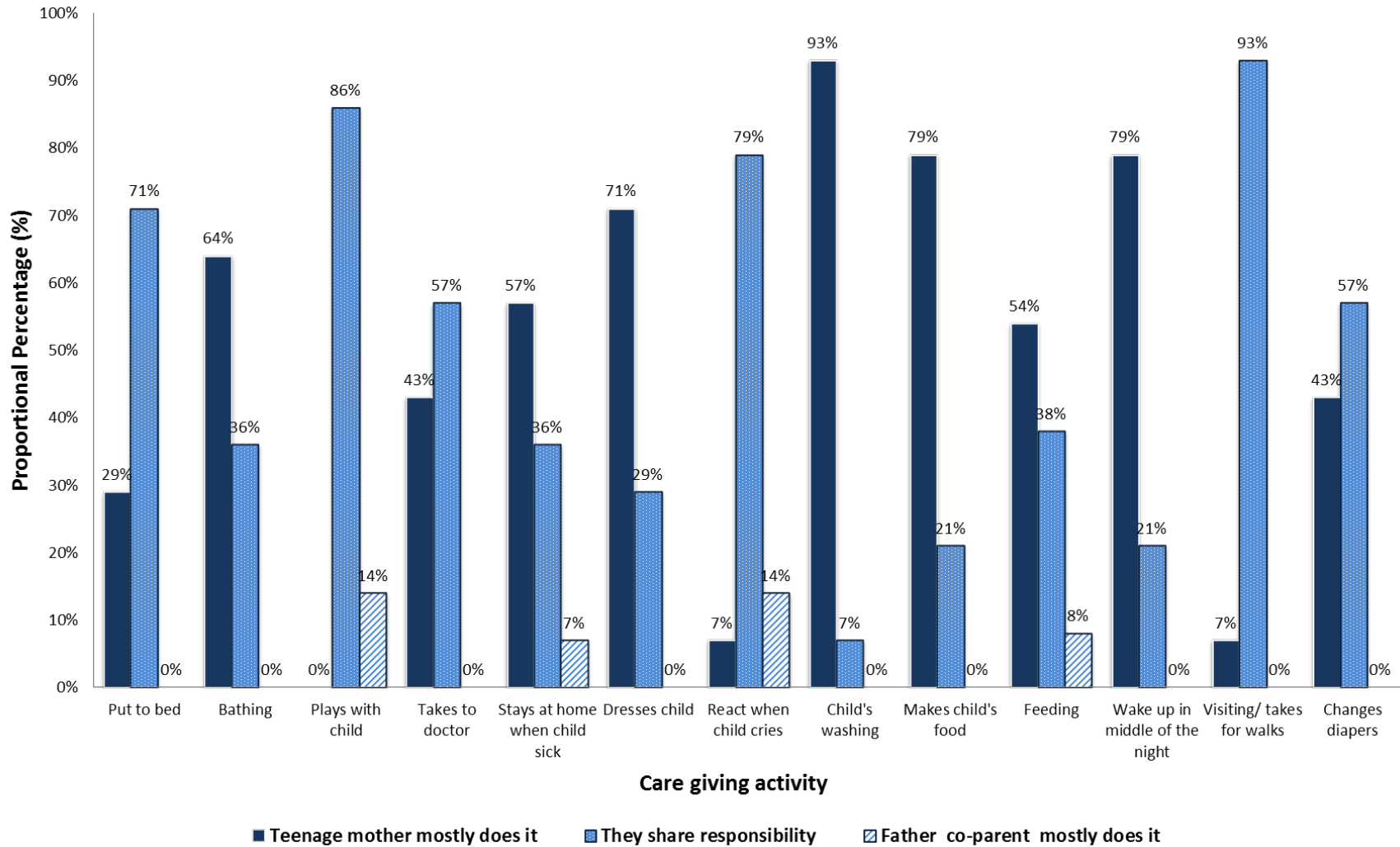


Figure 5.8. Patterns of caregiving labour division between teenage mothers and father coparents (n=14) as rated by coparenting teenage mothers on 13 caregiving activities.

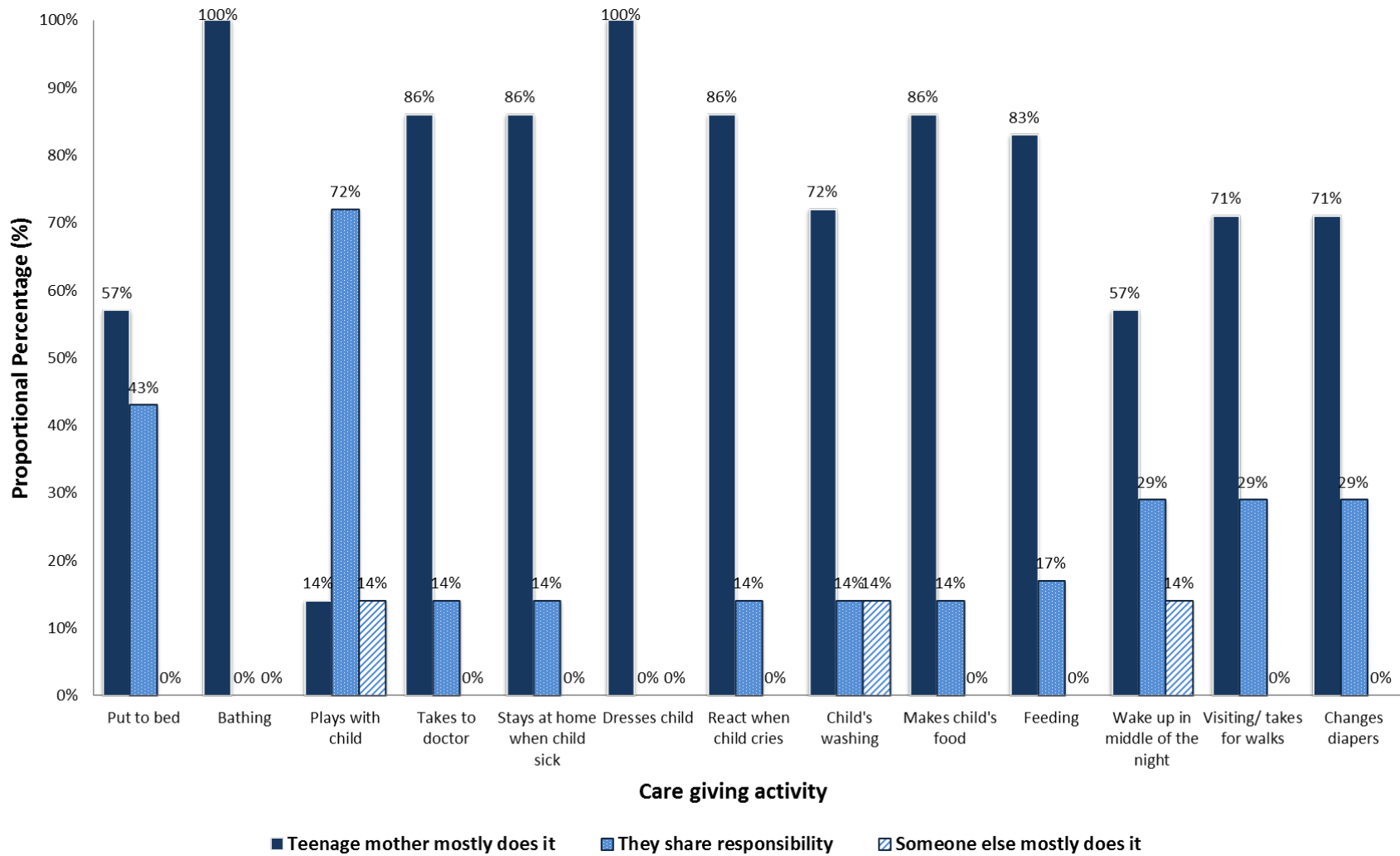


Figure 5.9. Patterns of caregiving labour division on 13 caregiving activities as rated by non-coparenting teenage mothers raising their child on their own (n=7).

5.7.3 Factors that contribute to the high quality of the coparenting relationship

5.7.3.1 Pre- and post-natal interpersonal relationship status

The coparenting relationship, although distinct from, coexists and is interlinked with other relationship characteristics in the family subsystem, for example, the mother-daughter relationship or the couple relationship (Feinberg, 2003). Several studies have found a positive correlation between the coparenting relationship and other relationships in the family subsystem such as the couple relationship (Margolin, Gordis, & John, 2001; Stright & Bales, 2003) or the mother-daughter relationship (Baker et al., 2010; Oberlander et al., 2007). Teenage mothers were therefore asked to rate the present status of their interpersonal relationship with their coparenting partners on a three point Likert scale (1 = *We get along very well*, 2 = *We get along alright* and 3 = *We don't get along at all*) and to compare it with their rating of the relationship prior to their becoming pregnant. The overall quality of the relationship with parenting partners before the teenage mother became pregnant (over and above the coparenting relationship) may therefore be a confounding variable in relation to the inconsistent research findings regarding the support provided to teenage mothers by members of the extended family, amongst others (Gordon et al., 2004).

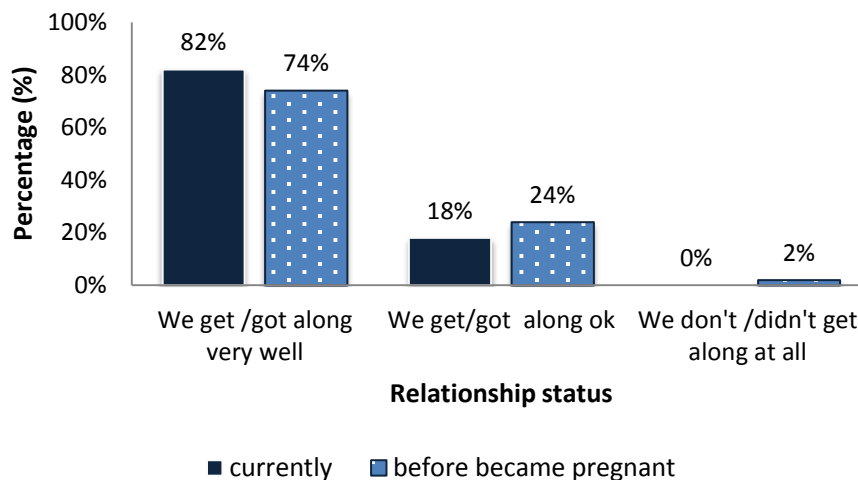


Figure 5.10. Teenage mothers' perceptions of their interpersonal relationship status with coparents.

The majority of the participants (82%) felt that the quality of their relationship their coparenting partners at the time that the study was conducted was high *-we get along very well-* (Figure 5.10). This was similar (74%).to their reflections on the quality of the relationship before falling pregnant.

The stability of the overall relationship between coparenting partners was also corroborated by qualitative accounts. Good communication, understanding and support of each other “*Ons verstaan mekaar/We understand each other*”, were themes that were coded as reasons for the stable relationship between coparents, especially between the teenage mother and the father of the child.

Although many participants reported that grandmothers were disappointed and angry with them on learning that they had fallen pregnant, those who were coparenting with a grandmother reported that the mother-daughter relationship had returned to pre-pregnancy levels at the time the study was conducted. Maintaining respect towards the grandmother and obeying her decisions were reasons given for maintaining good mother-daughter relationships. The theme of respect, together with affection and love for their daughter, was echoed in many of the accounts of the 10 female coparents in describing the positive relationship that exists between them and their daughters.

Nine participants (24%) reported that their pregnancies acted as a catalyst for the improvement of their relationship with their mother or their boyfriend, prompting behavioural and attitudinal changes for them as they realised their growing maternal responsibilities and their dependence on more experienced mothering figures to assist them with parenting their child. The following exchange between the researcher and some participants provide some insight into the changes that occurred in these

Researcher: Voor jou swangerskap, hoe was julle verhouding?

“Ek was mos baie stubborn. Ek wil uitgaan en die doen en daai doen.”

Researcher: So, wat dink jy? Hoekom is daar ‘n verskil tussen die twee dink jy?

“Omdat sy mos nou geweet het. Toe wat ek swanger raak, toe ek uitvind ek is swanger, toe verander alles. Toe is ek meer by die huis. Ek help meer vir haar. Toe het sy meer ondersteuning en support van my af vir alles as voorheen.”

Researcher: So wie het gechange dink jy? Het jy gechange of...?

“Ek dink ek het gechange. Ek het duidelik gechange.” (Participant 2)

[Researcher: Before you became pregnant, what was your relationship like?

I was very stubborn. I wanted to go out and do all sorts of things.

Researcher: So what do you think? Why is there a difference now and then?

Because she now knew that I was pregnant. When I became pregnant, when I found out, everything changed. I started staying more at home. I helped out more. She got more support from me for a lot of things from then onwards.

Researcher: So who do you think is the one that changed? Did you change or...?

I think I am the one who changed. Clearly I am the one that changed.
(Participant 2)]

“Ek en my ma kom baie goed oor die weg.”

Researcher: En hoe was dit nou voordat jy swanger geword het?

“Ons het nie ‘n verhouding gehad nie. ‘n Ma en dogter verhouding gehad nie. Toe sy nou uitvind het ek is swanger toe begin onse verhouding. Dit was amper soos ek en my ma het mekaar gehaat. As ons mekaar sien dan is daar ‘n stryery. Daar was nooit like in vrede tussen ons twee gewees nie. Ons kan nie mekaar gevat. My ma het haar al uit die huis uit getrek. Vir ‘n maand by haar suster gebly. Maar agterna, en toe dat dit nou nog so is, dat ons nou ‘n verhouding het.”

Researcher: Is dit so? So jy sal sê julle het glad nie oor die weg gekom nie?

“Ons het nie ‘n verhouding gehad nie. Ons het nooit gepraat soos wat ons nou praat. As ek iets het om vir haar te sê dan deel ek dit saam met haar”

Researcher: Nou hoekom dink jy is daar nou so ‘n verskil.

“Seker omdat sy kan my nie weg gewys het nie. Sy moet aanvaar want dit is ook, die kind is ook haar bloed.”

Researcher: So dan is dit die kind wat die verskil gemaak het.

“Ja en ek het my samewerking vir haar ook gegee. Ek het, alhoewel ek ‘n mistake ook gemaak, moet ek maar nou die kleinste wees en die minste wees. So het ek begin verander, my manier verander hoe ek was teenoor haar.” (Participant 10)

[My mother and I get along very well.

Researcher: and what was it like before you became pregnant?

We never had a relationship. Never had a mother-daughter relationship. Our relationship only started when she found out I was pregnant. It was like my mother and I hated each other. If we saw each other then there would be an argument. There was never any peace between the two of us. We could not stand to be in each other’s company. Once my mother even moved out of the house for a month and went to stay with her sister. But afterwards we started having a relationship and it’s still like this.

Researcher: Is that so? So you would you say that you did not get along at all.

We had no relationship. We never talked like the way we talk now. If I have something I want to tell her then I will share it with her.

Researcher: So what do you think are the reasons for this difference now?

Uhm, maybe because she could not turn me away. She had to accept it because the child is her blood too.

Researcher: So it is the child that made the difference?

Yes, and because I started to be more cooperative towards her. Even though I made a mistake, I now had to be humble. In that way I changed my manner towards her. (Participant 10)]

“Ons kom baie goed oor die weg met mekaar.”

Researcher: En hoe was dit voordat jy swanger geword het?

“Nie eintlik so goed nie maar toe wat ek swanger word, toe kom ons meer goed oor die weg want toe wil hy nou meer by my wees as wat hy by ander is.”

Researcher: Hoekom dink jy het hy so verander?

“Ek vra vir hom ook. Hy sê hy weet nie eintlik nie.”

Researcher: Hoe? Is hy like protective oor jou?

“Ja, ek moet nie seer kry nie . Hy wil baie weet oor my. Besorgd oor my.” (Participant 22)

[We get along very well with each other.

Researcher: And what was it like before you became pregnant?

Not really that good but when I became pregnant then our relationship started to get better because then he wanted to be more with me than with anyone else.

Researcher: Why do you think he changed?

I also asked him that. He says he does not really know why.

Researcher: In what way? Is he more protective of you?

Yes. I must not get hurt. He wants to know everything that happened. He is very concerned about me. (Participant 22)]

Participants also reported a growing realization of their roles as parents and a willingness to decrease their previous irresponsible behaviours (e.g. going out often; partying and drinking).

“Ek het mos nou ‘n verantwoordelikheid. Ek het mos nou ‘n kind. Nou kan ek nêrens meer gaan nie. Soos na vriende se huis toe, miskien geparty. Ek moet nou bly by die huis.”

Researcher: Het julle relationship nou eintlik verbeter? Jy en R s'n?

“Ja. Daai tyd het ons mos nou voordat ek nou kind gehad het, het ek mos nou net geparty om so te stel.” (Participant 6)

[I have a responsibility now. I have a child. So I can't go anywhere any more. Like visit with friends, maybe partying. I have to stay at home now.

Researcher: has your relationship improved? Your and R's?

Yes. At that time, before I had the child, I just partied, if I can put it that way. (Participant 6)]

The qualitative data therefore corroborates the high quality of the coparenting relationship as reported on the CPQTM and thus provides an element of trustworthiness to the data obtained on this quantitative measure.

Behavioural and attitudinal changes were also cited in a few situations where the couple relationship deteriorated, such as when the teenage mother reported that the father was not behaving responsibly. This then resulted in strained relationships between couples.

“Ek weet nie. Hy is nie meer die selfde nie, of hy sê EK is nie meer die selfde nie. Hy sê ek het baie verander. Ek hou vir my meer groot. Nou sê ek, 'Ek kan nie help as ek die kind wil groot maak nie en jy nog steeds n kind wil bly nie.' Is net vir my..ek voel net, .nee, dit is nou tyd wat ek nou moet groot raak van die ander kant af moet kyk..”

Researcher: Is julle twee nog saam

Ja, maar ook nie soos wat ons eerste gewees het nie want ek wil nie vir hom rondom my he nie. (Participant 37)

[I don't know. He is not the same anymore or rather he says I am not the same. He says I have changed alot. I am trying to act all grown-up. So I said, 'I can't help it if I want to bring up this child and you feel you still want to be a child.' For me it feels as if, no, it is time that I grow up and look at things from the other side.

Researcher: Are the two of you still together?

Yes, but not the same as it was before because I don't really want him around me anymore. (Participant 37)]

5.7.3.2 Satisfaction with the division of caregiving labour

While the division of caregiving labour described earlier indicated that coparenting teenage mothers received considerable caregiving support; it is not so much the way in which caregiving responsibilities are divided between coparenting partners, but rather their satisfaction with the arrangement (Feinberg, 2003), which determines the quality of the coparenting relationship. Unmet expectations regarding the division of caregiving labour have been found to correlate significantly with resentment towards the coparent (Goodnow, 1988) resulting in conflicted coparenting relationships (Van Egeren & Hawkins, 2004; Feinberg, 2003).

When participants were asked to rate how satisfied they were with the manner in which caregiving duties were divided on a four- point Likert scale (1 = Very dissatisfied, 2 = Dissatisfied, 3 = Satisfied and 4 = Very satisfied) the mean satisfaction rating for all coparents was 3.63 ($SD = 0.67$). High scores on this measure therefore, are indicative of a great degree of satisfaction. The participants were therefore highly satisfied with the way in which caregiving activities were divided between them and their coparents. Although this is not a standardised psychometric measure as it contained only one item, the participants' responses were used mainly for descriptive purposes in order to provide insight into the quality of the coparenting relationship.

5.8 Summary

This chapter reported on the quantitative and qualitative results of this study. The composition of the household from which participants could draw coparenting and social support was described. Teenage mothers who were involved in coparenting relationships were identified and the characteristics, roles and the quality of the coparenting relationship with coparenting partners was described. Data from teenage mothers and from coparents' perspectives was presented. The next chapter will focus on answering sub aim 5, which focused on the impact of the ecocultural context on coparenting in this community

CHAPTER 6

THE ECOCULTURAL CONTEXT AND ITS INFLUENCE ON COPARENTING IN THE STUDY COMMUNITY

6.1 Introduction

In chapter 3 contextual factors encountered in the study community were discussed in relation to how they could potentially act as stressors affecting teenage mothers' coparenting relationships. It was acknowledged that the research site required a deeper examination in order to gain a context relevant understanding of teenage mother coparenting in this specific low income context. This chapter therefore addresses this concern and seeks to answer sub aim 5 of the study. It focuses on environmental conditions present in the study community as well as cultural views on parenting which may affect teenage mothers, their coparents as well as their coparenting relationship which then ultimately has the potential to affect the development of children borne to teenage mothers. Although child development outcomes are not the direct focus of this chapter, these factors through the process of coparenting act as mediators of child development outcomes. The chapter therefore aims to describe specific pathways and mechanisms through which distal ecological factors (exosystemic and macrosystemic) in this specific community influences more proximal (microsystemic) coparenting factors (Figure 2.3).

6.2 Coparenting and the ecocultural context

A criticism levelled at coparenting theory has been its relative ignorance of the influence of culture (Kurrien & Vo, 2004) and community (Jones et al, 2007) on coparenting as well as the individuals who form part of this subsystem (Forehand & Jones, 2003).

While there have been attempts to explore cultural diversity in the field of coparenting (Kurrien & Vo, 2004), these explorations have largely focused on Western cultures within the United States of America (Contreras, 2004; Nadeem & Romo, 2008; Jones et al., 2007). Ignoring the influence of culture therefore has serious implications for research validity in any field especially in contexts which are diverse from the Western "norm" (Marfo, 2011; Persson, 2012). This is especially true with relevance to the coparenting construct since parents' beliefs, values and practices reflect the norms and expectations of the culture in which they are embedded

(Tamis-LeMonda et al., 2008). As a means of illustrating this one might examine, for example, the relationship between education and coparenting support –higher education levels of coparents have been associated with the stability of coparenting support (Stright & Bales, 2003). Within a specific context one might therefore examine the value ascribed to education within a particular culture. If the value ascribed is low, one could expect to see this mirrored in socio-demographic data on low education attainment levels and possibly also high school drop-out rates which may then ultimately influence coparenting support.

Cultural practices can therefore play out at the level of the community especially if the views of a particular culture are dominant. As discussed in previous chapters, discriminatory legacies of South Africa’s past still dictate the manner in which many communities are characterised today. Low-income communities like the one in which the study was conducted, therefore tend to be culturally homogenous. Ignoring the power of context therefore has important implications for the external validity (Super, Harkness, Barry & Zeitlin, 2011) of coparenting theory.

In keeping with a social reflexivity approach, coparenting theory therefore needs to acknowledge that “*context counts*” (Flyvbjerg, 2002). Family systems theory (Minuchin, 1985), from which the field of coparenting originated, is therefore not independent of wider socio-cultural and community influences. This is especially true if it is argued that the environment is able to shape the psychological adjustment, well-being and the ability of coparents to parent effectively (Section 2.2) with direct and indirect implications for children’s health and well-being (Jones et al., 2007).

Only recently has an ecological model of coparenting (Figure 2.2) attempted to clarify a continuum of distal (extrafamilial) to proximal (familial, maternal and child) influences on the coparenting relationship (Jones et al., 2007; Sterrett et al., 2010). As the focus in this chapter is the broader ecocultural context and its influences on coparenting, it will only highlight distal factors. The role of systems beyond the family subsystem and its effect on the coparenting relationship has yet to be examined in a comprehensive model of coparenting although research does suggest that certain characteristics of neighbourhoods may be influential (Sterrett et al.,

2010). For example high risk neighbourhoods, characterised by amongst others trauma, gangsterism and drugs, have been found to affect parenting, and by implication, the quality of coparenting relationships as well as other family processes (Kiser & Black, 2005). It is hypothesised that neighbourhood stressors may for example affect parental and familial psychosocial capacities as well as dyadic parent-child relationships within the family subsystem (Kiser & Black, 2005). From these compromised relationships, the subsequent pathway to children's development can be explained by Guralnick's (2001) early development and risk factors model, described in Chapter 2.

Ecological models of coparenting are therefore vitally important if the potential buffering role of the coparenting relationship in the presence of wider ecological risk factors is to be understood. From this we may be able to make better sense of why some adolescents and their offspring fare better than others even in the presence of potentially debilitating environmental conditions.

In order to understand distal, ecological factors operating in the Elsie's River community, data from semi-structured, in-depth interviews with carefully selected key community informants, were interpreted and sifted by way of Leventhal and Brooks-Gunn's (2000) *adapted theoretical framework of neighbourhood influences on youth and children*. In order to show how wider ecological factors influenced coparenting at the level of the microsystem, this data was also cross referenced with archival and census data available in the public domain as well as research on similar communities in the Cape Town metropolitan area. In addition to this macro and exosystemic data (Bronfenbrenner, 1979), the information was also triangulated with the demographic data of teenage mothers, the results obtained in the previous chapter, the interview data from the ten coparents as well as evidence from the researchers diary. Crystallising the data in this way thus sought to offer credibility and trustworthiness of the findings (Richardson & St Pierre, 2005) and in so doing, provided a richer, contextual understanding of teenage mother coparenting.

6.3 The theoretical lens for identifying ecocultural themes

Leventhal and Brooks-Gunn (2000) propose a framework by which three classes of mediators are thought to be the mechanisms through which low-income neighbourhoods affect developmental outcomes of young adults and children. Their approach is preferred since it not only focuses on pathways to young children's development but also provides insight into how neighbourhoods and communities affect the development of adolescents including those who become young mothers. While it is understood from an ecological perspective that many of these pathways are indirect and therefore operate through more proximal processes (Guralnick, 2001; Leventhal & Brooks-Gunn, 2000), parenting figures, including coparents, are primarily responsible for making decisions about the environments to which children are exposed (Kohen, Leventhal, Dahinten & McIntosh, 2008). Moreover family processes such as parenting behaviours and the quality of learning environments in the home are thought to be the processes by which neighbourhood factors influence young children's development (Bradley, 2002).

The use of this this framework also allows for the differentiation between neighbourhood, structural level dimensions (e.g. income, employment rates, household composition) as distinct from neighbourhood, social organisation dimensions i.e. a descriptions of informal social control and social cohesion phenomena (Leventhal & Brooks-Gunn, 2000). According to Leventhal and Brooks-Gunn (2000) structural level dimensions tend to be researched most often but including social organisational dimensions allows for a more nuanced and contextually rich forms of data and data collection methods such as key community informant interviews, social observation methods as well as alternative data sources (e.g. neighbourhood crime reports).

The three classes of mediators through which neighbourhood effects are thought to operate are: (a) institutional resources; (b) relationships and (c) collective efficacy (Leventhal & Brooks-Gunn, 2000). In addition, a fourth mechanism examining potential cultural variables, namely cultural value systems, was also included (Tamis-LeMonda et al., 2008) since it is well known for example that parents transmit their beliefs and practices to their children (Super & Harkness, 2002) and that this varies across cultures (Harwood, Schölmerich & Schulze, 2000). The data was therefore analysed in relation to these four *a priori*, theoretically generated themes (Ryan & Bernard, 2003).

6.3.1 Institutional resources

Institutional resources refer to the availability, accessibility and quality of various resources such as *recreational, educational, employment and health* opportunities (Leventhal & Brooks-Gunn, 2000).

6.3.1.1 Recreational opportunities

With respect to youth in the community, key informants viewed the lack of recreational opportunities for adolescents as facilitators of high risk behaviours such as gangsterism, sexual activity, drug and alcohol use amongst young people.

“Baie van ons jong seuns word nou meer betrokke by gangsterism en ook die veiligheid op skole.

Researcher: Hoekom dink jy is hulle so aangetrokke tot hierdie?

“Om rede hier nie rerig plek is vir aktiwiteite vir ons jeug nie. Soos hier is nie ’n indoor netball court nie of ’n indoor soccer court. Waar ek bly, ’n paar jaar terug het ons by een van ons raadslede gevra om vir ons ’n indoor netball court te kry. Toe sê sy sy kan dit nie doen nie. Veral in die winter wil ’n mens ook speel en dan moet ons onodig games kanselleer word. Ons weet nie wat gaan doen die dames in daardie tyd wat die games gekanselleer word nie. Wat is hul plan om te gaan doen nie want hulle lieg steeds vir hulle ouers en sê: ‘Ons gaan speel’ maar dan speel ons nie. Dan weet ons nie waar hulle is of wat hulle gaan doen nie”

(Informant 2)

[Many of our young boys are becoming involved in gangsterism and then there is also the issue of safety at school.

Researcher: Why do you think they are so attracted to this?

Because there are not really places for activities for our youth. Like there are no indoor netball or soccer courts. Where I stay, a few years ago we asked one of the council members to get us an indoor netball court but she said she could not do it. Especially in winter you also want to play because otherwise you have to cancel games unnecessarily. We then don’t

know what the young ladies get up to when the games are cancelled. What are their plans because they still lie to their parents and say ‘We are going to play’ but then we are not playing. So we don’t know where they are going to or what they are doing. (Informant 2)]

The lack of recreational resources may create the environmental conditions for developmental risk especially when parental supervision and monitoring is low in a context of high levels of community violence and drug abuse. Witnessing violence in the community has been found to influence social and intellectual competence of children (Osofsky, 1999). Based on observations during my time in the community; I noted some important risks in this regard in my research journal. I reflected for example that there were few accessible or quality community recreational activities available in the community. Many young children played in the streets and spaces around the low-income blocks of apartments where they lived, without visible adult supervision and monitoring. The few community parks and recreational facilities which did exist did not appear to be safe areas for children to play as they were not enclosed and were perceived as places where older youth or adults would congregate to engage in substance abuse.

Due to their inexperience in parenting, teenage mothers who do not have access to knowledgeable and experienced parenting mentors may therefore inadvertently risk exposing their children to acts of violence. Participant 1 for example (a young teenage mother who was raising her child on her own and thus not coparenting), related how she and her little boy spent recreational time over the weekends in the vicinity of the outside stairs of their low-income apartment block.

“Ek sal miskien op die stairs sit met hom. Hou die vibe dop. Hoe die mense drink, skel en moeilikheid maak en so aan en dan kyk ek net so.”

(Participant 1).

[I will maybe sit on the stairs with him. We will watch the vibe. How the people drink, argue and make trouble, like that, and then I just look at them. (Participant 1)]

In contrast, when experienced coparenting support is available to teenage mothers, better supervision and monitoring takes place which provides better safety for children (Figure 2.3) as it limits both the teenage mother and her young child's exposure to adverse environmental circumstances. Coparent 9 for example, described how the open use of alcohol and drugs in the community prompted her to take active control of the environments to which she exposed the teenage mother and her grandchild.

“Maar alles gebeur hier onder in die hoof.

Researcher: En dit is blatant gedoen? Dit is nie weg gesteek nie?

Ja die kinders aanskou die goed, sien. Omdat die kinders die goed sommer vlak voor hulle oë te siene kry, gaan hulle dit aanvaar as normaal mits jy as ouer nie vir hulle laat verstaan dit hoort nie so te wees nie.

Researcher: Maar waar sien hulle die teenoorgestelde?

Dit is hoekom ek vir jou sê. In my geval hou ek hulle maar meestal in die huis of laat ek maar eerder dat hulle na my ma toe gaan waar hierdie goed nie gebeur nie.” (Coparent 9)

[But everything happens down here at the bottom in the courtyard.

Researcher: And it is done blatantly out in the open?

Yes, and the children are exposed to all of this you see. Because the children see these things right in front of their eyes, they may start to think that this is normal unless you as a parent don't make it clear to them this is not the way things should be.

Researcher: But where are they exposed to the opposite?

That's why I am telling you. In my case I keep them mostly inside the house or I let them go visit my mother where these things don't happen.

(Coparent 9)]

The quality of the coparenting relationship can also protect children against the effects of violence. Coparenting relationships characterised by low levels of coparenting conflict have been found to be an important buffering agent especially for girls living in neighbourhoods with

high levels of violence especially as children become older (Forehand & Jones, 2003). The low levels of coparenting conflict noted in this study therefore represents is as an important protective factor for girl children. Forehand and Jones (2003) hypothesise that the effect is strongest for girls as they are socialised to value co-operative interpersonal relationships. Conflicted coparenting relationships therefore tend to affect them more than boys who are socialised to value, independence, exploration and competition (Forehand & Jones, 2003).

6.3.1.2 Employment opportunities

Demographic data discussed in chapter 5 alluded to the lack of employment opportunities that exist for youth in this particular community. In addition, a study undertaken by the Unit for Religion and Development Research (2005) showed that unemployment levels in Elsies River were as high as 21.3%. This figure is consistent with latest available Census data for the Western Cape (Stats SA, 2012b) which indicates unemployment in the province to be around 25% although youth tend to be worse affected and tend to bear the brunt for increasing employment challenges in the South African labour market. Youth unemployment in South Africa is calculated to be as high as 50% in the age group 18-24 years, two and a half times larger than adult unemployment rates (National Treasury, 2011).

The majority of teenage mothers (Table 4.11) in this study as well as the 10 coparents interviewed were unemployed. Unemployment contributes to the socio economic hardship of families affecting their overall family income. In accordance with the Family Stress Model (Conger, Patterson & Ge, 1995), financial stressors resulting from unemployment may in turn place additional stress on the teenage mother or coparents mental health capabilities (Barnett, 2008; Jones et al, 2007), increasing their risk for depression and leading to less parental warmth and increasing harsher parenting styles (Belsky, Bell, Bradley, Stallard, & Stewart-Brown, 2007; Luthar & Latendresse, 2005). Financially induced environmental stress may also result in less supportive and more conflicted coparenting relationships (Feinberg, 2002; Sterrett et al., 2010).

Unemployment may also influence the sustainability of coparenting fathers' involvement in their children's lives as their lack of financial contribution can result in gatekeeping being instituted (Varga & Gee, 2010). Furthermore, it can also become an additional source of risk to

father coparents and can result in increased risk of criminal and delinquent behaviour as noted by Informant 5 in response to a question about the roles of men as providers in this community in the context of high levels of unemployment.

“Researcher: So they are providers?”

Those who can provide yes, because there is a high rate of unemployment in this community especially amongst the men. The men in our communities have been very badly affected, because they cannot really maintain the image that they are supposed to. Maybe that is why they become involved with gangsterism to prove to themselves to a degree that they may not be earning salaries but they’re still men.” (Informant 5)

6.3.1.4 Health care facility resources

Health care facilities and the quality of contraceptive services offered by them was raised by Informant 4 as an important institutional resource variable increasing the risk for teenage pregnancy. Even though access to health care facilities is not problematic in this community (there are 4 health care clinics in Elsies River), there is a perception that these facilities are not youth friendly with the lack of privacy cited as one of the reasons which discourages young women from seeking contraceptive services.

“Researcher: En die rede vir die tiener swangerskap? Hoekom dink jy is daar so ’n hoë syfer in hierdie (gemeenskap)...want daar is klinieke waar hulle ‘contraception’ kan kry.

Ja maar... soos onse kliniek bestuurder het gesê, dit is dat hy wil hê ons moet like ’n youth kliniek begin, waar die jeug...want-want, as ek nou by die kliniek instap en nou sien ek..., ek was ook so... As ek by die kliniek instap, en nou sien ek, ‘Oo, jinne, hier sit dan nou ’n bekende’. Dan draai ek net daar by die deur om, ek gaan nie. Ek gaan nie my injection of of of evens kondome gaan haal nie. Ek is ook te skaam om te vat daar in die boksie, aan die ding. Eerder dit as wat die mense sien jy gaan ’n kondoom

vat, as wat hulle sê: 'Oe, sy gaan nou seks hê. Sy gaan...sy gaan ja haar lyf'n lekker tyd gee' Sulke goed, sulke aanmerkings maak.' (Informant 4)

[Researcher: And the reasons for teenage pregnancies? Why do you think there is such a high rate, because there are clinics where they could get contraception?

Yes, but...like our clinic manager said. She wants us to start a youth clinic where the youth (can come)...because if I walk into the clinic and I see...I was also like that...If I walk into a clinic and now I see 'Oh no! There's someone I know!', then I will turn right around at the door. I am not going. I am not going for my injection or even going to get condoms. I am too shy even to touch that thing, to take from the box. Rather that, than to let them see me taking condoms and having them say things about me like, "Oh she is going to have sex now! Yes she is! Going to give her body a nice time." That type of thing, that type of comment. (Informant 4)]

Failure to access youth-friendly healthcare services for contraceptive assistance may place teenage mothers at additional risk for repeat pregnancies which could result in additional financial stress on the family subsystem and support from a female coparent being withdrawn (Apfel & Seitz, 1996). Black et al, (2006) found that teenage mothers, who had a second infant within two years of their first pregnancy, were less likely to be living with their own mothers.

6.3.2 Parental relationships

According to Leventhal and Brooks-Gunn (2000), parental relationships are thought to mediate the association between high risk neighbourhood characteristics and child and youth outcomes through parental characteristics and the availability of support networks. The specific parental characteristics thought to mediate this relationship include the physical and mental health of parents, their coping skills, parenting style and sense of self-efficacy (Leventhal & Brooks-Gunn, 2000). It can be seen that some of these characteristics such as mental health and parental self-efficacy overlap with some the coparenting characteristics thought to influence child development (Feinberg, 2002; Sterrett et al., 2010). Two parental characteristics in

particular are discussed under this theme namely *parenting styles* and *physical health of coparents* to show how they affect coparenting relationships.

6.3.2.1 Parenting styles

The link between neighbourhood characteristics in particular, socio economic status and maladaptive parenting styles is well documented (Bradley & Corwyn, 2002; Osofky & Thompson, 2000). Typically three qualitatively different parenting typologies or styles have been identified through the seminal work of Baumrind (1971). These include authoritarian, authoritative and permissive parenting styles. Maccoby and Martin (1983) further refined permissive (lax) parenting as either indulgent or neglectful. Key informants perceived a shift towards permissive parenting styles in this community which deemphasised parenting authority (Maccoby & Martin, 1983). Informants 3 and 5 viewed permissive parenting in the community as indulgent.

“Jy moet jou kind morals leer in die lewe. Jy moet hulle liefde gee. Jy moet vir hulle ‘discipline’. Maar vandag se ouers gee dit nie meer nie. Hulle koop hulle kinders se liefde. Mammie gaan werk vir jou, koop jou R1000 tekkies.”

(Informant 3)

[You need to teach your child morals in life. You need to give them love. You need to discipline them. But today’s parents don’t do that anymore. They buy their children’s love. Mommy works for you so go and buy yourself a R1000 sneakers. (Informant 3)]

“Ek sê vir die mense, hulle moet nie die kinders stuur na die Graad 7 prom ding toe nie. ‘Maar hulle gaan dan uit mis’. Al daardie geld..Die vrou wil nie eers die kind se skoolfoeie vir die jaar klaar betaal nie. Sy het gesorg dat hy ’n Levi broek, Nike tekkies, Levi shirt het.(Informant 5)

[I tell people to not send their children to the Grade 7 prom thing. ‘But they will miss out!’. All that money. This woman has not even paid the child’s school fees for the year. Yet, she saw that he had a Levi jeans, Nike sneakers and a Levi shirt. (Informant 5)]

Permissive parenting styles have been associated with lower levels of maternal warmth as well as decreased monitoring and supervision of children and youth (Maccoby & Martin, 1983). Monitoring and supervision are thought to mediate the extent of neighbourhood risk by either increasing or decreasing children and youth's exposure to these risks (Leventhal & Brooks-Gunn, 2000). Informant 2, in particular, highlighted the resultant breakdown in traditional parent-child relationships between teenagers and their parents as stemming from neglectful parenting.

“Soos ek laas week gesê het by een van die skole is dat die tradisie van families sit om die tafel en eet saam is weggevat want deesdae kom die ma huistoe, maak kos, skep en gaan sit voor die TV sonder om die kind te vra hoe was jou dag? Dit is waarom die verhouding tussen die ouers en kinders weg is.” (Informant 2

[Like I said last week when I was at one of the schools, that the tradition of families sitting around the table and eating together has been taken away because these days the mother comes home, makes the food, dishes and then goes to sit in front of the TV without asking the child how his day was.

That's why the relationship between parents and children is gone.

(Informant 2)]

Decreased monitoring and supervision has been found to be linked to higher rates of teenage pregnancy in low socioeconomic contexts (Leventhal & Brooks-Gunn, 2000). Permissive parenting has also been associated with poorer mother-coparent relationship quality in single mother African American families (Sterrett et al., 2010) because of higher degrees of coparenting conflict related to caregiving especially (Sterrett et al., 2010). It is hypothesised also that permissive parenting from either of the parents may result in the other parent feeling pressured to completely assume caregiving responsibility in order to maintain the child's health and well-being (Sterrett et al., 2010).

6.3.2.1 Physical health of coparents

In order to maximise the possibility of recruiting teenage mothers who were involved in coparenting relationships, teenage mothers were required to be physically healthy since it has the potential to influence their ability to parent their child. Health status however was not used in the recruitment of coparents since they had already been identified as coparents.

As has been previously reported elsewhere in this thesis, studies traditionally see the availability of parenting support from the grandmothers in particular as an important opportunity factor for the health and well-being of the teenage mother. However, what is rarely reported on, is the potential health related cost to the grandmothers. Research with caregiving grandmothers suggests that they tend to ignore their own health in order to focus on their caregiving responsibilities. (Goodman & Silverstein, 2002). It is therefore noteworthy that from a health and well-being perspective, the majority of coparents (8 out of 10) reported having chronic health concerns with hypertension being the most common condition reported. There is an increasing body of literature (Goodman, Tan, Ernandes, & Silverstein, 2008) to suggest the increased risk of cardiac related problems such as high blood pressure in grandparents involved in raising their grandchildren stemming in part from the increased burden of care and socioeconomic stressors. In Sub Saharan Africa in particular lower socioeconomic status has been found to be related to poorer health with diseases such as hypertension being more prevalent in low-income communities (Seedat, 2007). This may stem from not being able to access medical care (Almeida, Neupert, Banks, & Serido, 2005) and limited opportunities for healthy nutritional choices (Seedat, 2007). Coparent 10 for example, a single mother raising her own four children as well as her grandchild, indicated that her health was particularly poor and described how she would sacrifice her own meals in order to ensure that there was enough for the children in the house.

“Kyk, baie kere is daar nou bietjie kos, nou dink ek “ai”. Nou skep ek op nou is daar nie oor vir die 2 kleinjies vir die volgende dag nie. Dan hou ek maar my bietjie vir hulle twee.” (Coparent 10).

[Look, many times when there is only a little food left then I think to myself “ai” (expression to denote worry). Then when I dish up I see that

there will not be enough for the two little ones for the next day, so then I will keep my little bit for them. (Coparent 10)]

While the health status of coparents currently do not appear to be affecting the availability and quality of the coparenting support amongst the majority of participants in this study, it may be seen as a potential risk to the stability of the family environment and the quality of interactions with the child if the coparent's health deteriorates. It is hypothesised that coparent illness may disrupt caregiver sensitivity in dyadic interactions (Armistead, Klein & Forehand, 1995) resulting in poor bonding and attachment which can then ultimately influence the development of the child (Guralnick, 2006). On the other hand deterioration in the quality of the coparenting relationship itself can further aggravate a coparent's health status (Goodman et al, 2008). Coparents who become increasingly ill may not be able to offer as much caregiving assistance and may eventually have to decrease or withdraw from active parenting due to their diminished physical capacity (Whitley, Kelley & Sipe, 2001).

6.3.3 Collective efficacy

Collective efficacy or social organization refers to the extent of mutual trust, solidarity, and shared values among community residents (Kohen et al., 2008; Leventhal & Brooks-Gunn, 2000). Poor neighbourhoods characterised by, amongst others, public drinking as mentioned by coparent 9 and high levels of crime as evidenced in the crime statistics of this community over a 8 year period (Table 6.1) reflects poor levels of social organisation which is characteristic of communities in which there is low collective efficacy (Kohen et al., 2008). When asked to describe some of the challenges in Elsie's River, all community informants were unanimous in highlighting the issues of crime and gangsterism. Crime and gangsterism however is not only limited to this community but is a general feature of most low income coloured communities on the Cape Flats (Kagee & Frank, 2005).

With respect to the risk for coparenting relationship quality, low collective efficacy leads to less social cohesion which can influence cohesion of the family subsystem (Deng et al., 2006). Families in neighbourhoods with low social cohesion for example may be less likely to have a sense of connectedness in terms of mutual trust and closeness amongst family members

(Deng et al., 2006). Poor social cohesion can therefore affect the stability of support which the teenage mother receives from members of the extended family. It can be hypothesised that within this environment parenting roles and responsibilities may become poorly delineated (Kiser & Black, 2005) creating the conditions for conflicted coparenting relationships.

Table 6.1

Crime statistics for Elsie's River from 2003 to 2010

Crime Category	April 2003 to March 2004	April 2004 to March 2005	April 2005 to March 2006	April 2006 to March 2007	April 2007 to March 2008	April 2008 to March 2009	April 2009 to March 2010
CONTACT CRIME (CRIMES AGAINST THE PERSON)							
Murder	34	20	14	31	24	16	18
Total Sexual Crimes	234	190	118	138	99	83	113
Attempted murder	88	37	38	31	24	24	22
Assault with the intent to inflict grievous bodily harm	815	555	368	276	224	205	254
Common assault	1,274	970	666	549	481	526	602
Common robbery	482	252	121	123	104	86	126
Robbery with aggravating circumstances	262	227	168	218	224	155	144
CONTACT-RELATED CRIME							
Arson	18	8	4	8	4	2	5
Malicious damage to property	639	535	411	416	414	383	445
PROPERTY-RELATED CRIME							
Burglary at non-residential premises	236	150	111	191	225	199	174
Burglary at residential premises	536	388	328	399	381	314	281
Theft of motor vehicle and motorcycle	113	100	91	116	128	117	106
Theft out of or from motor vehicle	492	378	365	423	458	412	406
Stock-theft	0	0	0	0	0	0	0
CRIME HEAVILY DEPENDENT ON POLICE ACTION FOR DETECTION							
Illegal possession of firearms and ammunition	38	43	67	82	65	60	78
Drug-related crime	348	555	817	1,193	1,411	2,030	2,653
Driving under the influence of alcohol or drugs	54	53	77	102	100	110	136
OTHER SERIOUS CRIME							
All theft not mentioned elsewhere	2,189	1,961	1,426	1,743	1,683	1,595	1,355
Commercial crime	93	87	66	67	89	123	135
Shoplifting	90	49	48	69	41	102	138
SUBCATEGORIES FORMING PART OF AGGRAVATED ROBBERY ABOVE							
Carjacking	5	7	13	5	8	2	4
Truck hijacking	0	1	0	0	0	0	0
Robbery at residential premises	1	1	0	2	6	2	4
Robbery at non-residential premises	3	0	0	0	2	10	7
OTHER CRIME CATEGORIES							
Culpable homicide	12	19	9	18	14	14	19
Public violence	4	4	2	2	1	6	2
Crimen injuria	607	364	101	64	41	67	109
Neglect and ill-treatment of children	90	72	36	26	24	31	32
Kidnapping	15	7	1	1	2	1	2

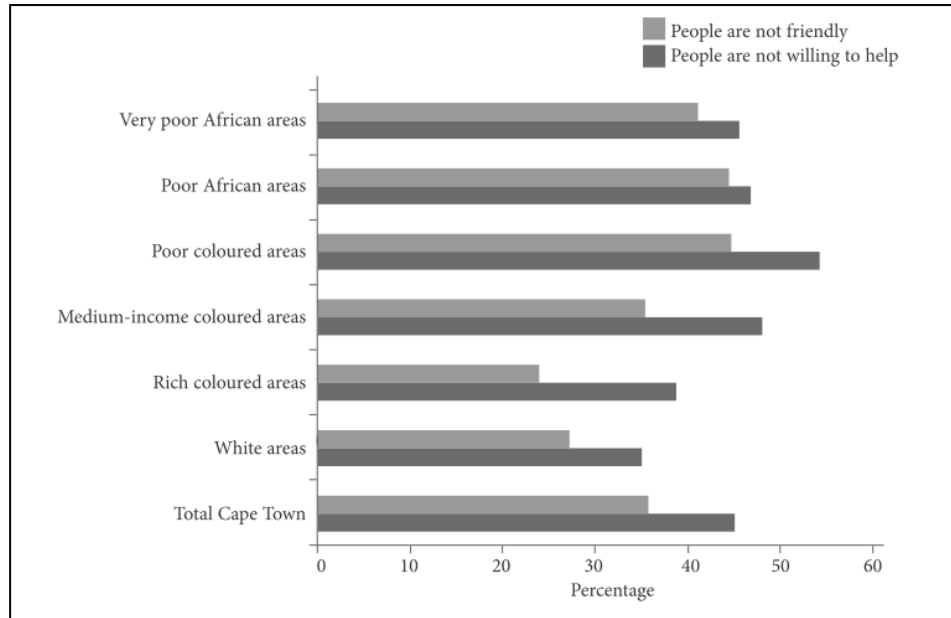
Note: From "Crime research and Statistics" by the South African Police Service (2010). Retrieved from www.saps.gov.za

Key informant confirmed low levels of collective efficacy within this community in the following accounts.

“Hulle is nie mense wat saam kan staan nou om ’n ding te veg nie. Ek weet nie of hulle bang is om challenges aan te vat nie maar dit is een van hulle swakheid. Hulle is bang om challenges aan te vat. Eintlik hoe ek die mense van Elsies sien is daar is meer jaloesie oor mense want hulle wil nie hê die een moet vorentoe gaan nie. Die gemeenskap van Elsies is vir my hulle hou nie van saamwerk nie. Hulle ken nie van saam werk nie. Hulle sal liever weg van mekaar af werk. Hulle sal nooit as ’n collective binne organisasies as een saamwerk nie.”(Informant 2).

[They are not people who will stand together to fight for something. I don’t know if they are scared to take on a challenge but this is one of their weaknesses. They are too scared to take on challenges. In fact the way I see the people of Elsies is that there is lots of jealousy among people in that they don’t want to see someone else go forward in life. In my opinion the community of Elsies does not like to work together. They don’t know what it is to work together. They will rather work separate from each other. They will never work together as a collective within organisations. (Informant 2).]

Confirmation regarding low collective efficacy in this community comes from secondary data taken from the Cape Area Panel Study (CAPS) Wave 3 (Bray et al., 2010). Coloured people in poor areas in Cape Town such as the Cape Flats perceived their neighbours to be less friendly and less willing to help each other compared to those living in middle-income and rich areas (Figure 6.1).



*Figure 6.1. Perceptions of various race groups in Cape Town with respect to friendliness and helpfulness from neighbours. Reprinted from *Growing Up in the New South Africa: Childhood and Adolescence in Post Apartheid Cape Town* (p.108), by R. Bray, I. Gooskens, L.Kahn, S. Moses and J. Seekings, Cape Town: HSRC Press.*

6.3.3.1 Collective efficacy, support networks and coping abilities of coparents

Low levels of collective efficacy seen in low levels of trust of neighbours may however, affect the ability of coparents, especially grandmothers, to call on supports. Social support from friends and family can positively affect maternal psychological well-being and self-esteem leading to more effective parenting behaviours (Kotchick, Dorsey, & Heller, 2005). While coparenting teenage mothers received parenting and emotional support from their mothers, their own mothers' support systems appear to be limited.

Researcher: By wie laai jy af meer as jy nou probleme het? Met wie kan jy gesels?

”Ek gesels net met my werk mense, by die werk. Hulle is nou my vriende by die werk. Nee, ek het geen vriende hier nie. En die Here is my vriend. Dit is al. Al my las en probleme dra ek na Hom toe.

Want met mense kan jy nie jou probleme praat nie. Dan skinder hulle onder mekaar.” (Coparent 3)

[Researcher: To whom can you offload to if you have problem? Who can you talk to?

I speak only to people at work. They are my friends. No, I don't have any friends here. And the Lord is my friend. That is all. All my burdens and problems I take to Him. Because you can't talk about your problems to people here, otherwise they will gossip amongst themselves. (Coparent 3)]

In the context of high levels of neighbourhood risk, lack of support systems stemming from low levels of collective efficacy has implications for the mental and physical well-being of coparents (Forehand & Jones, 2003) and their ability to assist in the parenting of the teenage mother's child which was discussed earlier. Coparent 3 elaborated further the difficulties and pressures of having to raise her children and grandchild as a single parent and without support.

“Dit is nie 'n maklike saak nie om 'n kind alleen groot te maak nie.”

Researcher: Hoe het mevrou dit gedoen?

”Baie swaar maar die Here het my deur gedruk. Elke dag gebid. Elke dag. Ek het dae somtyds dan dink ek ek kan sommer myself ophang, myself dood maak. Dan dink ek dit is nie die moeite werd nie, want toe...wat gat van my kinders word. So sulke dinge het ek gedink. Dan dink ek “Nee”. Doen maar alles op my eie.” (Coparent 3)

[It is not easy to raise a child on your own.

Researcher: How did you do it?

It was very difficult but the Lord got me through it. I prayed every day. Every day. I have some days when I think I should just hang myself, kill myself but then I think that it is just not worth it, because then...what will my children do? So those were some of the things I thought about. Then I think “No”. Rather do everything on your own. (Coparent 3)]

The importance of faith as a means of coping with the daily stresses of life in this community in the absence of more tangible support systems, were echoed by a few other coparents as well. Religion has been found to be an important moderator of depressive symptoms in grandmothers who coparent with their teenage daughters (Brown, Caldwell & Antonucci, 2008).

6.3.3.2 Collective efficacy and coparenting

Based on the favourable results of coparenting quality for the majority of participants in this study (Table 5.5) however, it can be seen that low collective efficacy in the community need not necessarily translate to the level of the family. In analysing the accounts of the 10 mentoring coparents it would appear that collective efficacy is an important value held by many of them. These coparents explained for example how they monitored the safety of children in their community (Coparent 1, 4), cared for their neighbours children and other children in the extended family when parents were unable to (Coparents 4, 6, 7), financially and materially supported vulnerable friends and family members (Coparent 8, 10) and even gave material support such as nappies to other teenage mothers in the community (Coparent 9).

6.3.4 Culture

A cultural lens may be important in the context of teenage coparenting especially when one considers that the roles of coparents may be culture bound, and even more so in a culturally homogenous low-income community (Tamis-LeMonda et al., 2008).

As described in Chapter 5, when fathers do not meet their expected roles as providers, gatekeeping by either the teenage mother or the grandmother is instituted, thereby limiting his involvement in the child's life and creating potential conditions for conflict in the relationship. According to community informants historically people in low-income Coloured communities such as Elsie's River tend to emphasise employment over education in order to provide for their families.

“Dit het 'n norm geraak in baie gevalle. As jou meisiekind 16 raak begin mense vir jou sê sy kan 'n werk kry by die factory. Die boy besluit in

Standerd 6 om nie meer skool toe te gaan nie. Hy kan sy uncle gaan help met die of daai odd job.” (Informant 5)

[It’s become a norm in many cases. When your girl child turns 16 then people start telling you she can go and get a job at the factory. The boy decides in Standard 6 (Grade 8) that he does not want to go to school anymore. He can go and help his uncle with one or other odd job. (Informant 5)]

“Hulle voel die kind het wel education nodig, maar as die kind nie wil skool toe gaan nie, jy gaan ook nie die kind forseer nie om skool toe te gaan nie.

Researcher: *Speel armoede ’n rol?*

Ja, kyk hier . Armoede in ons gemeenskap ne. Omdat daar nie geld is om vir ons as youngsters om verder te studeer nie, sal ouers dan liewers dat ons in winkels gaan werk.”(Informant 4).

[They do feel that the child needs education but if the child does not want to go to school then they are not really going to force them to go to school.

Researcher: *Does poverty play a role?*

Yes, look here, poverty in our community hey. Because there is no money to send young people to study further, parents will rather allow their children to go work in shops. (Informant 4)]

This, is however not a uniquely South African experience as the literature reports similar attitudes in poverty contexts in other countries where academic achievement by parents may not be highly emphasised (Halle, Kurtz–Costes, & Mahoney, 1997; Hauser-Cram, Sirin, & Stipek, 2003). The educational attainment levels of non-coparenting as well as coparenting teenage mothers (Table 4.11 in Chapter 4) appear to bear witness to the decreased importance ascribed to education although coparenting teenage mothers were more likely to return to school than their non coparenting counterparts. Educational levels of coparents are important since the education levels of teenage mothers and coparents have been found to be an important predictor

of the quality of coparenting relationships (Stright & Bales, 2003). It is hypothesised that education provided by schools can provide skills that support coparenting such as perspective-taking skills, attitudes about cooperation and competition and knowledge about successful parenting techniques (Stright & Bales, 2003).

This community characteristic may be culturally and historically regulated due, in part, to policies of Apartheid where Black and Coloured people were directed to become labourers rather than seek educational advancement (Fiske & Ladd, 2006). The quality of education for these race groups was also of a significantly poorer standard than that of the White population. Today, almost 20 years post-Apartheid, these raced based differences in educational attainment still continue. Based on the 2011 census data of education attainment in Elsie's River (Table 6.2), it can be seen that race based differences in education still persist with Coloured and Black populations having attained less education than any of the other population groups (Stats SA, 2012a, c).

Table 6.2

Education Attainment Levels in Elsie's River

Ward 028 Adult Education (for all aged 20+)	Black African		Coloured		Asian		White		Other		Total	
	Num	%	Num	%	Num	%	Num	%	Num	%	Num	%
No schooling	14	1.4%	305	1.7%	1	1.0%	0	0.0%	15	7.4%	335	1.7%
Some primary	85	8.7%	2 080	11.4%	6	5.8%	0	0.0%	12	5.9%	2 183	11.1%
Completed primary	75	7.7%	1 637	8.9%	12	11.5%	0	0.0%	11	5.4%	1 735	8.8%
Some secondary	431	44.1%	9 153	49.9%	44	42.3%	10	45.5%	66	32.7%	9 704	49.4%
Grade 12	314	32.1%	4 606	25.1%	35	33.7%	10	45.5%	75	37.1%	5 040	25.7%
Higher	58	5.9%	511	2.8%	5	4.8%	2	9.1%	21	10.4%	597	3.0%
Other	1	0.1%	33	0.2%	1	1.0%	0	0.0%	2	1.0%	37	0.2%
Total	978	100.0%	18 325	100.0%	104	100.0%	22	100.0%	202	100.0%	19 631	100.0%

Note: From “City of Cape Town-Census 2011-Ward profile”, by Statistics South Africa (2012c).

Retrieved from <https://www.capetown.gov.za/en/stats/Pages/Census2011.aspx>

Even though in post-Apartheid South Africa there are now considerably more education opportunities for young people, many are still encouraged to seek employment rather than educational advancement. Cultural scholars have argued that sustained poverty over many years can generate a set of cultural beliefs or practices that perpetuate even if the conditions which

gave rise to them change (Small, Harding & Lamont, 2010). This may be one of the reasons why many teenage mothers do not return to school after giving birth even when a coparent who can assist with the day to day caregiving needs of her child, is available. However, it may also be that many parents do not have the luxury of giving their daughters these choices in the context of severe economic deprivation and limited career opportunities. In response to a question as to why young people in this community appear to have very little dreams for their future, Coparent 10 gave this telling response:

“If I give my child a dream, then I will have to pay for that dream”
(Coparent 10)

An important consideration with respect to culture and its influence on children are the two main value systems i.e. collectivism and individualism (Triandis, 1995). While key community informants described a community which was more individualistic with low levels of collective efficacy, this was not reflected in the accounts of coparents who exhibited more collectivist values (Section 6.3.3). It is suggested by the literature that collectivist cultural values are more consistent with this particular race group (Adams, Van de Vijver & de Bruin, 2012) and may be one of the reasons why mentoring female coparents decided to take on the role of coparent with the teenage mother. The implications of this for coparenting will be discussed in more detail in the next chapter.

6.4 Summary

This chapter focused on sub aim 5 of the study and described the ecocultural context of the particular community in which the study was undertaken. Some ecocultural factors presented in this chapter may be seen as potential risks to the availability and quality of coparenting relationships of teenage mothers in this community even in light of the favourable results reported in the previous chapter. It must be remembered, however, that an ecological perspective is subject to the complex interplay between risks and opportunity factors at various levels of the ecology which eventually determines well-being for any individual coparenting partnership (Leventhal & Brooks-Gunn, 2000). A continuum of risk therefore exists depending on the balance of risk to protective factors which can change over time. In addition while coparenting

has been found to predict child and adolescent adjustment, consistent with an ecological perspective a single variable such as the quality of coparenting may not be able to account for the variance seen in developmental outcomes of teenage mothers or their children. It is estimated for example that 5-10 percent of variation in children's development can be explained by neighbourhood level factors which directly affect their well-being (Leventhal & Brooks-Gunn, 2000) irrespective of the quality of the more proximal coparenting relationship. Therefore, in as much as the current positive levels of coparenting quality represents an important protective factor for teenage mothers, their children as well as their coparents; it does not provide a lifelong inoculation against high levels of community risk which still has the potential to overwhelm the system over time.

The following chapter will discuss the implications of this chapter as well as the main results of this study described in Chapter 5.

CHAPTER 7

DISCUSSION

7.1 Introduction

In the previous two chapters, the results of the study were presented. They highlighted the phenomenon that teenage mothers in the particular community received coparenting support from significant people in their environment, in particular from their own mothers who played a mentoring coparenting role, as well as from the child's father. As reported by teenage mothers, the quality of their coparenting relationships with coparenting partners was found to be high when they worked together as a team and supported each other with minimal conflict and undermining of each other in the parenting role.

In this chapter the results of the study are discussed in relation to the existing theories and literature on coparenting and the parenting of teenage mothers. A key focus of this chapter is the development of a mentoring model of coparenting for teenage mothers and that may have important theoretical and clinical implications.

7.2 Extended family structure and the availability of coparenting partners

Results of this study confirmed that teenage mothers in Elsie's River lived in extended family structures and that they received coparenting support from their own mothers and other members of their extended family and also from the child's father and his extended family. These teenage mothers (18 out of 27) mostly turned to their own mothers for support, which is consistent with teenage parenting in other cultures (Apfel & Seitz, 1996; Contreras, 2004; Dalla & Gamble, 1999; Nadeem & Romo 2008). It is often assumed, although rarely empirically substantiated, that the ability to call on intergenerational support from members of the extended family to assist in the raising of the teenage mother's child simply exists. It is often mentioned for example that these older females represent an important protective factor, as they provide experienced alternate caregiving and create the conditions to facilitate the teenage mother's return to school (Jewkes et al., 2001).

Studies in other South African cultures also confirm that female members of the extended family are called upon to provide parenting support, but exactly who these females are, is not always clearly described (de la Rey & Parekh, 1996; Madhavan & Thomas, 2005; Preston-Whyte & Zondi, 1992). However, the identity of those who provide parenting support is important, because it has an impact on the dynamics of coparenting. For example, it is suggested that a teenage mother parenting with the assistance of her own mother, who is also simultaneously raising her own daughter, would differ greatly from parenting with another family member or a natural mentor who may not be as strongly invested in the relationship (Jones et al, 2007). The results also revealed that coparenting teenage mothers had higher levels of social support from their coparents than their non-coparenting peers in terms of material, financial and childcare support.

7.2.1 *Multi-person coparenting systems*

An important finding in this study was that 52% of coparenting teenage mothers reported being in multi-person coparenting systems, often consisting of the teenage mother, a female coparent (usually the grandmother) and the child's father (Table 5.3). Past research has tended to highlight the role of only one other individual in the coparenting relationship, usually the grandmother or, more recently, the child's father (Fagan & Lee, 2011; Futris & Schoppe-Sullivan, 2007; Sheftall et al., 2010; Varga & Gee, 2010;). To date, the literature on coparenting has seemingly ignored the obvious fact that children in various cultures grow up in multi-person relationship systems; it has only recently been acknowledged that focusing on a single coparent represents a serious flaw in coparenting theory. McHale, for example, in a recent review of the coparenting field (2007, p.372), concedes that researchers and clinicians need to acknowledge that many of the world's children "...spend substantial portions of their formative years in relationship systems where they have more than one significant caregiver and socialisation agent."

Importantly, the results verify a more recent study (Gaskin-Butler, Engert, Markievitz, Swenson, & McHale, 2012) in which first time, expectant African American mothers were asked to predict who they thought would be part of their coparenting system after the birth of their child. Gaskin-Butler et al. (2012) reported that 53% of their respondents anticipated a three-adult

(mother-grandmother-child's father) coparenting system. The results of the current study are therefore consistent with this prediction.

The results which show a preference for multi-person coparenting systems in the majority of participants in this study, requires clinicians and researchers to have a broader conceptualisation of the internal structure of coparenting (Van Egeren & Hawkins, 2004). Early intervention programmes especially should therefore not only consider dyadic (mother-child) systems but also triadic (mother-child-grandmother/ father –child-grandmother) and polyadic (mother-father-child-grandmother) family systems as targets for intervention (Gaskin-Butler et al., 2012). This has important implications for the parenting of the child especially if conflict exists between or with either or both coparenting partners. For example, fathers featured prominently as coparents (85% of the time) in the multi-person coparenting arrangement with grandmothers and teenage mothers. The quality of the father's relationship with the grandmother and/or the teenage mother may have important implications for his day-to-day involvement in the child's life. Qualitative findings revealed, for example, that some grandmothers and also teenage mothers institute gate-keeping if the relationship is conflicted, such as when the child's father is unable to provide material or financial social support. In the South African context, gate-keeping by the teenage mother and/or the grandmother has been found to influence the sustained participation of fathers in the lives of their children (Swartz & Bana, 2009). This is also similar to findings of studies of divorced parents and in the literature about African American fathers, where father involvement in their children's lives is dependent on the other parent's attitude towards and expectations of his financial support (Roy & Dyson, 2010).

The nature of the conflict between coparents need not stem from disagreements around issues of parenting only, but may also be the result of past resentments, e.g. from the grandmother directed at the father for causing her daughter to become pregnant. This may lead to poor communication, badmouthing and undermining of the father's parenting role. All these factors pose significant risks to the coparenting alliance. In addition, the teenage mother may compare the parenting of the more experienced grandmother with that of the less experienced father and be overly critical of his parenting abilities. While not true for the majority of participants coparenting with fathers in this study (Table 5.5), some teenage mothers who were

coparenting with both their own mother and the child's father, reported having a more conflicted coparenting relationship with the child's father in comparison to the grandmother (Section 5.7.2). One reason that was given was that they perceived the child's father as not parenting in a way that they saw as appropriate. This perception may stem from a lack of understanding about the manner in which fathers parent as compared to mothers as well as different opinions as to the developmental needs of children (Pruett & Pruett, 2009). According to these authors, fathers, tend to engage in more play-based activities with their children while mothers are more inclined to engage in caregiving activities such as feeding and/or cleaning. Research shows that when fathers engage in play with their children, it facilitates the bonding process between them, which has been found to assist in children's overall social and emotional development (Quesenberry, Ostrosky, & Corso, 2007). Misunderstanding the role of the father may become a potential source of conflict, especially if one parent feels that the other is not pulling his/her weight in caregiving or not fulfilling expected roles. The perception of teenage mothers with respect to the fathers' parenting abilities may stem from their own unfamiliarity with the role of fathers, since some of their own fathers were underrepresented (Table 5.1) in their families and households.

The availability of various members of the extended family in the ecologies of teenage mothers is, however, not sufficient for predicting whether coparenting relationships will ensue, since the household compositions of both coparenting and non-coparenting teenage mothers in this study were similar in terms of family structure, with a high percentage of grandmothers represented in both groups (Figure 5.3). Thus, not all teenage mothers in the sample received coparenting support from members of their family or from members of the father's family. This is consistent with findings of other studies that noted a decrease in parenting support from members of the extended family, citing factors such as support fatigue, and intergenerational misunderstandings (Groh, 2007); McDonald & Armstrong, 2001). In addition, studies caution that merely residing in a household with the child's grandmother does not ensure her support (Apfel & Seitz, 1991; Black & Nitz, 1996). The decision on the part of coparents to assist the teenage mother in raising her child would appear to be reflective of the individual characteristics of the coparents themselves.

7.2.2 Cultural characteristics that influence the decision of family members to coparent

Important characteristics of the mentoring coparents sampled in this study reveal that they possess a heightened sense of shared responsibility for the upbringing of the teenage mother's child, citing her lack of experience as well as a general attitude of forgiveness and understanding of the situation. "*Dit staan voor almal se deur/ It can happen to anyone*" was a phrase which was often heard. The results in Chapter 6 also reflected that grandmothers displayed a concern for the well-being not only of their daughters but also of others in the extended family and even the community at large (Section 6.3.3.2).

Looking at collectivist versus individualistic values inherent in families through a cultural lens, may provide additional insight into the decision to coparent with the teenage mother. According to culture scientists (Kağıtçıbaşı, 1996; Triandis, McCusker & Hui, 1990), norms and expectations of the culture in which parents are embedded, influence their parental beliefs and practices. Collectivism is associated with high levels of interdependence, conformity and mutual responsibility (Triandis et al, 1990). People of African descent ascribe to a collectivist cultural system (Bornman & Granlund, 2007) that values the supporting role of community and the extended family. Cultures that are considered to be more collectivist thus promote relatedness, which is expressed as connection to the family, orientation to the larger group as well as respect and obedience (Tamis-LeMonda et al., 2008). In South Africa, amongst people of African descent this is best captured in the indigenous term *ubuntu*, which loosely translated means *I am who I am because of others* (Levin, 2008). In contrast, cultures which are individualistic tend to promote developmental goals of autonomy, which are expressed as personal choice, intrinsic motivation, self-esteem and self-maximisation with the ultimate goal to reach one's full potential (Tamis-LeMonda et al., 2008).

Uncertainty exists regarding the value system of the South African Coloured community, since they are of mixed race, descended from White (more individualistic) and African (more collectivist) cultural groups. It is suggested that they may be seen as more collectivist in the sense that they place great importance on the core and extended family (Adams et al., 2012).

Currently, there is a dearth of published research on the subject, with very few studies succeeding to come to any significant conclusion (Van Dyck & de Kock, 2004; Vogt & Laher,

2009). It is speculated that the South African Coloured community may lie somewhere in between, sharing aspects of individualism and collectivism. Recently, however, Adams, et al. (2012) found that Coloured groups may be closer to African communities in terms of their collectivist orientation. In the present study, key community informants described a community which exhibited low levels of collectivism (Section 6.3.3), but within a low-income context, this may be due to the competition for scarce resources which might result in traditional collectivist roots becoming eroded and more individualistic tendencies becoming more prevalent.

The accounts of coparents also revealed these dual aspects of collectivism and individualism. Relatedness values such as respect (“*She is still a child in the house*”), obedience (“*She listens to me and is still subject to my rules*”) and connection to family (“*She is still my child and I am still her mother*”) were key themes of the accounts of coparents. These are associated with a collectivist orientated cultures (Tamis-LeMonda et al., 2008). Respect and obedience specifically, are reflective of a hierarchical social structure in which elders of the community provide authoritative boundaries that function to prevent dissent and promote group harmony and cordial relationships (Tamis-LeMonda et al., 2008). In contrast, results which indicated encouraging more independence over time in the parenting role, e.g. in relation to decision making (Section 5.6.1) and specialised patterns of caregiving (Section 5.7.2.1) may appear to be promoting individualistic values of autonomy and independence (Triandis, 1995).

Tamis-LeMonda et al. (2008), however, argue that although collectivist and individualistic values are often treated as dichotomous, their recent review of research indicated that both value systems can co-exist at various levels of the ecology, i.e. within a culture, family and within individuals as well. They also found that the developmental goal of relatedness (collectivism) may be a path through which autonomy and independence (individualism) can be achieved. The coexistence of these values is also dynamic and may change across situations, developmental time and in response to social, political and economic stressors. Therefore, the decision by female coparents to mentor and coparent with the teenage mothers may be a result of a cognitive ‘push’ from their collectivist cultural values. Their decisions to hand over more of the parenting reins to the teenage mother as she matures and develops her own maternal identity and improves her skills as a parent, are consistent with the aforementioned dynamic nature of the

coexistence of dual cultural values within the coparenting relationship. It should also be noted that in terms of developmental theories of adolescence, this period coincides with the teenager's own move towards autonomy and individuation while still maintaining relatedness with parents (Collins, 1990). Thus, a shared level of understanding between adolescents and parents with respect to the appropriate levels of independence and interdependence is established at this time (Nadeem & Romo, 2008).

The cultural interpretation is also appropriate for teenage mothers who are not coparenting. Even in a culture that may be thought of as more collectivist, their current family ecology may place a higher emphasis on autonomy. The explanations of teenage mothers who were not coparenting appear to support this (Section 5.4), since messages of autonomy were coded more often in their accounts as opposed to that of interdependence in the accounts of coparenting teenage mothers. The coexistence of individualistic values of independence and self-sufficiency with collectivist values of interdependence should also be viewed within the wider community context, which in itself would appear to be undergoing some aspects of this shift. As detailed in Chapter 6, bipartisan community politics, severe economic pressure, high levels of domestic violence, crime, gangsterism and growing unemployment figures, appear to be placing a strain on historical collectivist cultural values of support, affecting social cohesion and decreasing collective efficacy. These may cause direct changes at lower levels of the ecology, creating opportunities in the environment for more individualistic behaviours within families and individuals (Leventhal & Brooks-Gunn, 2000). Tamis-LeMonda et al. (2008) support the argument that collectivist and individualistic cultural value systems may occur at various levels of the ecology in response to changes in the socio-political and economic context.

A cultural explanation of what prompts family members to coparent (or not to coparent) is supported, in part, by recent coparenting research in other collectivistic cultures (Contreras, 2004; Nadeem & Romo, 2008). Spanish speaking Latino mothers living in the USA who display more collectivist cultural goals such as interdependence were more likely to provide parenting support to their pregnant teenage daughters than English speaking Latino mothers in whom autonomy was more prevalent (Nadeem & Romo, 2008). The present research also supports the

dual coexistence of interdependence and autonomy in a culture thought to be collectivist in nature.

In the light of the above it cannot be assumed that cultural value systems are stable over time and across contexts. Discontinuities exist across parenting practices, with parents altering their behaviours and expectations in response to their current situations. The dynamic nature of cultural value systems therefore means that, at different times, parents may emphasise the needs of the group over that of the individual and vice versa and can be seen as an adaptive response (Tamis-LeMonda et al., 2008). This point is particularly relevant when viewing the changing nature of decision-making about the child's life (Section 5.6.1) and is reflective of how coparents and teenage mothers negotiate and align their value systems in response to the situation and their own development.

7.3 Decision making: An adaptive response to mentoring within a collectivist culture

Both quantitative data on caregiving patterns (Figures 5.4 and 5.7) as well as the qualitative accounts of teenage mothers and female coparents (Section 5.6.1) confirmed that most of the teenage mothers in this study were involved in mentoring relationships with female coparents. Although the mentoring or apprenticeship pattern of teenage parenting initially described by Apfel and Seitz (1991) is often alluded to in the literature on coparenting and teenage motherhood (Apfel & Seitz, 1991; McHale, et al., 2004; Oberlander et al., 2007), it is rarely explored in-depth from a coparenting perspective. There is thus a paucity of research that explicitly focuses on the *processes* underlying mentoring coparenting relationships (Liang & Grossman, 2007). Typically, the research on the mentoring of teenage mothers has focused on *natural mentors*, a term used to define mentors outside of the immediate family when the parents are unable to mentor (Klaw, Rhodes, & Fitzgerald, 2003) or formally trained mentors (Black et al., 2006). Black et al. (2006), for example, developed a mentoring programme for teenage mothers to delay second pregnancies and focused on using trained paraprofessionals as outside mentors to assist in developing the teenage mother's parenting abilities and her maternal self-efficacy. Grandmothers were included as targets in these interventions when focusing on relationship-based characteristics and the manner in which the grandmother and the teenage mother negotiated child-rearing disagreements.

A critique of this programme however, is that it takes a deficit-based stance and assumes that these capabilities are not present in the environments of teenage mothers and that grandmothers are not able to undertake the mentoring process themselves. There is an indication from the literature that grandmothers may resist participating in programmes which specifically target their parenting skills as it implies that they have been inadequate in raising their children (Hayslip & Kaminski, 2005). The current approach in this discussion is therefore to assume an asset-based stance on the capabilities of coparenting grandmothers. The hierarchical manner in which mentoring is defined in the literature, that is, a bond between a more experienced adult and a younger protégée facilitating the transition to adulthood with guidance, encouragement and support (Klaw et al., 2003) is deemed to be one that is equally applicable to a mother coparenting with her teenage daughter or with paternal grandmothers and is the asset-based approach to mentoring assumed in the current study.

Although the quantitative data (Figure 5.4) revealed that female coparents were not always involved in decision making about the child's life, the qualitative data provided insight in terms of how they guided and eventually relinquished this role through the process of mentoring, thereby facilitating the teenage mother's parenting confidence and development of a maternal identity. Even within a relatively short period of two years, the results point to various phases through which decision making about the child's life may evolve. Further analysis of the partnership between the teenage mother and the coparent reveals that these phases may be related to where the parties are in relation to the mentoring process. The data from various teenage mothers and coparents provided insight into how the responsibility for decision making evolved between the two parties, with the balance of responsibility shifting towards the teenage mother as she grows in the parenting role. This evolution shares many similarities with the mentoring life cycle process encountered in the formal mentoring literature (Cranwell-Ward, Bossons, & Gover, 2004; Rolfe-Flette, 2002). The ultimate outcome of mentoring is to enhance feelings of empowerment, competence and success (Cummins, 2004), which contributes to adolescent maternal self-efficacy (Klaw et al., 2003).

7.3.1 A mentoring model of coparenting with grandmothers in a collectivist culture

While existing coparenting frameworks are partially useful in understanding some aspects of the coparenting arrangements seen in this study, they have some important limitations. In contrast to the marital situation where both parties are usually inexperienced in parenting, teenage mothers who coparent with female coparents typically possess less parenting skills than their coparent (Baker et al., 2010) and may also have less power in the relationship especially when coparenting with her own mother. Based on the results of this study, a new process driven model of mentoring coparenting is proposed and is presented in Figure 7.1. This model aims to explain how decision making responsibilities may evolve within a mentoring coparenting relationship between a teenage mother and a more experienced mentor within a collectivist culture. This model is adapted from Rolfe-Flett (2002) who described various phases that characterise mentoring relationships and are used to understand the process driven nature of mentoring.

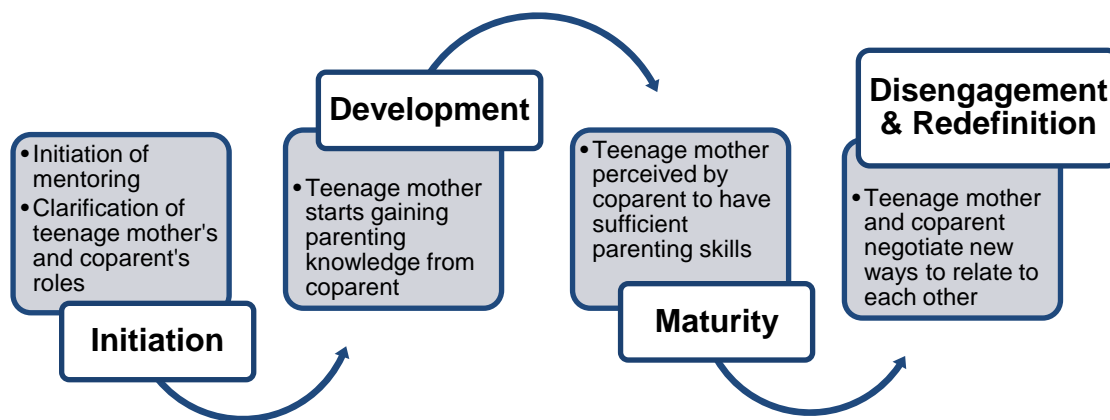


Figure 7.1. A process driven model of mentoring coparenting when teenage mothers coparent with a more experienced mentor. Adapted from *Mentoring in Australia: A Practical Guide* (p.5-7), by A. Rolfe-Flett, Frenchs Forest: Prentice Hall.

Phase 1

Initiation: Although active coparenting starts at the birth of the child, the mentoring relationship does start earlier. Typically, it commences when the grandmother decides to assist her daughter with parenting, helping her prepare for the baby's arrival. The grandmother's decision to mentor in this manner is prompted by collectivist cultural values. During this phase, the scope of the relationship is defined. Because many of the teenage mothers admitted that they had very little parenting experience, the mentoring coparent may assume full responsibility for decision making during this phase.

Phase 2

Development: The baby is born and the coparent engages in active teaching of the teenage mother, facilitating the development of her parenting knowledge and skills. As these increase, the grandmother hands over more of the decision making responsibilities regarding the child to the teenage mother. There may also be increased efforts towards joint decision making, although final decision making may still rest with the more experienced coparent. At this point, the teenage mother is beginning to develop a maternal identity.

Phase 3

Maturity: This could be considered the peak of the mentoring relationship. With the teenage mother's increased parenting knowledge and skills, the grandparent perceives that she is better prepared as a parent. The teenage mother's maternal identity has become established and both parties feel more confident in her ability to make decisions regarding her child's life. This is the start of independent decision making for the teenage mother (individualism) where the process of individuation from the grandparent as main decision maker starts to take place (Nadeem & Romo, 2008).

Phase 4

Disengagement and redefinition: With the handing over of decision making responsibilities to the teenage mother, the coparenting partners now renegotiate new ways to relate to each other. At this stage the teenage mother makes autonomous decisions about her child's life with the grandmother taking on more of a supportive or advisory role as opposed to

an active teaching role. The mentoring role therefore comes to an end, with the coparenting partners redefining their roles. At this point, the coparenting relationship changes and the grandmother may take on a more traditional grandparent role.

The above model may account for some of the inconsistencies in the literature regarding support to teenage mothers from grandmothers and its influence on child development. In particular, the process-driven approach described above, may give further insight into how conflict can develop in the coparenting relationship. The teenage mother's struggle for autonomy and ensuing disagreements surrounding decision making have previously been raised in the literature of grandmothers helping to raise children of teenage mothers (Apfel & Seitz, 1991; Nitz et al., 1995; Schweingruber & Kalil, 2000). Where the the two parties find themselves in the process of mentoring or coparenting is, however, rarely mentioned. It is hypothesised that struggles for autonomy may occur towards the latter part of the mentoring lifecycle, that is, from the Maturity phase (Phase 3) onwards where one of the parties may possibly resist the process of disengagement and/or redefinition of the relationship. If these final stages are missed, the risk may be that a mentoring relationship pattern may persist long after it has served its purpose. This hypothesis is supported by Oberlander et al. (2007) and also by Caldwell and Antonucci (1997) as highlighted in the following quote regarding the effects of the teenage mother's maturation in the coparenting relationship over time: *"By late adolescence, the need for support and the need for independence may conflict, resulting in diminished benefits of support in conflictual mother-teenage mother relationships."* (p. 231).

These struggles for autonomy may be particularly relevant in collectivist cultures. Caldwell et al. (1998), for example, found that African American teenage mothers were more likely to report conflicts with grandmothers than their White peers with culture thought to be the cause of these differences. Their explanation that White grandmothers tended to treat their daughters more as adults than their African American counterparts lends credence to the argument. The absence of coparenting conflict in the majority of cases in the current study stands in contrast to the literature. This may be indicative that the study examined coparenting quality at a time when these relationships were still quite young and thus at an early phase of the coparenting life cycle. The mean age (10.78 months) of the children of teenage mothers (Table

4.11) provides some evidence for this hypothesis. Results of the CPQTM may therefore have tapped coparenting quality within the first year of the coparenting relationship where teenage mothers' competence and confidence was still being nurtured.

Since the transition to independent decision making may be delayed for teenage mothers who remain longer than necessary in the mentoring phase, it may affect the development of their maternal identity and parental self-efficacy (Schweingruber & Kalil, 2000). Parental self-efficacy has been shown to be an important factor in facilitating positive parent-child transactions (Trivette, Dunst & Hamby, 2008). In accordance with the developmental ecological framework of coparenting (Figure 2.3), child development may be affected by compromised parental-child transactions, since maternal self-efficacy is the "final common pathway" (p.238) to maternal sensitivity and warmth (Teti et al., 1996).

In contrast to mentoring relationships that may persist for too long, risks can also result when relationships are terminated too soon. Some teenage mothers in this study, for example, (Section 5.4) reported that they were assisted by the grandmother during the acute stages after childbirth. This support was terminated not long after, requiring them to parent on their own, unless someone else, for example a natural mentor such as the teenage mother's grandmother, stepped into the mentoring role. Early termination of a supportive mentoring relationship may represent a risk, especially for very young teenage mothers who have been found to benefit the most from parenting support (Bunting & McAuley, 2004a). Furthermore, some relationships may advance a bit further in the lifecycle, e.g. to Phase 2 (Development), but still be terminated too soon. This can result in a different parenting arrangement, even if its initial aim was to facilitate the teenage mother's parenting knowledge and skills. For example, the grandmother could lose confidence in the capabilities of the teenage mother and decide to take over the role as the child's primary parent, as described in Apfel and Seitz's (1991) parental replacement model. This may result in conflicted coparenting relationships that are competitive and adversarial and can lead to confusion regarding who is actually the child's parent (Borcherding et al., 2005). Subsequently this may hamper the individuation process and the development of the teenage mother's maternal identity which is the ultimate outcome of what the supportive process aims to achieve if collectivism is viewed as a pathway to autonomy (Tamis-LeMonda et al., 2008). One could

therefore also argue that a lack of consensus regarding mentoring coparents' decision making responsibilities—as was seen in this study—might be indicative of differing perceptions of where the coparenting partners feel they are in the mentoring process.

The changing nature of decision making responsibilities may also be the earliest indicator of a shift in the nature of the coparenting relationship. After having successfully transitioned through the four mentoring stages, the grandmother may take on a more traditional grandparent role and, for example, assist with caregiving, rather than being responsible for the executive responsibilities of parenting such as making decisions. Completing or nearing the end of the mentoring process is therefore not meant to imply a complete dissolution of the relationship which is usually seen in more formal mentoring programmes (Liu et al, 2009). In these programmes, the aim is to make the mentee independent of the mentor (Rolfe- Flett, 2002); it also does not imply that those once deemed as mentoring coparents are no longer involved in the child's life. In contrast to other cultures and contexts where teenage mothers are more likely to leave the residences of their mothers two years after the birth of their child (Oberlander et al., 2007), difficult socio-economic conditions in this study's community (poverty and unemployment) dictate that teenage mothers may still remain in their household of origin and continue to receive parenting assistance from grandmothers. While long-term co-residence with a grandmother is reported to be a risk factor, especially three to five years post-partum (Black & Nitz, 1996; Chase-Landsdale, Brooks-Gunn, & Zamsky, 1994), this may only be problematic if role redefinition and clarification had not taken place (Phase 4).

The phases shown in Figure 7.1 are not meant to resemble static points of development. Implied within a life course perspective (Elder, 1998) and alluded to by the qualitative data, is that the point at which the balance of decision making responsibilities changes is process driven and dynamic and may be influenced by the teenage mother's age, the age of the child and the family income (Nadeem & Romo, 2008). The mentoring process may therefore be longer for younger mothers compared to their older peers who may require a shorter process to individuation and autonomous decision making. This fact is often implied in the research, for example, Wakschlag et al. (1996) reported that higher individuation from their own mothers was a consistent predictor of more competent parenting and healthier parental adjustment over time

for older but not for younger African American teenage mothers. One possible explanation of this phenomenon might be that the time needed for transition to more competent parenting can be seen as a function of cognitive development (Borkowski, Whitman, & Farris, 2007). A more mature cognitive system makes transitions faster because of improved abilities to engage in problem solving as well as in logical and abstract thinking (Borkowski et al. 2007). These are vital skills for understanding child development and the expertise needed to employ positive parenting practices (Noria, Weed, & Keogh, 2007).

As mentioned earlier, additional time in the mentoring process may also be determined by economic stressors. As the teenage mother's financial situation becomes more tenuous, more familial support may be needed, since independent decision making in this context has been found to induce higher levels of stress and depression (Schweingruber & Kalil, 2000). The mentoring process can therefore be extended or even revisited once again. A recent controlled study by Ramos-Marcuse et al. (2010) reported high levels of depression in teenage mothers persisting for two years post-partum. The authors hypothesised that the increased parenting demands as the child makes the transition from infancy to toddlerhood might be the source of increased stress.

7.3.2 Clinical implications

Framing the coparenting relationship between a less experienced teenage mother and a more experienced adult such as the grandmother within a process driven model of mentoring coparenting (Figure 7.1), may provide greater clarity and understanding to the coparenting unit when interventions are needed. Unlike formal mentoring programmes with this population (Black et al., 2006), the role of the interventionist is not to act as mentor to either party, but rather to assist in the development of the mentoring relationship between the grandmother and the teenage mother. Clinically, interventionists would be able to prepare and advise coparenting partners on potential conflict situations that may arise at various stages in their relationship. When mentoring coparenting partnerships are in distress, this model may also be used as a method to pinpoint targets for interventions or, alternatively, may be used to monitor the health of the relationship. This can be done through a process of reflection, using a problem-solving approach such as Rolfe's (2006) *Mentoring Conversation*. The Mentoring Conversation is based

on Kolb's (1984) learning cycle and is a tool which can assist the coparenting unit to move through the various phases of mentoring. It is centred on four key questions that may be asked, depending on the stage where the teenage mother and the coparent are in their mentoring relationship:

- i. *Experience*: Where in the mentoring process is the coparenting partnership now? The coparenting unit should come to consensus of where they are in this process (Figure 7.1). The teenage mother and the mentoring coparent should be encouraged to describe the quality of the coparenting partnership, the teenage mother's confidence and competence in parenting, issues that are currently causing distress and any strategies that they have undertaken to address the problem.
- ii. *Reflection*: Where would the coparenting partnership like to be? The teenage mother and the coparent should discuss where in the mentoring coparenting process they would like to be, by naming specific goals which they would like to accomplish for example, parenting related skills which the teenage mother is required to learn. The mentoring model of coparenting (Figure 7.1) can be used as a tool for reflection to help the teenage mother and the coparent understand the various phases of the mentoring process in relation to the parenting knowledge and skill of the teenage mother and the coparent's perceptions thereof. Any incongruence should be clarified in order to align their goals more closely with each other.
- iii. *Informed decisions*: How does the coparenting partnership plan to get where it wants to be? The teenage mother and the coparent work out specific plans and strategies with the support of the interventionist to achieve their identified goals. They should be encouraged to think of various options which may facilitate the development of their relationship as well as the teenage mother's maternal identity. Measuring instruments of coparenting like the CPQTM and the Who Does What may also be used at this juncture to measure the quality of the relationship and to assist in identifying specific coparenting behaviours as targets for remediation or redefinition (Sameroff & Fiese, 2000). The aim, therefore, is to negotiate successfully any obstacles that prevent progress to subsequent stages of the mentoring process.
- iv. *Action*: How is the coparenting partnership doing? The interventionist checks in on how the implementation of plans is proceeding in order to address progress-limiting

areas of contention or conflict. The teenage mother and coparent should be encouraged to explore the specific actions that were taken to address areas of contention and to identify how well they worked as well as any learning moments which resulted from this. Depending on their success, plans may be adapted or revised or new plans may even be drawn up.

In this way the conversation between the teenage mother and her mentoring coparent is kept going to facilitate her development as a mother. In order to facilitate the learning process, the interventionist should aim to give objective feedback and guidance in order to address any obstacles and move the relationship along. As new challenges arise, the learning cycle can be revisited (Rolfe, 2006).

7.3.3 Summary

In summary, a process-driven model of mentoring coparenting is useful in viewing the development of the teenage mother's maternal identity in relation to coparenting with a grandmother within a collectivist culture. Results from the current study, as well as from previous research, suggest that time in the mentoring process is an important mediating variable. A too long or a too short mentoring experience may leave the teenage mother unprepared in her role as parent, with important implications for her ability to successfully interact with and parent her child successfully. A process-driven model of mentoring coparenting may be seen as one of the few attempts to bring together the fields of adolescent parenting and coparenting within a collectivist cultural model, which allows a clearer understanding of the complexity of the relationship in various cultural value systems.

While the model does not specifically extend to child development outcomes, it points to the development of maternal self-efficacy and identity as a function of the quality of the coparenting relationship (Feinberg, 2002), a variable in child development that influences the quality of parent-child transactions (Teti et al., 1996; Trivette et al., 2008). From the discussion above it is clear that relationship processes within the triad (between teenage mother, grandmother coparent and child) is transactional in nature. Each member of the triad affects and is affected by the other over time (Sameroff & Fiese, 2000). A mentoring approach to

coparenting may therefore account for the variability in child development seen in various outcome studies of children raised in multigenerational households (Beers & Hollo, 2009).

In terms of overall adolescent development, the mentoring approach to coparenting may also serve as a protective factor, because it corrects the balance between interdependence and autonomy that is required during this important developmental period (Collins, 1990) and that may be disrupted by early pregnancy (Oberlander et al., 2007). The importance of mentoring in this population has therefore been shown to be an important factor in the development of the teenage mother's maternal identity, parental self-efficacy and autonomy as she moves towards the end of her teenage years.

7.4 The coparenting roles of fathers of children born to teenage mothers

In this study, the results of teenage mothers who were coparenting showed that fathers were involved in the lives of the children they fathered with a teenage mother (Section 5.6). The study was careful in differentiating between fathers who were only providing financial assistance and those who were actively engaged in the parenting of their children in terms of cognitive, affective and behavioural involvement (Sanderson & Sanders Thompson, 2002). This includes caregiving, decision making and disciplining along with financial and material support. Furthermore, they were considered by the teenage mothers to be coparents and acknowledged by the grandmother as such.

Much of the focus of adolescent parenting has concentrated on teenage mothers, largely ignoring the role that men play in the lives of the children they have fathered with a teenage girl (Bunting & McAuley, 2004b). In a recent review on the consequences of teenage pregnancy in South Africa over the last 10 years (Macleod & Tracey, 2010), data on the role of male partners is glaringly absent. In the present study, the frequency with which non-residential fathers were coparenting is considered high, especially in light of the demographic data, which highlighted the absence of their own fathers in the households of teenage mothers (Table 4.11). The results of this study thus supports current international (Saleh, Buzi, Weinman, & Smith, 2005) and, to a lesser extent, local research (Swartz & Bhana, 2009) that suggest that men who have fathered children with teenage mothers want to be more actively engaged in the lives of their children.

The results also add to the argument that non-residence is not synonymous with non-involvement (Bray et al., 2010), which generally tends to have dominated traditional discourses regarding non-White fathers in South Africa (Richter & Morell, 2006). Historically, Coloured fathers have been reported to be less involved in parenting, but this cannot be divorced from the social effects of Apartheid on the family and the masculine identity, particularly in the Western Cape, where this study is situated. Salo (2004), for example, noted that during the Apartheid era the masculine identities of men in Coloured communities were significantly undermined, since Coloured women were seen as the preferred labour group in the textile and canning industries of the Western Cape, limiting men's economic involvement and presence in family life. Moreover, Coloured women were also favoured as heads of households in the Apartheid era's allocation of housing (Salo, 2004). Policy reform in a democratic South Africa has addressed some of these historical disadvantages, but high unemployment rates and poverty in these communities still contribute to what may be seen as the often dichotomous nature of father involvement reported in this study, i.e. either highly involved and engaged (in the case of coparenting teenage mothers) or overwhelmingly absent (non-coparenting teenage mothers). This historical perspective may also provide some insight into why fathers in this study who are actively involved in parenting as well as contributing financially are generally viewed more favourably by both teenage mothers and their grandmothers

Research on adolescent parenting suggests that fathers who are involved in their children's lives and are able to maintain a successful coparenting relationship with the teenage other parent, are likely to have children who experience fewer behavioural, and educational problems (Varga & Gee, 2010). The data in this study revealed that fathers who were highly involved in their children's lives (Figure 5.5) also tended to have high quality coparenting relationships with the child's mother (Table 5.5), which is consistent with the literature on the subject (Gavin, Black, Minor, Abel, Papas, & Bentley, 2002). Notwithstanding these results, fathers' coparenting involvement has been shown to decrease over time if the grandmother's support of the teenage mother and her child was too strong (Swartz & Bhana, 2009). Grandmothers who had a good relationship with the child's father have been shown to improve

the teenage mother's perceptions of the father, thereby promoting his involvement (Krishnakumar & Black, 2003; Herzog et al., 2007).

In this study, grandmothers who were also coparenting alongside the child's father in polyadic coparenting relationships, described their relationship with the father as being amiable. Some grandmothers, however, alluded to the inconsistent nature of the father's material and financial support as being occasional points of contention between them; and one teenage mother in particular indicated disapproval of the father's parenting abilities, which affected the quality of their coparenting relationship (Participant 35). Even though gate keeping was instituted in some of these cases, these fathers were still rated as highly involved in their children's lives. These two points specifically have been used by scholars to question the scope and utility of the gate keeping concept (Gaskin-Butler et al., 2012) especially within low-income contexts where there is awareness amongst parenting individuals of the economic realities faced by fathers. Sano, Richards and Zvonkovic (2008), for example, found that low-income rural mothers still expressed the wish for father involvement, even when frustrated by their inconsistent child support payments and perceived lack of parenting skills. This is consistent with some of the mixed messages given to fathers in this study (Section 5.6.3) regarding their involvement when they may not be able to provide financially or materially for their child. These authors caution however that maternal behaviours that researchers have previously interpreted as gate keeping, may not be intended to discourage fatherly involvement but are rather used to negotiate what mothers consider to be more acceptable parenting behaviours by fathers (Sano et al., 2008). It can therefore be seen that fathers' involvement in the lives of their children is a complex interplay between various factors, amongst these being their own masculine identity in terms of what it means to be a father as well as aspects of the family environment which may either hinder or facilitate their participation.

The above discussions in Sections 7.3 and 7.4 with respect to grandmother and father coparental involvement represent an interesting dichotomy for child outcomes in terms of a life course perspective of coparenting (Elder, 1998) and the interpersonal relationship with the teenage mother. For improved child outcomes to take place, mentoring grandmothers aim to eventually conclude the coparenting relationship while still maintaining an involved

interpersonal mother-daughter relationship. For coparenting fathers, improved child outcomes are dependent on fathers' continued involvement in coparenting for as long as possible, especially across the child's formative years, even while the interpersonal or romantic relationship between coparents dissipates. Research suggests that even though a significant number of couples are still romantically involved shortly after the child's birth, this involvement decreases substantially, even as early as one to two years after the birth of the child (Beers & Hollo, 2009; Bunting & McAuley, 2004b; Gee & Rhodes, 2003). While the high degree of father involvement noted in the current study represents an important opportunity factor for child development, there may be a continuum of risk with respect to their sustained participation especially when these children become older. As noted earlier with respect to the mean age of the children of teenage mothers noted in the current study, the positive results may be related to the fact that data collection for many participants took place within the first year of their coparenting relationship.

7.5 Coparenting quality

This study revealed that the coparenting quality between teenage mothers and their coparents as measured by the CPQTM was high on all six domains of coparenting (Table 5.5). Overall, coparenting relationships were characterised as supportive, with minimal conflict and undermining of the teenage mother, especially when coparenting with a more experienced coparent like the grandmother. The results suggest that the quality of the interpersonal relationship before and after becoming pregnant (Figure 5.10), that is, the mother-daughter relationship and the couple relationship may be reasons for the high quality of coparenting noted in this study.

Although the coparenting subsystem is distinct from interpersonal subsystems (Minuchin, 1985), research with married couples have found spillover effects — when relationship quality in one subsystem carries over to another subsystem — for example, from the marital or couple relationship to the coparenting relationship (Margolin et al., 2001; Merrifield & Gamble, 2012). More recently, spillover effects have also been noted when teenage mothers coparent with the child's father (Varga & Gee, 2010). It is claimed that this population may be particularly susceptible to the spillover effect from interpersonal relationship quality to coparenting quality

due to the stressors associated with adolescent parenting. Spillover effects from the mother-daughter relationship has also been suggested, but not yet proven in cases where teenage mothers coparent with a grandmother. Jones et al. (2007) pointed out that the dynamics of a teenage mother coparenting with a grandmother may be very different from coparenting with an aunt, for example because the grandmother is still at the same time engaged in the process of raising her adolescent daughter. However, because the systems are open (Minuchin, 1985), spillover can also occur in the opposite direction (Feinberg, 2003). This point is relevant when noting that well functioning coparenting relationships may act as catalysts for the improvement in the quality of interpersonal relationships between teenage mothers and grandmothers as well as with coparenting fathers (Section 5.7.3).

Consistent therefore with teenage mother reports of their interpersonal relationship quality with coparents, coparenting conflict, the domain which has been mostly reported on in the coparenting literature, was found to be low across both sets of coparents. As noted in the previous chapter, the low levels of coparenting conflict may be of particular relevance for the study community as research suggests that this may serve as a protective factor for children, especially girls, in communities where there is a high level of violence (Forehand & Jones, 2003). Forehand and Jones (2003) hypothesise that the effect is strongest for girls as they are socialised to value co-operative interpersonal relationships. In the context of high levels of community risk that was shown to be characteristic of Elsie's River (Chapter 6), the low levels of coparenting conflict noted in this study are surprising since previous studies have found higher rates of coparenting conflict in high risk neighbourhoods (Margolin & Gordis, 2000). However these results may not be as unexpected as first thought as recent research with single African American mothers and their non marital coparents (Sterrett et al., 2010) suggests that within low-income, high risk neighbourhoods, coparenting partners are more likely to be invested in a strong coparenting relationship having learnt from experience that this is critical to the safety and well-being of children. Moreover socio-economic constraints that result in unavoidable co-residence with grandmothers may force coparenting partners to reconcile their differences (Oberlander et al., 2007) especially with known conflict inducing situations in this population such as disagreements and dissatisfaction with caregiving (Bunting & McAuley, 2004a; Maposa & SmithBattle, 2008).

In addition, the low levels of coparenting conflict observed may also serve as a protective factor for grandmother health and well-being since conflict between parents can create daily stresses which has been shown to be negatively correlated with health outcomes for those involved in parenting (Smith & Glazer, 2005) as well as the children in households where parental conflict exists (Troxel & Matthews, 2004). The high quality of the coparenting relationship between teenage mothers and their female coparents observed in this study can therefore be viewed as an important protective factor for the continued health and involvement of female coparents such as grandmothers as the research suggests that warm and supportive relationships between family members is associated with better health and well-being for grandmother coparents (Uchino, 2004).

With respect to caregiving, the results revealed that teenage mothers were highly satisfied with the manner in which caregiving was divided between them and their coparents (Section 5.7.3.2); this may be another reason for the low levels of coparenting conflict. Satisfaction results are also consistent with the results obtained on the *Shared parenting* domain (Table 5.5). When a teenage mother coparents with a female coparent, both specialised and shared patterns of caregiving labour division were similarly represented (Figure 5.7). This finding is relevant since the literature on teenage parenting (Apfel & Seitz, 1991) suggests that role confusion can result when a shared pattern of caregiving is overly represented, leading to uncertainty as to who is actually the child's mother, which can then result in conflict in the coparenting relationship. The manner in which caregiving labour was divided and the low levels of coparenting conflict noted, suggested therefore that the possibility for role confusion amongst teenage mothers in this study is low. The mentoring approach taken by female coparents observed in the quantitative and qualitative findings would appear to be facilitating the maternal individuation process. What is clear however is that grandmothers and other female coparents continue to be an important source of hands-on caregiving support as the teenage mother transitions into the maternal role (Oberlander et al., 2007). This is true especially for those teenage mothers who choose to return to complete their education as well as for those who do not.

In contrast to the literature which tends to focus on paternal absence in caregiving when fathers coparent with a teenage mother (Bunting & McAuley, 2004b), the results on the *Division of caregiving labour* revealed that coparenting fathers shared in many of the caregiving activities (Figure 5.8). Activities in which the teenage mother assumed most of the responsibility were the ones that non-residing fathers would find difficult to participate in. Gee and Rhodes (2003) noted that father involvement in caregiving was greater when support by the grandmother was less. The results regarding grandmother involvement in this study would however appear to negate this assertion. Rather, it is suggested that socio-economic variables noted in Chapter 6 may be responsible for increased father involvement in caregiving. High unemployment rates in this community and within the larger South African context may imply that many coparenting fathers do not have regular employment and thus may have more time to be engaged in active caregiving (Tuffin et al., 2010). The results are also not consistent with studies that have found father engagement in caregiving to be positively associated with employment status (Gavin et al., 2002). However, more recent literature with low-income adolescent African American fathers (Varga & Gee, 2010) suggested that fathers' coparenting status may be a mediating variable that allows them greater access to their children, even when they were not employed. Additionally, their ability to provide other forms of social support as shown (Figure 5.6) would also appear to facilitate their active engagement in behavioural aspects of parenting and may also contribute to the favourable manner in which fathers were scored by teenage mothers on the various domains of coparenting (Table 5.5). However, as noted earlier, the quality of the father's coparenting relationship with the grandmother also deserves investigation because it has implications for his continued participation and involvement in his child's life, especially when he is no longer romantically involved with the teenage mother. It is clear that the complexity of the various parenting microsystems may be missed if we disregard either coparenting partner's perspective.

Favourable *Coparenting solidarity* scores and high levels of *Supportive coparenting* together with low levels of *Undermining coparenting* are consistent with the outcomes of the successful mentoring approach taken by most female coparenting partners in this study and the willingness of teenage mothers to be coached into the maternal role. This positive pattern of coparenting has been shown to increase parental self-efficacy (Merrifield & Gamble, 2013).

Teenage mothers' positive scoring of of grandmother support of their parenting efforts, are characteristic of the actions and skills needed by mentors to facilitate the growth and learning process for mentees (Apfel & Seitz, 1991). These include empathy, authenticity and unconditional positive regard (Buell, 2004). In noting some of the reasons given by grandmother coparents of why they decided to assist their daughters with parenting as well as the coparenting roles they currently play (Section 5.6), these skills appear to be ones which they use in their relationship with the teenage mother. Moreover the fact that they are accorded the necessary respect by teenage mothers due to their experience with parenting as well as their status as head of the household also appears to facilitate the mentoring process. The definition of mentoring as an alliance of two people with varying degrees of experience (Rolfe -Flett, 2002) also encapsulates the *Coparenting solidarity* domain of the CPQTM where the two parties work together in partnership as a team. Thus mentoring appears to play an important mediating role in the quality of the coparenting relationship between the teenage mother and the female coparents.

The results on coparenting quality fills a pertinent gap in the coparenting literature since previous research has noted that very little is known about domain specific characteristics of coparenting quality when teenage mothers are engaged in coparenting relationships (Forehand & Jones, 2003; McHale et al., 2004, McHale 2007).

7.6 Implications

Thus far, the key results as they relate to the main research aim and sub aims of this study have been discussed. There are, however, three points of discussion that, although not directly related to these aims, are worth mentioning because they have implications for programmes and policies that concern teenage mothers.

7.6.1 Educational attainment

Teenage mothers' demographic data revealed that the majority (78%) were out of school (Table 4.11) or had not returned to school following the birth of their child. While research suggests that the availability of support, in particular from grandmothers, facilitates the teenage mother's transition back to school (Kaufman et al, 2001; Madhavan & Thomas, 2005), the current study did not really agree, since only 8 out of 27 participants who were coparenting and who had

caregiving assistance, returned to school following the birth of their child. These results therefore suggest that dropping out from school was not due to lack of parenting support. Moreover, the majority of the sample (53.6%) who had not completed their schooling indicated that they had dropped out of school before they had even become pregnant (Table 4.11), which is similar to the findings of Manzini (2001), although her figures of 20.6% are considerably lower. The current study also indicates that Grades 9 and 10 are particularly vulnerable years for dropping out from school, accounting for 57% of the 28 participants who were not in school.

The results on educational attainment for this population echoes those of more recent studies in the Southern African context (Marteletto et al., 2008; Grant & Hallman, 2008) that have questioned early research on the educational attainment of teenage mothers and assumed that those who became pregnant and dropped out of school would have continued their education if they had not become mothers. Local (Grant & Hallman, 2008) and global research (Geronimus, 1997; Grogger & Bronars, 1993) rather suggests that the socio-economic conditions that pre-dispose young women to early fertility (e.g. family economic resources, family obligations, lack of economic opportunities for women, gender inequity and gender violence) are the same ones that contribute to their dropping out from school and prevent resumption of schooling following pregnancy. Research in Botswana, for example (Fuller & Liang, 1999), found a relationship between the financial strength of the family and the likelihood that female children would remain in school.

The educational attainment results of teenage mothers in this study should also be seen against the backdrop of high levels of school dropout amongst adolescent learners in South Africa (Zeelen et al., 2010). The current research is consistent with previous research which suggests that wider ecological factors as discussed in Chapter 6 such as family and neighbourhood variables may play a part in hindering educational attainment. Data from the Cape Area Panel Study (CAPS), a longitudinal survey of young people in metropolitan Cape Town, showed that Coloured and Black teenage mothers usually come from more disadvantaged family backgrounds (low parental education and alcohol abuse in the family), which tends to predispose them to higher levels of school dropout (Marteletto et al., 2008). The reasons cited by participants as well as key community informants in Chapter 6 as to why young people drop out

of school resonates with some of the previous research findings, notably school disengagement, where minimal benefits from participating in education were perceived (Grant & Hallman, 2008). In the presence of high unemployment rates, especially amongst youth (Stats SA, 2012b), there may be few incentives in the labour market for young people to complete their formal education. In contrast, the ability to envision a better future for her child and herself as well as the presence of someone (a parent, a teacher, family member, boyfriend) who encouraged the teenage mother to see the value of completing her education were key factors that appeared to differentiate between those who returned to school and those who did not. These participants saw returning to school as their way out of poverty.

7.6.1.1 Implication for policy making

Policies which seek to keep adolescent girls in school need to consider wider socio-economic conditions which predispose young girls to early school leaving as well as early fertility. In particular, issues surrounding adolescence, gender inequality and sexual violence (Macleod & Tracey, 2010) require a renewed focus, especially in high school Life Orientation Programmes. The results revealed that Grades 9 and 10 are particularly vulnerable periods, which is in accord with Grant and Hallman's (2008) findings that the risk for dropping out of school and teenage pregnancy increases for each additional grade completed after Grade 8, up to Grade 11. Therefore, young learners in high school need to be provided with the life skills to mitigate some of the stressors that are associated with this period of schooling and adolescence.

The issue of dealing with teenage pregnancy and preventing learner dropout should not only be seen as the responsibility of the Department of Basic Education that, hitherto, have been primarily responsible for drawing up policies concerning teenage pregnancy. As the study shows, many teenage mothers were not in school or dropped out of school before they became pregnant. These policies therefore, have very little bearing on teenage mothers while they remain outside of the education system. Labour and Finance ministries should also consider how the macro-economic conditions in the country, e.g. high levels of unemployment amongst youth (Bray et al., 2010; Emmett, 2004), contribute to the economic instability of families and act as deterrents for young women to remain in school.

However, returning to school after having given birth brings additional demands and requires the availability of childcare support in the absence of more formal and unaffordable child care arrangements. Teenage mothers who do not have the caregiving support of their mother or a similar mentor may find this an unavoidable barrier, preventing them from resuming their education. Accessing the CSG, a government subsidy of R250 per month (+/- \$50) that is available to poor families for children under the age of 18 years, may therefore be an important resource to allow young mothers to pay for more formal child care. However, as with other studies which testify to this (Makiwane, 2010), the demographic data (Table 4.11) reveals that many teenage mothers are still not accessing the CSG. They may be discouraged to do so because of the stigma (Hochfeld & Plageron, 2011) and myths surrounding the CSG as being an incentive for pregnancy (Makiwane, 2010; Steele, 2006) that currently dominates the popular discourse on teenage sexuality and parenting.

It is important that, when caregiving support is provided, it would be sufficient to allow for the development of a teenage mother's maternal identity. Based on the results of this study, a method of support which would enable this is to approach parenting support from a mentoring coparenting perspective, rather than having the teenage mother replaced as the child's parent, since this has been shown to be a risk for subsequent pregnancies (Apfel & Seitz, 1991; 1996). Furthermore, the quality of the relationship between the teenage mother and her coparent requires attention, since conflicted relationships may result in the withdrawal of parenting support, which may become an additional stressor preventing school attendance. These are important considerations, especially for educational policies (Department of Education, 2007) and documents which inform policies (Panday, Makiwane, Ranchod & Letsoalo, 2009). Currently, these documents at the very least require returning learners only to demonstrate that child care arrangements have been made, without exploring the nature of parenting support provided and the relationship dynamics with support providers. Additional coparenting considerations therefore may have implications for learner retention and prevention of subsequent pregnancies. Early intervention counselling services therefore need to be put in place to assist these mothers during this difficult period of balancing parenting roles with educational demands (Chigona & Chetty, 2007). However, while education policies regarding pregnant learners stipulate the importance of counselling (Department of Education, 2007), the

implementation of these has been found to be inadequate (Chigona & Chetty, 2007; Runhare & Vandeyar, 2012).

The fact that some teenage mothers reported that their schools prevented them from resuming their education, is an additional concern. South Africa is a signatory to international United Nation's conventions such as the Convention on the Rights of the Child (CRC) and the Millennium Development Goals (MDG), which seek to guarantee the right of every child to education. Moreover, the South African Constitution as well as the Bill of Rights give effect to these rights at a country level, with inclusive education policies for pregnant learners (Department of Education, 2007) that were designed to ensure that these rights are implemented. Nevertheless, rights-based approaches and official policies are still not sufficient to ensure that duty bearers of these rights (school principals and school governing bodies) do not unfairly discriminate against learner-parents and pregnant learners (Bhana, Clowes, Morrell, & Shefer, 2008). These reports of discrimination and exclusion are also not isolated examples. Recently, the Constitutional Court (the highest court in South Africa) was called upon by child rights organisations to overrule a judgement by the lower courts (the Free State High Court and the Supreme Court of Appeal) that had earlier ruled in favour of the two school governing bodies that excluded pregnant learners and teenage mothers from attending school (Equal Education, 2013).

It is encouraging that there is vigilance from civil society organisations with respect to the realisation of teenage mothers' rights to education. However, not many young mothers or their families know about these rights or the organisations they can approach to defend them. It is an indictment on the legal system in this country, for example, that two lower courts did not act in accordance with the constitution and ruled in favour of schools that discriminated against pregnant learners. One could therefore question whether, at an individual level, teenage mothers have the necessary resources available to them to ensure that their rights are realised without having to approach the highest court in the land. On-going education with respect to rights at community and school level is needed to ensure that young mothers and their families may be empowered to argue for their rights at a local level.

7.6.2 *Financial stressors and teenage parenting*

The financial situation of the participants in this study has important implications for their parenting. Consistent with the household income of many people living in this community in which unemployment is rife (StatSA, 2012c), the majority of the participants in this study lived in households in which there was a high degree of income poverty (Table 4.11). With the majority of the participants being unemployed (85.7%), the addition of the teenage mother's child places additional financial stress on the family system. Most of the reported income of families of teenage mothers in this study is derived from state assistance in the form of disability grants, pensions and single care grants which may barely cover the expenses of the family. The meagre amount that families are reported to exist on, provides additional insight into the reasons for the high level of importance attributed to the child's father as financial provider over and above his role as caregiver.

The study also supports research conducted by the Human Science Research Council (Makiwane, 2010; Makiwane & Udjo, 2006) which disproves the commonly held assumption that an increase in teenage fertility is linked to the CSG. Even in the context of the family in which there is such a high degree of income poverty and unemployment, only two fifths of the sample accessed this additional source of monthly income. Further refuting this myth is the fact that of those who received the least social and coparenting support, i.e. the 8 non coparenting participants, only one was accessing the CSG. As mentioned earlier, failure to access this grant has implications for whether teenage mothers continue with their schooling. If not used to access alternate forms of caregiving, the additional source could contribute to easing the financial burden on families which can directly and indirectly contribute to the development of the child (Guralnick, 2001).

For many participants, the lack of future visioning as noted earlier may also be related to economic stressors, further compromising educational attainment. The response of Coparent 10 as reported in the previous chapter (Section 6.3.4) is particularly enlightening as to why some parents of teenage mothers may not motivate their children to complete their secondary education. Since many grandparents in this study come from predominantly working class backgrounds and do not have high levels of education (Table 4.12), they themselves may be

disengaged from the benefits of education (Bray et al., 2010). Teenage mothers are therefore more likely urged to try and enter the unskilled labour market to contribute to the family income, leaving the grandmother to look after the child. This may inadvertently perpetuate the cycle of poverty, with teenage motherhood becoming an additional risk through which poverty passes down from one generation to the next (Panday et al., 2009).

7.6.2.1 Implications for service delivery

Despite untested arguments that the CSG does not benefit children of teenage mothers (Makiwane, 2010), more considered research has shown that the CSG is an important factor in reducing child poverty and decreasing vulnerability for many children in South Africa (DSD, SASSA & UNICEF, 2012). Many teenage mothers are required to access health care facilities as part of preventative child monitoring and surveillance programmes. Teenage mothers living in low-income contexts, who are unemployed and not accessing the CSG should be seen as a vulnerable group by health care practitioners (e.g. nurses and doctors) and should be given the necessary information to assist them in the uptake of this vital social assistance programme. However, this may not be realised unless education of health care professionals takes place, since there is still a huge degree of moral judgement directed towards young mothers accessing these services, especially at a community level (Bray et al., 2010). This is perpetuated by the popular media (Makiwane, 2010), research (Runhare & Vandeyar, 2012) and even public statements by political leaders (Hochfield & Plagerson, 2011) who fail to qualify why teenage motherhood disproportionately affects certain low-income cultural groups and thereby uncritically imply the assumption that government grants act as incentives for becoming pregnant. Since these assumptions are deeply rooted in the South African psyche, researchers need to vigorously challenge these assumptions that maintain the stigma surrounding teenage mothers and which may perpetuate their economic vulnerability. This can be done by making research more accessible to the public in general through interviews with the local media and dissemination of the results of research done in communities to local counsellors, political parties, educational institutions, hospitals, clinics and community advice offices.

7.6.3 Health related consequences of teenage parenting

As was discussed in the previous chapter, the cumulative effect of economic drain, neighbourhood risks, multiple parenting roles and a lack of support networks can have heightened negative physical and psychological consequences for grandmother coparents (Goodman & Silverstein, 2002). This may have important implications on their availability as coparents and on the quality of their coparenting relationship with the teenage mother. For example, if the health of the grandmother deteriorates significantly, teenage mothers who are in school or working, may have to cut back on their schooling or quit their job in order to help out in the family (Gordon et al., 2004). In addition, the absence of an important source of parenting support and mentoring may result in additional stress to the teenage mother and this may negatively affect her parenting behaviour and competency (Jones et al., 2007).

On a more positive note, the process of becoming a mother may actually play a role in facilitating the teenage mother's physical and emotional health, which is important for her ability to parent successfully. Some participants, for example, reported that they stopped their previous use of alcohol and drugs, something that is currently rife amongst the youth in Cape Town (Bray et al., 2010).

For some participants, the quality of their overall relationships with coparenting partners, especially grandmothers, over and above their coparenting relationship, improved or stabilised when they became parents. These findings resonate with qualitative accounts in studies by Salo (2004) and Bray et al. (2010) in similar low-income Coloured communities in Cape Town. Teenage motherhood may therefore reinstate previous patterns of maternal authority and adolescent respect, resulting in much healthier interpersonal mother-daughter relationships and more harmonious coparenting partnerships.

7.6.3.1 Implications for intervention and policy

Interventionists working with teenage mothers and/or grandmothers should be aware that grandmothers in the households of teenage mothers are a vulnerable group who may require extra support. Although this was not applicable to the majority of participants in this study, from a life course perspective (Elder, 1998) some grandmothers, especially those in low-income contexts, may resent the early transition to grandparenthood and the role overload that

accompanies it (Barnett, 2008). This can lead to conflict in the household, influencing their mental health and their interactions with their grandchild (Barnett, 2008; Goodman et al., 2008). Co-residence with a grandmother therefore does not ensure that coparenting will be available since their well-being may determine whether coparenting support is available to the teenage mother (Brown et al., 2008). Some grandmothers may therefore choose not to coparent requiring the identification of alternative mentoring supports for the teenage mother (Klaw et al., 2003).

Those grandmothers, who do choose to coparent however and provide caregiving, may be at increased risk for coronary heart disease and mental health concerns (Brown et al., 2008) especially in the absence of informal support networks and/or if conflict exists in the coparenting relationship (Goodman et al., 2008). The clear relationship which has been found between conflict and grandparent well-being, necessitates an integrated approach for dealing with illness and mental health of coparenting grandmothers (Goodman et al., 2008). Within health care programmes accessed by coparenting grandmothers, mental health care practitioners should be identified as part of their medical intervention to assist with stress management and managing family conflict (Goodman et al., 2008).

The moderating role of religion on the mental health of grandmothers, especially in low-income contexts (Brown et al., 2008), points to the important role that religious institutions and their programmes can play to facilitate coping mechanisms of coparenting grandmothers who access them, if provided in a supportive and non-judgmental manner. This may also assist in widening informal support networks which was found to be lacking in the current study. However, grandmothers who are overly religious may find that their teenage daughter's pregnancy comes into conflict with their moral values, increasing interpersonal conflict and depressive symptomatology (Brown et al., 2008). For these highly religious grandmothers, the programmes offered by churches or other religious institutions to help families cope with various stressors, may facilitate the acceptance process more rapidly than conventional or secular interventions (Brown et al., 2008).

This research study has drawn attention to the complexities associated with teenage motherhood. Therefore, a balanced perspective that also considers opportunities afforded by

teenage motherhood, especially those from low-income and high risk communities is advocated (SmithBattle, 2009). Over the past decade, studies, particularly those using a qualitative framework, have found that that teenage motherhood can be experienced as a positive life event, facilitating the transition to adulthood and decreasing high risk behaviour (Arai, 2009; SmithBattle, 2009). A balanced approach does not however deny that there can be negative consequences to early motherhood especially for very young teenage mothers. However promoting the dominant viewing by pathologising and catastrophising teenage pregnancy and motherhood common in many mainstream and policy discourses, contributes to their stigmatisation and stereotyping as a homogenous group who are immature, benefit seeking and unfit to parent, (Yardley, 2008). It also ignores the potential resiliency-enhancing effect of teenage motherhood especially in high-risk contexts and amongst certain cultural groups where it may be seen as normative (McDermott & Graham, 2005).

The above may create difficulties at a policy making level, since there is a disparity as to how policy makers and teenage mothers and their families view early motherhood (Yardley, 2008). Duncan (2007), made the following observation with respect to policy development by stating that policy makers assume that most individuals share the same rationality and value system and therefore base their policies on teenage motherhood on these assumptions. Additionally, if policy makers base their preventative policy interventions on the quantitative evidence typical of risk-based discourses, ignoring the lived experiences of these mothers may result in an inaccurate picture of teenage motherhood and ineffective policy interventions (Yardley, 2008). Prevention policies may therefore do very little to deter teenage pregnancy in situations in which early motherhood is seen as a normal, respected life choice, especially amongst young girls whose own maternal role models (mothers, aunts and grandmothers) may have been teenage mothers themselves (Yardley, 2008).

7.7 Summary

This chapter focused on discussing the results from Chapters 5 and 6 in accordance with the main aims and sub aims. It specifically endeavoured to integrate these results with the current thinking on coparenting and teenage parenting, noting commonalities as well as differences from both an international and a local perspective. In so doing, it facilitated the development of

coparenting theory with the development of a new mentoring model of coparenting to explain how executive decision, maternal identity and self-efficacy can evolve between teenage mothers and grandmothers from collectivist cultures, in which shared parenting is valued.

The coparenting roles of fathers were also further explored and found to represent an interesting dichotomy to that of grandmothers in terms of the parenting life course. The results on coparenting quality were discussed in relation to the domains of coparenting and the division of caregiving labour.

Finally the chapter discussed additional policy and interventions implications of the findings, which although not specifically linked to the research sub aims were deemed an important outcome of the research because of current national educational, economic and health debates on teenage pregnancy and motherhood. The following chapter will conclude this dissertation by examining the implications of this study for practise and future research. Strengths and weaknesses will also be discussed.

CHAPTER 8

CONCLUSION AND RECOMMENDATIONS

8.1 Introduction

This chapter provides a summary of the results and the conclusions reached regarding the coparenting arrangements and relationships of teenage mothers living within a low-income community. The clinical implications of the study are explored and a critical evaluation is undertaken whereby strengths and limitations are discussed. The chapter concludes with recommendations for future research.

8.2 Summary of results and the contributions of the study

This study used a synergistic, mixed methods approach to identify and describe coparenting arrangements and support provided to teenage mothers living in a low-income community. It also explored the quality of the teenage mothers' coparenting relationship with coparenting partners since this has been found to be an important mediating variable for child development outcomes. Three important findings of this study are focused on and their contributions are discussed.

Firstly, the majority of teenage mothers in this study were able to access coparenting support from people in their environments. Coparenting support was most frequently accessed within the immediate family microsystem from the child's grandmother as well as from the child's father and also from the paternal grandmother. A multi-person coparenting arrangement—having more than one coparent—was found to be more common than coparenting with only one other person. This finding adds to the current debate in South Africa and elsewhere (Macleod & Tracey, 2010, Grant & Hallman, 2008; SmithBattle, 2009), which has largely ignored the availability of protective support networks for improving the parenting skills of teenage mothers. With particular reference to the South African context, a recent review of teenage parenting over the past decade (Macleod & Tracey, 2010) observed that the parenting capabilities of teenage mothers, and, by inference, the support available to them, has hardly featured as a research question over this period. The finding of coparenting support networks in the current study therefore fills an important gap that was identified in the research. In addition

the multi-person nature of coparenting (polyadic coparenting), relationships received scant attention in the mainstream coparenting literature, with only one study (Gaskin et al., 2012) exploring adolescent mothers' pre-partum perceptions of potential coparenting partners and relationships, drawing attention to it. Therefore, the current study confirmed that multi-person coparenting relationships do operate in the ecologies of teenage mothers with both grandmothers and the child's father playing significant roles as coparenting partners together with the teenage mother. Multi-person coparenting arrangements, however, can create additional opportunities for coparenting conflict and the importance of exploring this in future research will be discussed later.

Secondly, quantitative and qualitative results revealed that the nature of the coparenting relationship between the teenage mother and her coparenting partners was consistently of a high quality. Using a new measure developed specifically for the purposes of this study, namely the CPQTM, the quality of teenage mothers' coparenting relationships with grandmothers and fathers was found to be high on all six subscales of coparenting quality, namely *Shared parenting*, *Childrearing agreement*, *Supportive coparenting*, *Undermining coparenting*, *Coparenting solidarity* and *Coparenting conflict*. Furthermore, no significant within group differences was found between teenage mothers' reports of coparenting quality with grandmothers compared to coparenting with fathers. Qualitative data revealed that pre-partum relationship status appears to be an important predictor of the quality of subsequent coparenting relationship but there are also indications that high quality coparenting relationships may be a catalyst for the improvement of previously conflicted inter-personal relationships. Overall, coparenting relationships were characterised as supportive, with minimal conflict and undermining of teenage mothers, especially when coparenting with female coparents. This finding fills a significant gap in the coparenting literature since very few studies have measured the quality of the relationship between teenage mothers and those that provide them with support from a coparenting perspective (Forehand & Jones, 2003; McHale et al., 2004, McHale 2007; Pittman & Coley, 2011). The low levels of coparenting conflict that were noted is of particular relevance in low-income contexts — research suggests that this may serve as a buffer for young girls, especially in communities where there are high levels of community risk (Forehand & Jones, 2003). At first glance this may appear to be somewhat unexpected, especially when high

levels of community risk have been shown to be associated with compromised relationship quality between parenting figures (Kiser & Black, 2005). However as reflected in the accounts of some female coparents, it may be that through experience and in response to stressors from the environment, coparenting partners have learnt that investing in and maintaining strong coparenting relationships are critical to the safety and well-being of children in these high risk contexts (Sterrett et al., 2010). The improvement in the quality of the interpersonal relationships with female coparents after giving birth would appear, for some participants, to provide some evidence for this.

A third important finding noted in this study were the qualitative differences in the roles of coparenting fathers and coparenting grandmothers. Coparenting fathers displayed more traditional gender roles in terms of provider and decision maker but also less traditional roles such as caregiving. It is hypothesised that non resident fathers' active involvement in caregiving may be related to high levels of unemployment in this community especially amongst men and youth.

In contrast, coparenting grandmothers tended to share caregiving duties and take on mentoring or teaching roles with the aim of facilitating the development of teenage mothers' maternal identity. The development of a model for exploring the processes underlying mentoring coparenting relationships between teenage mothers and grandmothers in a collectivist culture in which shared parenting is common, is an important contribution of the study. It has received very little attention since Apfel and Seitz (1991) first identified it as an important factor in the development of the teenage mother's maternal identity. Based on the quantitative and qualitative results of the study, a process driven model of mentoring coparenting was developed to explain how an important characteristic of the coparenting relationship, namely, decision making responsibilities, change over the mentoring coparenting life course in response to the teenage mother's increasing competencies as a parent. This model may prove beneficial in practice in explaining how conflict develops between teenage mothers and grandmothers and how it can be prevented, thereby maintaining the quality of the coparenting relationship.

8.3 Clinical implications

An important clinical implication of this study is that people who assist teenage mothers to raise their children and who take on coparenting roles, need to be seen as important resources and should be included when teenage mothers are targeted for intervention because the quality of the coparenting relationship has the potential to influence child development outcomes. Further implications are as follows:

- i) When children who are born to teenage mothers exhibit developmental delay, the presence and quality of the coparenting relationship with coparenting partners are additional factors that may need to be investigated. Giving closer attention to coparenting relationships in parenting programmes and curricula for teenage mothers as well as involving coparents in interventions would therefore appear to be worthwhile.
- ii) In cases where teenage mothers return to school, the amount of parenting support they receive and the relationship dynamics with coparents need to be considered since it has implications for learner retention in school and the prevention of additional pregnancies. For these teenage mothers, a fine balance needs to be obtained between mastering their adolescent goals of educational attainment as well as their parenting competency goals.
- iii) The nature of coparenting support provided by grandmothers/female mentors is developmental. Interventionists should therefore consider where both partners are in relation to the mentoring coparenting process and tailor their interventions appropriately. A mentoring conversation based on adult learning principles of reflection may be useful.
- iv) In cases where teenage mothers are unable to call upon their own mothers for coparenting support, natural mentors (an older, more experienced adult who may previously have taken special interest in the teenage mother) could be identified.
- v) The role of the father over and above that of material and financial provider should be expanded upon in intervention programmes in order to sustain his involvement in the child's life.

8.4 Critical evaluation of the research

8.4.1 *Strengths of the study*

This study assisted in broadening understanding of teenage parenting beyond traditional dyadic, mother-child relationships. Multi-person coparenting arrangements observed in this study, highlighted that parenting in this population is often a triadic, shared experience, typically with a more experienced parenting partner and the quality of this relationship may act as an important protective agent for the risks often associated with early motherhood (Jones et al, 2007). A coparenting approach to teenage motherhood can therefore be useful in understanding why some teenage mothers and their children fair better than others over the life course even in the context of high risk environments which create the conditions for early motherhood (Jones et al., 2007).

The methodology employed in this study—a reflexive, mixed methods approach—was an important contributing factor that facilitated a deeper and broader contextual perspective. This is a major strength since it contributes to a growing body of coparenting research which aims to understand and refine the coparenting construct within diverse family systems and contexts (Baker, et al., 2010; Kurrien & Vo, 2004; McHale, 2007b;). Contextual reflexivity, which included diverse perspectives, therefore, ensured a richer understanding of how community and cultural factors contributed to coparenting relationships and decisions to act as coparents. From a mixed methods perspective, the qualitative data allowed for the interpretation of emerging quantitative trends that were found in the high quality of coparenting relationships on the CPQTM, even when the high degree of environmental risk would suggest otherwise.

The CPQTM represents one of the first attempts to establish a comprehensive quantitative measure of coparenting quality for this particular population. It included the important domains of coparenting quality as indicated by research into one quantitative coparenting measure and adapted this specifically for teenage mothers involved in coparenting relationships. In addition, in response to suggestions from the coparenting field (Van Egeren & Hawkins, 2004), it attempted to differentiate the division of caregiving labour from that of the shared parenting domain as well as provided a means to measure satisfaction with the way parenting duties are divided. Moreover, all the items on the measure are consistent in terms of

their point of reference, making specific reference to the coparent as well as the targeted child. The items of the measure also report on the teenage mother's perceptions of the coparent's attitude or behaviour towards her rather than her own attitude and behaviour towards the coparent. As noted by Van Egeren and Hawkins (2004), because coparenting is often a triadic, bidirectional process, this inconsistency in terms of the point of reference of items has been a confounding variable that affected the validity of previous research.

8.4.2 Limitations

Due to the relatively small sample size, the quantitative results of the current study should be interpreted with some degree of caution. Even though considerable care was taken to develop a linguistic and culturally sensitive measure appropriate for this population, the CPQTM has only been tested on a very small sample thus influencing its external validity. Qualitative data does however provide additional social validity for the instrument, especially for the teenage mother-grandmother coparenting relationship, but has limitations regarding her relationship with the child's father, since fathers were not interviewed in this study.

The fact that fathers were not interviewed in the same way that grandmothers were interviewed, and were not profiled in detail, represents another limitation of the study. There is missing data, specifically about the ages of fathers and their views on parenting with teenage mothers as well as their relationships with other coparenting partners in multi-person coparenting arrangements. In taking a reflexive, self-in-action stance, I am able to see that I may have been biased by some of the historical arguments of father engagement in adolescent parenting (Tuffin et al., 2010), particularly within the cultural community in which the study was set (Bray et al., 2010). This, together with my own personal experiences as someone from this particular cultural group, may have influenced the manner in which the interview questionnaire was developed as well as the line of questioning that was taken during interviews. The number of fathers involved in their children's lives within the group of teenage mothers who were coparenting and their subsequent identification as coparents, admittedly came as a surprise in light of the prevailing literature that indicates that it is far more common for men in low-income cultural communities such as this, to be absent parents (Bray et al., 2010). This study therefore tends to follow the extant literature on how father involvement is reported that is largely based on maternal accounts

(Beers & Hollo, 2009). The few studies which have directly interviewed fathers however, reflect that they tend to report a higher degree of involvement than mothers (Rhein et al., 1997). The reporting of father involvement, based as it is on maternal data, may therefore be an underestimation of their participation in the lives of their children.

A further limitation of the study is that child development outcomes were beyond the scope of the study and thus not specifically measured as a function of the quality of teenage mothers' coparenting relationships. However, it is unlikely that any significant developmental changes could have been measured during the time that data was collected. All the children of teenage mothers were still quite young (under the age of 2 years) and were also required to be typically developing in order for the participants to gain entry into the study and to keep the sample homogenous. This meant that any potential changes in development would most likely have been very subtle and therefore difficult to measure in the relatively short duration (3 months) of the data collection period. Nevertheless, scientific evidence is still lacking as to whether the high quality of coparenting relationships observed, served as a protective factor for the offspring of the participants, in this study.

8.5 Recommendations for further research

Recommendations for future research are as follows:

- i) It is recommended that further validity and reliability testing with the CPQTM be undertaken with some of the recommendations for improvement noted in the previous chapter, for example, using a larger sample size and testing with different population groups in South Africa where teenage parenting is common. Testing the instrument on a bigger sample would allow construct validity to be undertaken by correlating subscale and composite scores against other multi-domain coparenting instruments, for example, the *Coparenting Relationship Scale* (Feinberg et al., 2012). Reliability for the coparenting conflict subscale could also be improved with the addition of extra items to this subscale.
- ii) The research instrument should also be adapted to evaluate how the coparenting partners view the coparenting relationship since the items were developed mainly

- from the perspective of the teenage mother. Different versions of the instrument could therefore be considered (Borcherding et al., 2005; Maposa & SmithBattle, 2008) to evaluate how coparenting grandmothers and fathers perceive the quality of their relationship with the teenage mother and with the other coparenting partner.
- iii) Future research should therefore consider taking a broader view and evaluate the coparenting dynamics between all coparents. Within polyadic coparenting relationship systems, typical of multi-person coparenting arrangements, various aspects of the child's mesosystem should be evaluated focusing on the grandmother's coparenting relationship with the child's father and vice versa (Futris & Schoppe Sullivan, 2007) since this may be considered a potential source of risk or protection for the child's development (Coley & Chase-Lansdale, 1998).
 - iv) The development of the children born to coparenting teenage mothers should be measured and compared to the children of teenage mothers who are not coparenting or those with coparenting relationships of poorer quality. This should be done in order to assess whether for this particular population, coparenting quality correlates with child development. If a relationship does exist, then this would be clinically relevant since intervention with the coparenting dyad would theoretically then be expected to yield positive changes in child development (Jones et al., 2007).
 - v) Also, if a relationship does exist, it would be important to investigate the stability of the relationship over time. This would assist in refining and testing ecological frameworks of coparenting, such as the theoretical framework which guided this study (Figure 2.3) in light of more recent, controlled child development studies that showed that the power of protective factors decreases considerably as the number of risk factors increased (Carothers et al., 2006; Wille, Bettge, & Ravens-Sieberer, 2008). Carothers et al. (2006) suggested that in order to maintain the power of protective factors, coping skills will have to be actively taught and the level of social support increased.

8.6 Summary

This chapter presented the important findings and contributions of the study to the fields of coparenting and teenage motherhood. Theoretical, clinical and research implications were

highlighted especially in relation to mentoring aspects of coparenting within a diverse, extended family system, in a low socio-economic context In addition, strengths and limitations of the study that may be addressed and extended in future research were discussed.

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APPENDICES

Appendix A

Reflective Account From the Researcher's Diary: Date- 4 August 2010

During this past autumn of 2010, I spent approximately 2 months collecting data from May-June in Elsies River, a low-income community on the Cape Flats in order to find out information about the coparenting relationship of teenage mothers. I wanted to find out via a semi-formal interview questionnaire which would be analysed mainly quantitatively, who the people (if any) were who were helping teenage mothers to raise their child, the range of people who took on the role of “coparents” (a construct which has largely developed from a western, middle class perspective). I was also interested in finding out about the quality of the relationship between her and the person who she designated as a coparent to her child and so developed a tool to measure the quality of coparenting.

My initial target was also to interview at least 100 teenage mothers and their coparents (if they existed or were willing to participate) in order to get some initial validity on a measure of coparenting quality which was developed specifically for the study. The plan seemed relatively straightforward and I was not concerned that I would not get these numbers as the community in which I was going to be collecting the data was known for its high numbers of teenage mothers and informal interactions with people from that community indicated that accessing these teenage mothers would not be a big problem. These were therefore some of the assumptions with which I approached the study.

My experiences in the field in contrast were not as straightforward and imagined and the first snag I hit in this wonderful plan above was in getting the participants. Even with the help of gatekeepers from the community to assist me with recruitment I found many teenage mothers reluctant to participate in the study. For instance one of the methods which the community workers and I went about recruiting was to go to each of the 4 outpatient health clinics in Elsies River and inform the head nurse in charge about the study and to get buy in from some of the nurses working there to inform girls whom they came into contact about the study and to refer them to me. Each teenage mother was to be given a flyer explaining briefly the study and could then make contact with either myself or the community worker who was assisting me with recruitment by giving us a missed call (on a dedicated cell phone number used specifically for the research or send a free “please call me” text message to which we would then follow up. We were also given permission to deliver an informal talk about the study in the waiting rooms of the clinics and were allowed to put up a poster in the waiting room which repeated the information on the flyer. In delivering our talks in the waiting rooms we were able to observe quite a few teenage mothers present. Most questions to us about the study would however come from older ladies. When we approached some of the young mothers who were there with their babies, they were reluctant to participate even though they fit the criteria for entrance into the study i.e. first time mothers between the ages of 16 and 20 with children younger than the age of 2 years. On reflecting back on one of my first clinic visits I recall thinking that this was strange and commented to the community worker that this could not really be because they were shy or ashamed of the stigma of being a teenage mother when they were openly acknowledging this fact by being there in public with their child. I dismissed it as a once off incident but then began feeling uncomfortable when the pattern began repeating itself at visits to the 3 other clinics.

Some girls did however give permission to take part but those who refused were usually in majority to those who decided to participate. Moreover by this time our “hits” in terms of “please call me’s” and missed calls were not having the desired effect which prompted alternate strategies of recruitment namely a “door to door” and targeting a specific population of teenage mothers i.e. those who had returned back to school. Meetings were scheduled at the 4 high schools in the Elsie River community.

The door to door strategy was in itself a valuable experience although time consuming but it was my first opportunity to really glimpse the environmental conditions and the places and spaces which these teenage mothers occupied. We were two teams who usually conducted the door to door and we undertook to do this in the evenings, a time when we knew most people would be at home. I was always accompanied by someone from the community which made me feel relatively safe in an environment which I would not readily have entered into on my own as I realised on one of my first days in the community that I was seen as an outsider. On that first day before visiting a potential participant in a block of flats, two very shady characters who appeared to be high on something, approached me to find out my reasons for being there and seemed very interested in the contents of my car. Needless to say I hightailed it out of there very quickly.

During the door to door excursion most people willing opened their doors and allowed us to explain about the study. This was usually followed by “Oe ja mevrou daar is so baie hier in die gemeenskap jy kan hulle nie mis nie. Dit is ’n groot probleem” (“Yes lady, there are so many here you really cant miss them. It is a big problem). These older ladies who usually answered the door were genuinely quite interested in the study, would readily call to the door young mothers who were living in the household and would also give us leads to follow of where we would find some teenage mothers.

This strategy proved much more successful in getting young mothers who fit the study criteria to participate but we were still not getting the numbers we had been anticipating. A typical profile noted later among these young mothers was that they were mainly at home, unemployed and had not returned to school after giving birth. I was still not though willing yet to ask myself the deeper questions of “why” recruitment was proving to be this difficult but inevitably this question was coming increasingly to the fore. Getting participants for the study, three weeks into my data collection phase felt like pulling teeth (difficult) and was also becoming quite exhausting! The study, as I thought at the time, had not even begun yet and I was already feeling quite drained. I started to wonder then how I was being viewed by these teenage mothers and the wider community and even though I shared the same culture, I got the impression that somehow I was perceived as different. Different maybe because I was asking questions which people did not really want to talk about- although seen as prevalent, teenage motherhood still appeared to have huge stigmas attached to it. Also my university affiliation made it very apparent that I was educated and thus different to many people from this working class community in which a post high school qualification was a rarity.

Cultural interpretations of parenting and contextual influences on parenting and child development

I must also admit to feeling a bit depressed at the conditions under which many in this low economic community were living. The poverty was very evident all around and was in stark contrast to my own middle class upbringing and experiences. Even though we shared the

common identity of being classified “Coloured” my day to day experience was so removed from many of the people from this community which made me identify with some of the identity debates which are usually quite common in South Africa and made me realise that the concept of race is not the neat issue that many of us think it to be and we glibly use these terms, rarely acknowledging that belonging to a certain race group is more than just sharing a colour but also includes issues of class, language and place (Alexander, 2001; Moses, 2006). Another assumption which I had not necessarily been aware of or delineated in my literature review before heading into this study.

The difficulties with recruitment were also compounded by behaviour of some participants who had agreed to participate. Even though appointments were made for mutually agreed upon times and places, appointments were still not being kept, with some participants not arriving for interviews when they were scheduled to take place in a private office at the community advice centre or were still sleeping when I arrived to conduct interviews with them in their homes. As mentioned these were mutually agreed upon times and were usually not conducted before 9 o’clock in the morning.

Thus a growing realisation was starting to take place that the difficulties I was experiencing in recruitment and which I interpreted as being apathy, was possibly part of a much deeper issue, an underlying issue which I suspected was not only specific to teenage mothers but was also possibly shared amongst many people from this high risk community. An issue which I suspected had something to do with the concepts of disempowerment, self determination and future visioning and planning for one’s life which could be legacies of the past in terms of how communities like Elsies River came to be established during the years of forced removal during the Apartheid era. At this stage these were merely vague theories in the back of my mind for which I still needed to gain evidence for by delving more deeply into the literature. I recall driving back to my home after a particularly frustrating day reflecting that these issues or themes which were emerging were possibly those that sustained the poverty and underlying violence so prevalent in this community resulting in a community that was merely surviving but not really thriving. I was prompted to think that these issues could surely then also have an impact on the quality of coparenting and thereby also then, child development. I recalled from the literature that neighbourhood risks such as violence have been shown to interact with the coparenting conflict construct leading to negative child psychosocial adjustment (Forehand & Jones, 2003). I started to question therefore whether I would be capturing these context specific characteristics and influences in the methodology chosen.

Prompting me to question further was also some of the preliminary data that I was obtaining through the piloting of my interview schedule and my coparenting quality measure with about 10 teenage mothers. The construct of parenting and coparenting also appeared to be defined and interpreted in somewhat different terms than the neat, straightforward way it is classified in the family science literature. For example in discussing the role of the father in the child’s life, the answer was usually that he was fulfilling his duties by providing maintenance for the child. The concept of parenting aligned to material provisioning also came to the fore when participants were asked to if there was someone else who was also like a parent to their child. Many would then mention people who bought things for their child such as nappies, clothes and food such as friends, acquaintances, or non-resident family members but beyond this did not take an overly

active part in the child's life in terms of guidance, disciplining or decision making. I started to question now how to define the coparenting construct in a context where the concept of parenting was not even defined in the same way as it is in the literature. Did the concept of coparenting even exist and if it did how was I going to be able to measure it if my question was being interpreted in such a varied way.

Charting the way forward

When one hits points like this in your study you need to be prepared to start asking yourself the deeper questions and be prepared to reevaluate your plans as one is dealing with issues that you could not necessarily have planned for. I conducted interviews with 36 teenage mothers and 10 coparents during this time following the original quantitative design framework but hitting these snags right from the outset was on thinking back actually a blessing in disguise as it prompted me to think much deeper about what I was doing. A meeting with my supervisor during the data collection phase made us both realise that contextual factors were playing a huge factor in answering my research question and sub aims and that this contextual information would largely be missed if we continued to adhere to the original quantitative design framework. We discussed the need for obtaining important contextual information from key people working and living in the Elsies River community. This would then necessitate a design which was much more encompassing of the quantitative and qualitative aspects of the study and which would bring out the richness of the data. A timeous opportunity to participate in the Advanced Research Capacity Initiative programme of SANPAD (South African Netherlands Research Program on Alternatives in Development) with other PhD students and leading researchers skilled in various methodologies at the end of July 2010, after I had been come back from collecting data in the field, gave me an extremely valuable opportunity to present some of these design issues to facilitators skilled in qualitative, quantitative and mixed methods designs. Discussions during this week confirmed that this important shift to add a qualitative aspect to the study was needed if I wanted to bring added meaning to the study. They recommended that the design should change to a mixed methods design. I have since discovered that I have a massive gap in my knowledge regarding qualitative and mixed methodology designs and that this deficit impacts on the way the study was conceptualised and how data was collected and for subsequent data analysis.

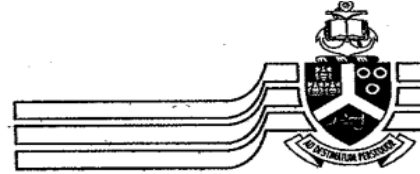
Appendix B

Provisional Clearance Obtained From the Research Ethics Committee of the Faculty of Humanities of the University of Pretoria

Members:

Research Proposal and Ethics Committee

Dr P Chiroro; Dr M-H Coetzee; Prof C Delpoit;
Dr JEH Grobler; Prof KL Harris; Ms H Klopper;
Prof E Krüger; Prof B Louw (Chair); Prof A Mlambo;
Prof G Prinsloo; Mr C Puttergill; Prof HF Stander;
Prof E Taljard; Prof C Walton; Prof A Wessels; Mr FG Wolmarans



University of Pretoria

**Research Proposal and Ethics Committee
Faculty of Humanities**

26 November 2007

Dear Professor Alant

Project: The co-parenting arrangements and care-giving environments of Black South African teenage mothers
Researcher: AE Samuels
Supervisor: Prof. E Alant
Department: Centre for Augmentative and Alternative Communication
Reference Number: 23300435

Thank you for the application and a well written proposal you submitted to the Research Proposal and Ethics Committee of the Faculty of Humanities.

The application was approved *conditionally* on 22 November 2007 due to the following:

- the letter of informed consent is addressed jointly to guardians and participants. Given that the participants are teenagers it is recommended that two letters be compiled to make the content participant friendly
- it is recommended that the letter of informed consent be translated to ensure true informed consent
- the questionnaire needs attention e.g. V5 does not provide an option for participants who neither work nor go to school; V9 use grades for marks and be confusing as the term grades is also used to refer to the level of education in another question

To facilitate the administrative process, please respond to me directly at your earliest possible convenience.

Sincerely

Prof Brenda Louw
Chair: Research Proposal and Ethics Committee
Faculty of Humanities
UNIVERSITY OF PRETORIA

Appendix C

Final Ethical Clearance Obtained From the Research Ethics Committee of the Faculty of Humanities of the University of Pretoria



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Humanities
Research Ethics Committee

27 September 2011

Dear Prof Bornman,

Project: The coparenting arrangements and relationship quality of teenage mothers and their coparents: a reflexive case study of a low income community
Researcher: AE Samuels
Supervisor: Prof J Bornman
Department: Centre for Augmentative and Alternative Communication
Reference number: 23300435

Thank you for your response to the Committee's letter of 26 November 2007.

I have pleasure in informing you that the Research Ethics Committee formally **approved** the above study at an *ad hoc* meeting held on 26 September 2011. Please note that this approval is based on the assumption that the research will be carried out along the lines laid out in the proposal. Should your actual research depart significantly from the proposed research, it will be necessary to apply for a new research approval and ethical clearance.

The Committee requests you to convey this approval to the researcher.

We wish you success with the project.

Sincerely

Prof. John Sharp
Chair: Research Ethics Committee
Faculty of Humanities
UNIVERSITY OF PRETORIA
e-mail: john.sharp@up.ac.za

Appendix D Title Registration

Our ref: Ms P Woest / 04225880/23300435
Tel: 012 420 2736
Fax: 012 420 2698
E-mail: petru.woest@up.ac.za



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA
Faculty of Humanities

3 November 2011

Ms AE Samuels
376B Strubenkop Road
LYNNWOOD
0081

Dear Ms Samuels

TITLE REGISTRATION: FIELD OF STUDY – PHD IN AUGMENTATIVE AND ALTERNATIVE COMMUNICATION

I have pleasure in informing you that the following has been approved:

TITLE OF THESIS: The co-parenting arrangements and relationship quality of teenage mothers and their co-parents: A reflexive case study of a low income community

SUPERVISOR: Prof J Bornman

PLEASE TAKE NOTE OF THE FOLLOWING INFORMATION AS WELL AS THE ATTACHED REQUIREMENTS.

1. **PERIOD:**
 - (a) You must be enrolled as a student for at least one academic year before submission of your thesis.
 - (b) Your enrolment as a student must be renewed annually before 31 March, until you have complied with all the requirements for the degree. You will only be liable to have supervision if you provide a proof of registration to your supervisor.
2. **NOTIFICATION BEFORE SUBMISSION:**

You are required to notify me at least three months in advance of your intention to submit your thesis.
3. **APPROVAL FOR SUBMISSION:**

On completion of your thesis enough copies for each examiner as well as the prescribed examination enrolment form which includes a statement by your director of studies that he/she approves of the submission of your thesis, as well as a statement, signed by you in the presence of a Commissioner of Oaths, must be submitted to Student Administration.
4. **DATE OF EXAMINATION:**

If your doctoral examination is to take place after the submission of your thesis, please inform me of the date of the examination.

Yours sincerely


for DEAN: FACULTY OF HUMANITIES

Appendix E

Draft of the Coparenting Quality Questionnaire for Teenage Mothers

Coparenting Questionnaire for Teenage Mothers and their Coparents

This questionnaire is to be completed with reference to a particular child

1. Child rearing Agreement

Instruction: Indicate how much you agree with the following statements I am about to ask you?

1 2 3 4
 Strongly disagree disagree agree Strongly agree

1	[name] supports my discipline decisions	
2	[name] and I agree that naughty behaviour must be punished	
3	[name] and I agree that sometimes it is good for a child to get a hiding	
4	[name] and I agree that a little bit of dirt is good for a child	
5	[name] and I agree that playing with [child name] is important for him/her to learn new things	
6	[name] and I agree about how to respond to [child's name] when s/he cries	
7	[name] and I agree on the values we need to teach [child's name]	
8	[name] and I agree on how we show affection towards [child's name]	
9	[name] and I agree that [child's name] should not be left alone with strangers.	

2. Shared Parenting

This dimension is characterized by the degree to which one or the other parent is responsible for limit-setting and each partner's sense of fairness about the way responsibilities are divided. Shared parenting is assessed in two ways; balance of involvement and mutual involvement. Balance of involvement is the extent to which each partner interacts with the child relative to the other parent. Mutual involvement is the degree to which both parents are engaged with the child at the same time (Van Egeren & Hawkins, 2004)

A. This looks at the way you and [coparent/ teenage mother's name] divide the caregiving tasks of [child's name]. Using the numbers on the scale below, show how the two of you divide the caregiving tasks between yourselves

1	2	3	4	5	6	7	8	9
She does it all			we both do this about equally					I do it all

Statement
Put him/her to bed?
Give him/her a bath?
Play games with him/her?
Take the child to the doctor/clinic?
Stay home to care for the child when s/he is ill?
Dress the child?
Respond to the child's cries.
Do the child's washing
Prepare meals for the child?
Feed the child?
Get up with the child when s/he wakes up in the middle of the night?
Taking the child walking, driving or visiting
Change the child's nappy?

B. Satisfaction with the way care giving duties are divided.

How satisfied are you with how the care giving duties above for [child's name] have been divided between you and [name]?

1 2 3 4
 Very dissatisfied dissatisfied satisfied Very satisfied

c. **Instruction:** Indicate how much you agree with the following statements I am about to ask you.

1 2 3 4
 Strongly disagree disagree agree Strongly agree

1	I demand too much of [name] as a parent	
2	[name] is often too involved with other things to carry out her share of the parenting [child name].	
3	[name] likes to play with [child's name], but then leaves the hard work for me to do.	
4	I am willing to make some personal sacrifices in order to help [name] with parenting [child's name].	
	When there is a crisis with [child's name], [name] doesn't help me as much as I would like.	
5	I do more than [name] when it comes to parenting [child's name].	
6	[name] makes too many demands on me as a parent.	
7	[name] and I share parenting responsibilities fairly.	
8	I have learned that if [child's name] needs something important to be done, I can rely on [name] to see that it gets done.	
9	[name] is willing to make some personal sacrifices in order to help with parenting [child's name].	

3. Supportive Coparenting

This dimension is defined as the different strategies that support each partner's efforts to accomplish parenting goals or the parent's perceptions of support in his/her efforts to accomplish parenting goals. The most critical feature of coparenting support is that each partner reinforces the others' parenting goals. In a triadic context the parents' cooperative interchanges build upon one another. (Belsky, Crnic, & Gable, 1995; Van Egeren & Hawkins, 2004)

Instruction:

Indicate how much you agree with the following statements that I am about to ask you.

1 2 3 4
 Strongly disagree disagree agree Strongly agree

1	[name] backs me up when I discipline my child	
2	When [name] doesn't agree with how I am handling my child, she calmly discusses it with me.	
3	When I tell [name] something about the child, she listens.	
4	When [name] doesn't agree with how I am handling my child, she still backs me up in front of the child.	
5	[name] believes I am a good parent.	
6	[name] encourages me to take care of my child.	
7	[name] tells me I am doing a good job in caring for my child	
8	[name] gives me advice in how to be a parent to my child.	
9	[name] tells me I am doing a good job as a parent	
10	[name] appreciates how hard I work at being a good parent	
11	[name] and I often talk together about what is best for this child	
12	[name] backs me up as a parent	
13	[name] often asks my opinion on issues related to parenting	
14	[name] and I argue about parenting (e.g how and when to punish the child)	
15	After [name] and I have handled a difficult situation with the child, we discuss it and try to figure out what we could have done better	
16	When I feel at my wits end, [name] gives me the extra support I need	
17	When [name] and I disagree about parenting issues we try to reach a compromise	
18	When I feel I have a mistake with the child, I can talk it over with [name].	

4. Undermining Coparenting

In this dimension, partners employ strategies that prevent the other partner from accomplishing parenting goals. This component is evidenced by criticism and lack of respect for a partner's parenting decisions (Van Egeren & Hawkins, 2004). Undermining actions can be overt (i.e. intruding upon one another's

interactions with the baby or criticism aimed at the partner) or covert (i.e. one parent makes comments about the other to the child or excludes partner from desired activity (McHale, 1997; McHale, Kazali, Robman, Talbot, Carleton, & Lieberson, 2004).

Instruction:

Indicate how much you agree with the following statements that I am about to ask you.

	1 Strongly disagree	2 disagree	3 agree	4 Strongly agree
1	[name] competes with me for the child's attention			
2	When I ask [name] for help e.g when trying to get the child to sleep, she ignores me.			
3	[name] criticises my parenting in front of the child			
4	When I tell the child to do something, [name] contradicts me			
5	When [child's name] wants something and I say no, [name] will say yes			
6	[name] uses parenting techniques which I have asked her not to use			
7	[name] criticises the way I take care of the child			
8	[name] does not help me with [child's name] when I need it.			
9	[name] does not give me enough chance to take care of [child's name]			
10	[name] tells people that she is more of a mother to my child than I am.			
11	[name] argues with me in front of the child.			
12	[name] ignores rules we have set for the child			
13	[name] says bad things about me in front of the child			
14	[name] makes me feel like I am a bad influence on the child			
15	[name] tries to have the last word on how we raise the child			
16	When the child and I are playing, [name] interrupts us and takes over.			
17	Even if we have talked parenting ideas over, [name] does things his/her way			
18	[name] gives in to the child after I have said no			
19	[name] criticises the way I parent.			
20	[name] excludes me from special time with the child			

5. Coparenting Solidarity

This dimension is characterized by an affective, enduring, and unified relationship that grows between individuals raising a child. Coparenting solidarity is demonstrated by warm and positive emotions that are expressed between partners while interacting with or about the child. Even when one partner is absent, the present partner talks of the absent partner in a positive manner. Parents who experience coparenting solidarity often report that as they parent together, they grow together and become closer (Van Egeren & Hawkins, 2004).

Instruction:

Indicate how much you agree with the following statements that I am about to ask you.

1 2 3 4
Strongly disagree disagree agree Strongly agree

1	[name] and I work well together as a team in raising this child.	
2	[name] and I talk about what is best for this child	
3	Parenting together has brought [name] and me closer together.	
4	When [name] is alone with [child's name] she talks about me in a positive/complimentary way e.g (Granny/mommy loves you)	
5	[name] and I are able to communicate well together about [child's name].	
6	Parenting this child together has given [name] and I a focus for the future	
7	Parenting this child together has helped me see positive qualities in [name] that I never noticed before	
8	[name] and I work closely together as coparents	
9	[name] and I like to talk together about what this child will be like when he/she grows up.	
10	[name] fills me in on what happens to the child when I am gone	
11	[name] and I often spend special time together with this child	
12	[name] often encourages positive interactions between me and the child (e.g show mommy/granny)	

F. Coparenting Conflict

1 2 3
 never Sometimes often

Instruction:

Indicate on the scale the extent to which the following occurs.

1	When you and [name] discuss parenting issues, how often do you argue?	
2	When you and [name] talk to each other how often do you feel anger?	
3	When you and [name] talk to one another about parenting issues how often is the conversation stressful?	
4	How often do you and [name] differ in opinion about how to raise [child's name]?	

Appendix F

Pilot Version of the Interview Schedule for Teenage Mothers (Afrikaans)

Onderhoud vraelys vir Tienerjarige Moeders

Date of interview:(dd/mm/yyyy) _____

Interviewer: AS AL

For official use only

1	Participant number: _____	T1	<input type="checkbox"/>
2	Participant geboorte datum: (dd/mm/yyyy) _____ en ouderdom _____	T2	<input type="checkbox"/>
3	"Is jou kind n.." dogter _____ seun _____	T3	<input type="checkbox"/>
4	Wat is jou kind se geboorte datum?: (dd/mm/yyyy) _____ en ouderdom _____	T4	<input type="checkbox"/>
5	"Wat is jou huistaal?" Engels _____ Afrikaans _____	T5	<input type="checkbox"/>
6	"Met wie bly jy?" Aleen _____ eie familie _____ kerel se familie _____ kerel /ou _____ Iemand anders bv. n vriend ? Beskryf _____	T6	<input type="checkbox"/>
7	"Wie bly almal saam met jou?" Ma/Kerel se Ma _____ Age _____ How many? _____ Pa/Kerel se par _____ Ouma/kerel se Ouma _____ Oupa/Kerel se Oupa _____ Suster _____ Broer/s _____ Vroulike familielid bv. niggie, antie _____ manlike familielid bv. neef, oom _____ ander familie kinders _____ ander mense wie nie familie is nie _____	T7	<input type="checkbox"/>
		T8	<input type="checkbox"/>
		T9	<input type="checkbox"/>
		T10	<input type="checkbox"/>
		T11	<input type="checkbox"/>
		T12	<input type="checkbox"/>
		T13	<input type="checkbox"/>
		T14	<input type="checkbox"/>
		T15	<input type="checkbox"/>
		T16	<input type="checkbox"/>
		T17	<input type="checkbox"/>
8	Watter ervaring het jy gehad met die grootmaak van kinders voor jy self 'n ma geword het? Prompt: "Kan jy n bietjie verder verduidelik?" _____ _____ _____	T18	<input type="checkbox"/>
		T19	<input type="checkbox"/>
		T20	<input type="checkbox"/>
		T21	<input type="checkbox"/>
9	"Moet jy help om vir enige ander familieledede te sorg?" Ja _____ Nee _____	T22	<input type="checkbox"/>
10	Prompt: As sy "Ja" se: met wie moet jy help en watter soort hulp moet jy gee?" _____ _____ _____	T23	<input type="checkbox"/>
		T24	<input type="checkbox"/>
		T25	<input type="checkbox"/>
11	"Hoe sal jy jou gesondheid beskryf?" Goed _____ Gemiddeld _____ Sleg _____	T26	<input type="checkbox"/>
12	Prompt: Indien sy gemiddeld of sleg antwoord, vra vir verder verduideliking: "Beïnvloed jou gesondheid jou vermoë om die kind groot te maak?" _____ _____ _____ _____	T27	<input type="checkbox"/>
		T28	<input type="checkbox"/>
		T29	<input type="checkbox"/>
		T30	<input type="checkbox"/>
13	"hoe sal jy jou kind se gesondheid beskryf?" Goed _____ Gemiddeld _____ Sleg _____	T31	<input type="checkbox"/>
14	Prompt: Indien sy gemiddeld of sleg antwoord vra dan verder "affekteer sy/haar gesondheid sy/haar gedrag?" _____ _____ _____	T32	<input type="checkbox"/>
		T33	<input type="checkbox"/>
		T34	<input type="checkbox"/>
15	Het jy enige komplikasies na die geboorte van jou kind gehad? Ja _____ Nee _____	T35	<input type="checkbox"/>
16	Prompt: Indien "ja" geantwoord: "kan jy verder verduidelik?" _____ _____ _____	T36	<input type="checkbox"/>
		T37	<input type="checkbox"/>

17	<p>"Is jy huidiglik"</p> <p>volytdse werk <input type="checkbox"/></p> <p>deelytdse werk <input type="checkbox"/></p> <p>op skool <input type="checkbox"/></p> <p>Werkloos <input type="checkbox"/></p>	T38	<input type="checkbox"/>
18	<p>"as jy nie meer op skool is nie, wanneer het jy skool</p> <p>voor jy jou baba gehad het? <input type="checkbox"/></p> <p>nadat jy jou baba gehad het? <input type="checkbox"/></p>	T39	<input type="checkbox"/>
19	<p>"indien hy skool verlaat het, in watter graad was jy toe jy skool verlaat het?"</p> <p>Graad: <input type="text"/></p>	T40	<input type="checkbox"/>
20	<p>Is daar enige redes dat jy skool verlaat het?</p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p>	T41	<input type="checkbox"/>
		T42	<input type="checkbox"/>
		T43	<input type="checkbox"/>
		T44	<input type="checkbox"/>
21	<p>Indien jy nog op skool is, in watter graad is jy nou?</p> <p>Graad: <input type="text"/></p>	T45	<input type="checkbox"/>
22	<p>"Waarom het jy terug skool toe gegaan?"</p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p>	T46	<input type="checkbox"/>
		T47	<input type="checkbox"/>
		T48	<input type="checkbox"/>
23	<p>"Indien jy nog op skool is, hoe goed sal jy se vaar jy op skool?"</p> <p>ek vaar goed in meeste van my vakke <input type="checkbox"/></p> <p>ek is gemiddeld in meeste van my <input type="checkbox"/></p> <p>ek druij meeste van my vakke <input type="checkbox"/></p>	T49	<input type="checkbox"/>
24	<p>Kan jy 'n bietjie verder verduidelik?</p>		
25	<p>"Ontvang jy enige finansiële hulp bv. kindersorg toelae, ondersteuning van die kind se pa of jou familie, ens?"</p> <p>Ja <input type="checkbox"/></p> <p>Nee <input type="checkbox"/></p>	T50	<input type="checkbox"/>
26	<p>Prompt: Indien sy "ja" se: Watter tipe finansiële ondersteuning/toelae jy kry?</p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p>	T51	<input type="checkbox"/>
		T52	<input type="checkbox"/>
		T53	<input type="checkbox"/>
		T54	<input type="checkbox"/>
26	<p>"Hoe sal jy jou familie se finansiële situasie beskryf?" (Se jou indien sy nie gehelp word deur haar familie)</p> <p>Nie genoeg geld aan die einde van die maand/Ons(ek) sukkel nogal baie. <input type="checkbox"/></p> <p>Net genoeg aan die einde van die maand?ons (ek) kom net net uit. <input type="checkbox"/></p> <p>Ons (ek)het n bietjie geld oor aan die einde van die maand/Ons (ek) kom nog ok uit aan die einde van die maand <input type="checkbox"/></p>	T55	<input type="checkbox"/>
27	<p>hoe sal jy die ouerskap van die kind beskryf?</p> <p>A Iemand anders het die verantwoordelikheid as ouer heeltemal by my oorgeneem <input type="checkbox"/></p> <p>B ek maak die kind meestal sonder enigiemand anders se hulp groot <input type="checkbox"/></p> <p>C ek en ander mense help my om saam die kind groot te maak bv n familieledede, my kerel, vriend <input type="checkbox"/></p>	T56	<input type="checkbox"/>
28	<p>Indien 'A', wie is hierdie persoon?</p> <p><input type="text"/></p>	T57	<input type="checkbox"/>
		T58	<input type="checkbox"/>
		T59	<input type="checkbox"/>
29	<p>Prompt: Indien A of B"kan jy 'n bietjie meer oor die situasie vertel?"</p> <p><input type="text"/></p> <p><input type="text"/></p>	T60	<input type="checkbox"/>
		T61	<input type="checkbox"/>
		T62	<input type="checkbox"/>
30	<p>Indien sy "C" se: "wie is die mense wat jou help om na die kind om te sien?"</p> <p>My ma <input type="checkbox"/></p> <p>My pa <input type="checkbox"/></p> <p>My kind se pa <input type="checkbox"/></p> <p>My ouma <input type="checkbox"/></p> <p>My oupa <input type="checkbox"/></p> <p>my Suster <input type="checkbox"/></p> <p>my broer <input type="checkbox"/></p> <p>vroulike familieled –bv my tante, niggie <input type="checkbox"/></p> <p>manlike familieled bv. my oom,neef <input type="checkbox"/></p> <p>My kind se pa se familie (se wie almal onder) <input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p>Enigiemand anders? <input type="checkbox"/></p>	T63	<input type="checkbox"/>
		T64	<input type="checkbox"/>
		T65	<input type="checkbox"/>
		T66	<input type="checkbox"/>
		T67	<input type="checkbox"/>
		T68	<input type="checkbox"/>
		T69	<input type="checkbox"/>
		T70	<input type="checkbox"/>
		T71	<input type="checkbox"/>
		T72	<input type="checkbox"/>
		T73	<input type="checkbox"/>
		T74	<input type="checkbox"/>
		T75	<input type="checkbox"/>
		T76	<input type="checkbox"/>
31	<p>van al die bogenoemde mense, wie sou jy se is jou kind se "ander"ouer? Dit wil se die persoon wat soos n ouer vir jou kind is..</p> <p>Persoon 1: <input type="text"/></p>	T77	<input type="checkbox"/>
32	<p>Interviewer: Is daar net een persoon wat jy so sal beskryf?</p> <p>Person 2: <input type="text"/></p> <p>Person 3 (Only fill in if there is a 3rd person): <input type="text"/></p>	T78	<input type="checkbox"/>
		T79	<input type="checkbox"/>

<p>33 "In watter opsig is die persoon soos 'nouer vir jou kind?"</p> <p>33 Person 1:</p> <p>a) help met kindersorg /om na my kind om te sien <input type="checkbox"/></p> <p>dissiplineer my kind <input type="checkbox"/></p> <p>maak besluite oor hoe my kind groot gemaak moet word bv sy gedrag, opvoeding, gesondheid <input type="checkbox"/></p> <p>enigiets anders <input type="checkbox"/></p> <p>33 Person 2:(only fill in if there is a 2nd person)</p> <p>b) help met kindersorg /om na my kind om te sien <input type="checkbox"/></p> <p>dissiplineer my kind <input type="checkbox"/></p> <p>maak besluite oor hoe my kind groot gemaak moet word bv sy gedrag, opvoeding, gesondheid <input type="checkbox"/></p> <p>Enigiets anders? <input type="checkbox"/></p> <p>33 Person 3:(only fill in if there is a 3rd person)</p> <p>help my met kindersorg /om na my kind om te sien <input type="checkbox"/></p> <p>dissiplineer my kind <input type="checkbox"/></p> <p>maak besluite oor hoe my kind groot gemaak moet word bv sy gedrag, opvoeding, gesondheid <input type="checkbox"/></p> <p>Enigiets anders? <input type="checkbox"/></p> <p>34 "Hoeveel ervaring het hierdie persoon as dit kom by kinders grootmaak?"</p> <p>_____</p> <p>_____</p> <p>35 "Hoe is jou verhouding met Persoon 1 om die oomblik?"</p> <p>Ons kom baie goed oor die weg <input type="checkbox"/></p> <p>Ons kom ok/oraait oor die weg <input type="checkbox"/></p> <p>Ons kom glad nie oor die weg nie <input type="checkbox"/></p> <p>36 Watter soort verhouding het jy met die persoon voor jou swangerskap gehad?</p> <p>Ons het baie goed klaargekom/oor die weg gekom <input type="checkbox"/></p> <p>Ons het goed /ok/oraait oor die weg gekom <input type="checkbox"/></p> <p>Ons het glad nie goed oor die weg gekom nie <input type="checkbox"/></p> <p>37 As daar n verskil is prompt: kan jy verduidelik waarom julle verhouding verander het?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>38 Watter rol speel die kind se pa in sy/haar lewe)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>39 "Sal jy graag verder aan hierdie studie wil deelneem?"</p> <p>Ja <input type="checkbox"/></p> <p>Nee <input type="checkbox"/></p> <p>40 Dink jy die persoon wie jy as jou kind se 'ander' ouer beskryf het sal ook aan hierdie studie wil deelneem?</p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Not sure <input type="checkbox"/></p> <p>Sal jy haar kan vra</p>	<p>T80 <input type="checkbox"/></p> <p>T81 <input type="checkbox"/></p> <p>T82 <input type="checkbox"/></p> <p>T83 <input type="checkbox"/></p> <p>T84 <input type="checkbox"/></p> <p>T85 <input type="checkbox"/></p> <p>T86 <input type="checkbox"/></p> <p>T87 <input type="checkbox"/></p> <p>T88 <input type="checkbox"/></p> <p>T89 <input type="checkbox"/></p> <p>T90 <input type="checkbox"/></p> <p>T91 <input type="checkbox"/></p> <p>T92 <input type="checkbox"/></p> <p>T93 <input type="checkbox"/></p> <p>T94 <input type="checkbox"/></p> <p>T95 <input type="checkbox"/></p> <p>T96 <input type="checkbox"/></p> <p>T97 <input type="checkbox"/></p> <p>T98 <input type="checkbox"/></p> <p>T99 <input type="checkbox"/></p> <p>T100 <input type="checkbox"/></p>
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Appendix G

Pilot Version of the CPQTM (Afrikaans)

Coparenting Quality Questionnaire for Teenage Mothers and their Coparents

Maak asseblief 'n (x) in die geskikte raampie om aan te dui hoe jy en [naam] julle verantwoordelikheid as ouers deel

No	Vraag	1 Ek doen dit als	2 Ons deel verant- woordlikheid	3 Sy doen als
1	Maak die kind aan die slaap.			
2	Bad die kind.			
3	Speel met die kind			
4	Neem die kind dokter/kliniek toe.			
5	Bly by die huis as die kind siek is.			
6	Trek die kind aan			
7	Reageer as die kind begin huil.			
8	Doen die kind se wasgoed			
9	Maak die kind se kos aan.			
10	Voer die kind			
11	Staan op vir die kind as hy/sy in die middel van die nag wakker word			
12	Gaan stap/ry saam met die kind /of gaan kuier			
13	Ruil die kind se doeke om/help om toilet toe te gaan.			
14	Hoe tevrede voel jy met die verdeling van die bogenoemde verantwoordelikhede tussen jou en [naam]?			
	1 Baie ontevrede	2 Ontevrede	3 Tevrede	4 Baie tevrede

Instruksie:

 Hoe gereeld stem jy en **[naam]** saam oor die volgende. Plaas 'n **[x]** in die blokkie.

No	Stelling	1 nooit	2 selde	3 dikwels	4 altyd
15	[naam] en ek stem saam oor hoe om die kind te straf as hy/sy stout is.				
16	[naam] en ek stem saam oor wanneer die kind 'n pakslae moet kry.				
17	[naam] en ek stem saam oor hoe om met die kind te speel				
18	[naam] en ek stem saam oor hoe om te reageer wanneer die kind huil.				
19	[naam] en ek stem saam oor die waardes wat ons die kind moet leer.				
20	[naam] en ek stem saam oor hoe ons liefde teenoor die kind betoon/wys.				
21	[naam] en ek stem saam dat ons die kind nie by vreemdelinge moet los nie.				
22	[naam] en ek stem saam oor die soort kos wat die kind kry.				
23	[naam] en ek stem saam oor wanneer die kind lekkergoed moet kry.				
24	[naam] en ek stem saam dat daar altyd iemand moet wees om toesig oor die kind te hou.				
25	[naam] en ek stem saam oor wat die kind mag en nie mag doen nie.				
26	[naam] en ek stem saam oor hoe om die kind se ontwikkeling te stimuleer.				
27	Wanneer ek en [naam] oor die verpligtinge van ouers praat, stry ons maar baie/ eindig die gesprek dikwels in 'n argument				
28	Wanneer ek en [naam] praat oor hoe om as ouers teenoor (kind) te wees, voel ek dikwels kwaad.				
29	Wanneer ek en [naam] oor die kind gesels is die gesprek redelik gespanne				

Instruksie:

Plaas 'n [x] in die geskikte blokkie om aan te dui hoe **sterk** jou gevoelens oor die onderstaande stellings is.

No	Stelling	1 stem glad nie saam nie	2 stem nie saam nie	3 stem saam	4 stem volkom e saam
30	[naam] is dikwels te besig met ander dinge om haar deel van die kind se ouerlike verantwoordelikhede uit te voer.				
31	[naam] hou daarvan om met die kind te speel en laat dan al die moeilike take/harde werk aan my oor.				
32	[naam] is gewillig om persoonlike opofferings te maak sodat ons ons verpligtinge as ouers teenoor die kind kan nakom.				
33	In die geval van 'n krisis met die kind, help [naam] my nie so veel as wat ek sou wou hê nie.				
34	Ek doen meer as [naam] as dit kom by die ouerlike verantwoordelikhede teenoor die kind.				
35	[naam] verwag te veel van my as 'n ouer.				
36	Die verdeling van ouerlike verantwoordelikhede tussen my en [naam] is regverdig.				
37	Ek het geleer indien daar iets belangrik oor die kind gedoen moet word kan ek op [naam] staaatmaak/ reken dat dit wel gedoen sal word.				
38	[naam] is bereid om persoonlike opofferings te maak om 'n ouer vir die kind te wees.				
39	[naam] luister wanneer ek haar iets oor die kind vertel/sê.				
41	[naam] ondersteun my besluite wanneer ek die kind moet dissiplineer.				
42	[naam] moedig my aan om na die kind te sorg.				
43	[naam] gee vir my raad oor hoe om 'n goeie ouer vir my kind te wees.				
44	[naam] waardeer hoe hard ek werk om 'n goeie ouer te wees.				
45	Ek en [naam] praat dikwels oor wat die beste is vir die kind.				
46	[naam] ondersteun die besluite wat ek as ouer neem.				
47	[naam] vra dikwels my mening oor ouerlike gevalle.				
48	Nadat ek en [naam] 'n moeilike situasie met die kind uitgesorteer het, bespreek ons dit en probeer dan dink oor hoe ons dit beter kon hanteer het.				
49	Wanneer ek te veel deur gemaak het, gee [naam] my die nodige ondersteuning.				
50	Wanneer ek en [naam] oor ons ouerlike pligte verskil,				

No	Stelling	1 stem glad nie saam nie	2 stem nie saam nie	3 stem saam	4 stem volkom e saam
	bespreek ons dit sodat ons tot 'n ooreenkoms kan kom.				
51	As ek 'n verkeerde besluit geneem het oor die kind, kan ek met [naam] daaroor praat.				
52	[naam] laat my voel dat ek 'n goeie ouer vir die kind is.				
53	[naam] kompeteer met my vir die kindse aandag.				
54	Wanneer ek [naam] om hulp vra, bv.om die kind aan die slaap te maak, ignoreer sy my.				
55	[naam] kritiseer die manier waarop ek die kind grootmaak.				
56	Wanneer ek die kind vra om iets te doen gaan praat [naam] my versoeke tee.				
57	Wanneer die kind iets wil hê en ek sê nee, sal [naam] ja sê.				
58	[naam] gebruik sekere tegnieke, as ouer, wat ek haar gevra het om nie te gebruik nie.				
59	[naam] verleen geen hulp met (kind) wanneer ek dit benodig nie.				
60	[naam] kritiseer die manier waarop ek vir die kind sorg.				
61	[naam] gee my nie genoeg geleenthede /kans om na die kind om te sien nie.				
62	[naam] sê vir mense dat sy as ma 'n groter rol as ek, in die kind se lewe speel as ek.				
63	[naam] stry in die kind se teenwoordigheid met my.				
64	[naam] ignoreer die reëls wat ons vir die kind saamgestel het.				
65	[naam] sê slegte dinge oor my in die kind se teenwoordigheid.				
66	[naam] laat my voel dat ek 'n slegte invloed op die kind is.				
67	[naam] probeer om die finale besluit te neem oor hoe ons die kind grootmaak.				
68	Wanneer ek en die kind saam speel, onderbreek [naam] die speletjie en speel self verder.				
69	Selfs al het ons oor verantwoordelikhede as ouers gepraat doen [naam] steeds dinge soos sy wil.				
70	[naam] laat die kind toe om dinge te doen nadat ek nee gesê het.				
71	[naam] sluit my uit as dit kom by spesiale oomblike met die kind.				
72	Ek en [naam] werk goed saam as 'n span om die kind groot te maak.				
73	Ek en [naam] praat dikwels oor wat beste is vir die kind.				

No	Stelling	1 stem glad nie saam nie	2 stem nie saam nie	3 stem saam	4 stem volkom e saam
74	Deur die kind saam groot te maak het dit [naam] en myself nader aan mekaar gebring.				
75	Wanneer [naam] alleen met die kind is, sê sy goeie of positiewe goed oor my.				
76	Ek en [naam] vind dit moontlik om met mekaar te kommunikeer oor die kind.				
77	Deurdats ons die kind saam grootmaak het ek en [naam] 'n nuwe fokus vir die toekoms				
78	Die kans om hierdie kind saam groot te maak het my sekere goeie eienskappe in [naam] laat sien wat ek nie voorheen opgelet het nie.				
79	Ek en [naam] werk goed saam met mekaar as ouers.				
80	[naam] laat my weet wat met die kind gebeur in my afwesigheid/wanneer ek nie daar is nie.				
81	Ek en [naam] spandeer dikwels spesiale tyd saam met die kind.				
82	[naam] moedig positiewe interaksie tussen my en die kind aan bv. "wys vir mamma/ouma ook"				

Appendix H Research Poster and Flyer

TIENER MOEDERS

**Benodig om deel te neem in 'n navorsings
projek van die Universiteit Pretoria**

Hierdie navorsing is spesifiek tot die Elsies Rivier
Gemeenskap en kyk hoe ervaar tiener moeders
ondersteuning nadat hulle 'n baba gehad het.



Indien hierdie jou eerste kind is (wat **2 jaar of
jonger is**) en jy tussen die ouderdom van **16** en **20**
is, stuur 'n (free) "please call me" of 'n missed call
na:

Alecia Samuels of **Althia Lewis** (Elsies Rivier
Gemeenskaps Advies Kantoor)

140

as jy belangstel om deel te neem aan hierdie
navorsing projek.

Of kom sien ons by die Elsies Advies
Kantoor(Halt Rd)

TEENAGE MOTHERS

**Needed to participate in a University
research study.**

The study will examine the parenting support
to teenage mothers in the Elsies River
Community.



If you are a **first time mother** between the ages of
16 and **20** years and have a **child aged 2 years or
younger** and want to find out more about the
study, send a (free) "please call me" or a missed
call to:

Alecia Samuels or **Althia Lewis** (Elsies River
Community Advice Office)

***140* _____ #**

and we will get in touch with you!

Appendix I

Letter of Consent to Participate in the Study



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

June/July 2010

Dear study participant

Consent to take part in a study regarding the coparenting arrangements and relationship quality of teenage mothers in the Elsies River Community.

My name is Alecia Samuels and I am currently undertaking my doctorate in Early Childhood Intervention through the Centre for Augmentative and Alternative Communication at the University of Pretoria

The purpose of this study is to find out who mainly helps teenage mothers with parenting their children, the kind of support that she receives in raising her child as well as the quality of the relationship between the teenage mother and the person who helps her with parenting.

Information from this study will help people working with teenage mothers to know the range of people to include in programmes for teenage mothers and how best to support them in their role as parents to the teenage mother's child. The above research will assist in better service delivery to teenage mothers in these programmes and it also has important implications for the development of children born to teenage mothers.

I will need approximately an hour of your time where I will first conduct an interview with you in order to find out some information about you and who assists you to look after your child. Then I will ask you to complete a questionnaire which will look at how you and the person who helps you with parenting work together to raise your child.

I will be audio recording the session to assist with capturing and analysing the data because I don't want to miss any of your comments. Although I will be taking some notes during the session, I will not always be able to write fast enough to get it all down.

I would like to assure you that all information obtained from you will be treated as confidential.

The results of this study may be published in a professional journal or be presented at professional conferences but all identifying information about you or any of the participants will not be shared with anyone except between my supervisor and myself.

You don't have to talk about anything you don't want to and you may end the interview at any time. Your participation in this research study is also purely voluntary and you or your parent/guardian (if you are younger than 18 years) may withdraw you from the study at any time without any negative consequences. If you withdraw from the study then all information that I obtained from you will be destroyed.

NB: If you are younger than 18 years of age, your parent of legal guardian will also need to give consent for you to participate in this study.

If you have any questions or concerns you are welcome to contact me at 0724295118 or my research supervisor, Prof Juan Bornman at (012) 420 2001.

If you willingly give consent to participate in this study, please sign the form at the end of this letter.

Your assistance with this research project is greatly appreciated.

Thank you

Alecia Samuels
Bsc Log (UCT), M(ECI) (UP)
Phd Student
University of Pretoria

Date

Prof Juan Bornman
Research Supervisor
Centre of Augmentative and Alternative Communication
University of Pretoria
012-420-2001 (Work)

Date

T				Respondent number
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Part B: Participant consent for taking part in the study

Name of participant.....

Written consent to participate in the study.

I understand my rights as a participant. I am aware of all procedures that will be carried out in the course of the study and agree thereto.

I,hereby give my willing consent for to participate in this research study.

I also declare that I am:

Younger than 18 years of age.	
18 years of age or older.	

.....
Signature of participant

.....
Date

Part C: Parent or Legal Guardian Consent (To be completed if you are younger than 18)

Name of parent/guardian.....

Written consent to participate in the study.

I understand my daughter /ward,, rights as a participant. I am aware of all procedures that will be carried out in the course of the study and agree thereto.

Itherefore hereby give my willing consent for her to participate in this research study. .

.....
Signature of parent/guardian of participant

.....
Date

.....
Signature of researcher

.....
Date

Appendix J
Teenage Mother Interview Schedule (Final)

 Datum van Onderhoud: (dd:mm:yy) _____
 Date of Interview: _____

1. Participant number

 2. Hoe oud is jy? *How old are you*

 Geboortedatum/*D.O.B.*

 3. Hoe oud is jou kind? *How old is your child?*

 Geboortedatum/*D.O.B.*

 4. Is jou kind 'n *Is your child a*

Meisiel/ <i>girl</i>		Seun/ <i>boy</i>	
-------------------------	--	---------------------	--

 5. Met wie bly jy? *Who do you live with?*

1. Famile/ *Family*
2. Alleen/*Alone*
3. Boyfriend
4. Boyfriend se familie/ *Boyfriend's family*
5. Ander bv.Vriendel/ *Other example friends*

T1	
T2	
T3	
T4	
T5	

 6. Wie bly almal saam met jou? *Who are all the people who live with you?*

MENSE/ PEOPLE		No
Ma/ Mother	T6	
Pa/ Father	T8	
Oomal/ Grandmother	T10	
Oupa/Grandfather	T12	
Susters/ Sisters	T14	
Broers/ Brothers	T16	
Auntiel/ Aunts	T18	
Oom/ Uncle	T20	
Niggies/ Nieces	T22	
Neefs/ Nephews	T24	
Kinders van die familie/ Children of the family	T26	
Kind se pa/ Child's father	T28	
Ander	T30	
Ander	T32	
TOTAAL/ TOTAL	T34	

	Ouderdom/ Ages
T7	
T9	
T11	
T13	
T15	
T17	
T19	
T21	
T23	
T25	
T27	
T29	
T31	
T33	

	Werk/ Working
T34	
T35	
T36	
T37	
T38	
T39	
T40	
T41	
T42	
T43	
T44	
T45	
T46	
T47	

7. Hoe sal jy jou gesondheid beskryf? *How would you describe your health?*

1. Goed / *Good*
2. Gemiddeld/ *Average*
3. Sleg/ *Poor*

T48	
-----	--

7b. Indien gemiddeld of sleg sê vra dan verder "Beïnvloed jou gesondheid jou vermoë om na jou kind te kyk?" In watter opsig as sy ja sê./ *If she answers average or poor question further and ask "Does your health influence your ability to care for your child?"*

T49	
T50	
T51	

8. Hoe is jou kind se gesondheid? *How is your child's health?*

1. Goed/ *Good*
2. Gemiddeld/ *Average*
3. Sleg/ *Poor*

T52	
-----	--

8b. Indien sy gemiddeld of sleg sê vra dan: "Affekteer dit sy/haar gedrag? In watter opsig?" *If she answers average or poor question further and ask "Does it affect your child's behaviour? In what way?"*

T53	
T54	

9. Het jou kind enige ontwikkelingsprobleme?
Does your child have any developmental problems?

Ja	1	Nee	2
----	---	-----	---

T55	
T56	

9bVerduidelik? (As sy ja sê)/ *Explain If she says Yes*

T57	
-----	--

10. Is jy huidiglik/ *Are you currently...*

Op skool/ <i>Attending school</i>	1
Gaan aandskool toe/ <i>Attending night school</i>	2
Het n voltydse vaste werk/ <i>Employed full time</i>	3
Casual/Kontrak Werk/ <i>Casual/Contract work</i>	4
Werkloos/ <i>Unemployed</i>	5

NB: If says 1-school then go to Q14

T58	
T59	

11. As jy nie meer op skool is nie, het jy skool verlaat.../ *If you are no longer in school, when did you leave?*

T60	
-----	--

Voordat jy swanger geraak het?/ <i>Before you became pregnant?</i>	1
Nadat jy swanger geraak het? <i>After you became pregnant?</i>	2

12. In watter Graad was jy toe jy skool verlaat het? *In what Grade were you when you left school? (Make sure understands the difference between grade and standard)*

Graad/ *Grade:* _____

T61	
-----	--

13. Is daar spesifieke redes hoekom jy skool verlaat het en nie weer terug is nie? *Are there specific reasons why you left school?*

T62	
T63	
T64	

14. In Watter graad is jy nou? *In what Grade are you now?*

Graad/ *Grade:* _____

T65	
-----	--

15. Hoe lank nadat jy jou kind gehad het is jy terug skool toe? *How long after you had your child did you return to school?*

T66	
-----	--

16. Waarom is jy weer terug skool toe nadat jy jou baba gehad het? *What made you return to school after you had your baby?*

T67	
T68	
T69	
T70	

17. Hoe goed sal jy sê vaar jy op skool? *How well are you currently doing at school?*

Ek vaar goed in meeste van my vakke/ <i>I am doing well in most subjects</i>	1	T71	
Ek doen gemiddeld in meeste van my vakke/ <i>I am doing ok in most subjects</i>	2		
Ek druipe meeste van my vakke/ <i>I am failing most subjects</i>	3		

17b. Hoekom dink jy is dit so? / *Why do you think this is so? (want to find out how support (or lack thereof) or difficulties of motherhood affects this.)*

T72	
T73	
T74	

18 .Voordat jy 'n ma geword het wat was jou ondervinding om na kinders te kyk of te sorg? <i>Before you became a mother, how much experience did you have of looking after children?</i>	T75	
	T76	
	T77	
	T78	

19.Hoe sal jy sê word jou kind op die oomblik groot gemaak? *Which one best describes the way in which your child is being raised?*

T79	
-----	--

Ek en 'n ander mens/ander mense help om my kind groot te maak. <i>Myself and another person/people is/are helping me to raise my child.</i>	1
Oor die algemeen maak ek my kind alleen groot. Ek kry so nou en dan n bietjie help van ander mense./ <i>Overall I am raising my child on my own with little bit of help from others.</i>	2
Iemand anders het die verantwoordelikheid as ouer van my af geneem en maak my kind groot./ <i>Someone else has taken over my parenting responsibilities of my child and is raising him/her</i>	3

19b. Hoekom sê jy so? *Why do you say this?*

T80	
T81	
T82	

20a. Wie uit al die mense help vir jou met die volgende?

1. Kyk na my kind/
2. Help met kos, klere
3. Help met geld
4. Ander

Out of all these people who helps you with the following?

1. Look after your child
2. Helps with food. clothes
3. Helps financially
4. Other

20b. Watter hulp kry jy van die mense om jou kind groot te maak?

PEOPLE		
Ma/ <i>Mother</i>	T83	
Pa/ <i>Father</i>	T84	
Ouma/ <i>Grandmother</i>	T85	
Oupa/ <i>Grandfather</i>	T86	
Susters/ <i>Sisters</i>	T87	
Broers/ <i>Brothers</i>	T88	
Auntie/ <i>Aunts</i>	T89	
Uncle/ <i>Uncle</i>	T90	
Niggie/ <i>Cousin (female)</i>	T91	

T98	T99	T100	T 101

Neefs/ <i>Cousin (male)</i>	T92	
Kind se pa/ <i>Child's father</i>	T93	
Ma (kind se Pa se kant)/ <i>Mother (paternal family)</i>	T94	
Pa (kind se Pa se kant) <i>Father (paternal family)</i>	T95	
Ander mense van die kind se pa se kant/ <i>Other people from paternal family</i>	T96	
Ander mense van die kind se pa se kant <i>Other people from paternal family</i>	T97	

21a Is daar iemand wat jy sal beskryf as jou kind se tweede ouer? Wie is hierdie persoon? (Iemand anders wat soos 'n ma vir jou kind is)/ *Is there someone who you would describe as your child's second/other parent? Who is this person?*

T104	
------	--

Persoon/ *Person:*

21b. Hoekom sê jy so? *Why do you say that?*

T105	
T106	
T107	

21 c. In watter opsig is die volgende toepaslik vir die persoon. *Which of the following applies to this person?* (first check if she understands what is meant under each of these)

Help met kindersorg/ <i>Helps with caregiving</i>	1
Dissiplineer my kind/ <i>Disciplines my child</i>	2
Maak besluite oor my kind se lewe bv hoe hy/sy groot gemaak word./ <i>Makes decisions about my child's life-how he is being raised.</i>	3
Leer vir my hoe om 'n ma vir my kind te wees/ <i>Teaches me how to be a mother to my child.</i>	4

T108	
T109	
T110	
T111	

21d Hoe is jou ma betrokke in jou kind se lewe? *How is your mother involved in your child's life?* (only ask if does not identify her own mother above)

T112	
T113	

	T114	
22 Is daar iemand anders wat ook n ouer rol in jou kind se lewe speel/ <i>Is there another person who also takes on a parenting role in your child's life?</i>	T115	
Persoon/ Person:		
22b. Hoekom se jy so?! <i>Why do you say so?</i>	T116	
	T117	
	T118	

22c. In watter opsig is die volgende toepaslik vir die persoon?! *Which of the following applies to this person?*

Help my met kindersog/ <i>Helps with caregiving</i>	1	T119	
Dissiplineer my kind/ <i>Disciplines my child</i>	2	T120	
Maak besluite oor my kind se lewe bv hoe hy/sy groot gemaak word./ <i>Makes decisions about my child's life-how he is being raised.</i>	3	T121	
Leer vir my hoe om 'n ma vir my kind te wees/ <i>Teaches me how to be a mother to my child.</i>	4	T122	

23a Hoeveel ervaring het Persoon 1 as dit kom by kinders grootmaak? *How much experience does Person 1 have in raising children?*

	T123	
	T124	

23b. Hoeveel ervaring het Persoon 2 as dit kom by kinders grootmaak? *How much experience does Person 2 have in raising children?*

	T125	
	T126	

24a Hoe is jou verhouding met Persoon 1 op die oomblik/ *What is your relationship like with Person 1 at the moment?*

1. Ons kom baie goed oor die weg/ *We get along very well*
2. Ons kom ok/oraait oor die weg/ *We get along ok*
3. Ons kom glad nie oor die weg nie/ *We do not get along at all*

24b. Watter soort verhouding het jy met Persoon 1 voor jou swangerskap gehad/ *What kind of relationship did you have with Person 1 before you became pregnant?*

1. Ons het baie goed oor die weg gekom/ *We got along very well*
2. Ons het ok/oraait oor die weg gekom/ *We got along ok*
3. Ons het glad nie oor die weg gekom nie/ *We never got along at all.*

24c. Hoekom is dit so-of hoekom is daar verskil-wat het gebeur? *Why is it like this or why is there a difference. What happened?*

	T127	
	T128	
	T129	
	T130	

25a. Hoe is jou verhouding met Persoon 2 op die oomblik/ *What is your relationship like with Person 2 at the moment?* T131

25b. Watter soort verhouding het jy met Persoon 2 voor jou swangerskap gehad? / *What kind of relationship did you have with Person 2 before you became pregnant?* T132

25c. Hoekom is dit so/Hoekom is daar n verskil-wat het gebeur? *Why is it like this or why is there a difference. What happened?* T133

T134

26a. Hoe is die kind se pa betrokke in sy/haar lewe? *How is the child's father involved in the child's life?* T135

1. Baie/ *Alot*
2. Nou en dan/ *Occasionally*
3. Baie min/ *Very little*

26b. Hoekom se jy so? *Why do you say so?* T136

T137

T138

27. Hoe sal jy jou familie se finansiële situasie beskryf? *How would you describe your family's financial situation?* T139

Nie genoeg geld aan die einde van die maand nie en ons sukkel nogal baie/ <i>Not enough left at the end of the month and we struggle alot</i>	1
Ons kom net net uit met genoeg aan die einde van die maand? <i>We just get by with enough</i>	2
Ons het n bietjie geld oor aan die einde van die maand - ons kom nog ok uit. <i>We have a little bit over at the end of the month.</i>	3

28. As jy kon skat hoeveel geld dink jy kom in aan die einde van die maand in die familie in/ *If you could guess, how much money do you think comes into the family every month?* T140

R 500-1000
R 1050-2000
R 2050-3000
R 3050-4500
>R 4500

29. Waarvan daan kom hierdie geld? / *Where does this money come from? (Ask if this includes any grants e.g CSG/ support from the child's father)* T141

T142

Appendix K

Division of Caregiving Labour Measure

Wie doen Wat? / Who does What?

No	Vraag	1 Ek doen dit als/ I do it all	2 Ons deel verant- woordlikheid/ we both do it equally	3 Sy/hy doen als/ S/he does it all
1	Maak die kind aan die slaap/ <i>Puts the child to bed.</i>			
2	Bad die kind/ <i>Baths the child.</i>			
3	Speel met die kind/ <i>plays with the child</i>			
4	Neem die kind dokter/kliniek toe/ <i>Takes the child to the doctor/clinic.</i>			
5	Bly by die huis as die kind siek is/ <i>Stays at home when the child is sick.</i>			
6	Trek die kind aan/ <i>dresses the child</i>			
7	Reageer as die kind begin huil/ <i>Responds when the child cries.</i>			
8	Doen die kind se wasgoed/ <i>Does the child's laundry</i>			
9	Maak die kind se kos aan/ <i>Makes the child's food</i>			
10	Voer die kind/ <i>Feeds the child</i>			
11	Staan op met die kind as hy/sy in die middel van die nag wakker word/ <i>Gets up with the child when s/he wakes up in the middle of the night.</i>			
12	Gaan stap/ry saam met die kind of gaan kuier/ <i>Takes the child walking, driving or visiting.</i>			
13	Ruil die kind se doeke om/help om toilet toe te gaan/ <i>Changes the child's nappies /helps with toileting.</i>			
14	Hoe tevrede voel jy met die verdeeldheid van die bogenoemde verantwoordelikhede tussen jou en [naam]? / <i>How satisfied are you with how you and [name] share the care giving duties above?</i>			
	1 Baie ontevrede / Very dissatisfied	2 Ontevrede / Dissatisfied	3 Tevrede / Satisfied	4 Baie tevrede/ Very Satisfied

Appendix L

CPQTM (Final)

Instruksie/ Instruction:

Hoe dikwels stem jy en [naam] saam oor die volgende? / How often do you and [name] agree about the following?

No	Stelling	1 nooit/ never	2 Selde/ seldo m	3 dikwels/ often	4 altyd/ always
15	[naam] en ek stem saam oor die soort kos/melk wat die kind moet kry. <i>[name] and I agree about the type of food/milk we give to the child.</i>				
16	[naam] en ek stem saam oor hoe ons liefde teenoor die kind wys. <i>[name] and I agree about the way in which we show love/affection towards the child.</i>				
17	[naam] en ek stem saam oor hoe om met die kind te speel. <i>[name] and I agree about how to play with the child</i>				
18	[naam] en ek stem saam dat daar altyd iemand moet wees om toesig oor die kind te hou. <i>[name] and I agree that there should always be someone watching the child.</i>				
19	[naam] en ek stem saam oor wat die kind mag en nie mag doen nie. <i>[name] and I agree on what the child may or may not do.</i>				
20	[naam] en ek stem saam oor hoe om te reageer wanneer die kind huil. <i>[name] and I agree about how to respond when the child cries.</i>				
21*	Wanneer ek en [naam] gesels oor hoe om die kind groot te maak, voel ek kwaad. <i>When [name] and I talk about how to raise this child, I feel angry.</i>				
22	[naam] en ek stem saam oor hoe om die kind se ontwikkeling te stimuleer. <i>[name] and I agree on how to stimulate the child's development.</i>				
23	[naam] en ek stem saam oor die waardes (values) wat ons die kind moet leer. <i>[name] and I agree about the values we need to teach this child.</i>				
24*	Wanneer ek en [naam] gesels oor hoe om die kind groot te maak word, stry ons baie. <i>When [name] and I talk about how to raise this child, we argue a lot.</i>				
25	[naam] en ek stem saam oor wanneer die kind lekkergoed mag kry. <i>[name] and I agree about giving the child sweets/luxuries.</i>				
26	[naam] en ek stem saam oor hoe die kind gestraf moet word as hy/sy stout is. <i>[name] and I agree about how to discipline the child when s/he is naughty.</i>				
27*	Wanneer ek en [naam] oor die kind gesels is die gesprek redelik stresvol. <i>When [name] and I talk about the child, the conversations becomes quite stressfull.</i>				
28	[naam] en ek stem saam dat ons die kind nie met vreemdelinge moet los nie. <i>[name] and I agree that we should not leave the child with strangers.</i>				

No	Stelling	1 stem glad nie saam nie/ <i>strongly</i> <i>disagree</i>	2 stem nie saam nie/ disagree	3 stem saam/ agree	4 stem volkome saam/ <i>strongly</i> agree
29	[naam] waardeer hoe hard ek werk om die kind groot te maak./[name] appreciates how hard I work to raise this child				
30	Omdat ons mekaar help om die kind groot te maak, het dit [naam] en myself nader aan mekaar gebring./ <i>Raising this child together has brought me and [name] closer together.</i>				
31	Die verdeling van kindersorg aktiwiteite tussen my en [naam] is regverdig./ <i>The way in which childcare activities is divided between [name] and I is fair.</i>				
32 *	[naam] stry in die kind se teenwoordigheid saam met my./ <i>[name] argues with me in front of the child.</i>				
33	[naam] laat my voel dat ek 'n goeie ouer vir die kind is./ <i>[name] makes me feel like I am a good parent to my child.</i>				
34 *	[naam] verwag te veel van my om vir die kind te sorg./ <i>[name] expects too much from me to care for this child.</i>				
35	[naam] ondersteun die besluite wat ek vir die kind moet neem./ <i>[name] supports the decisions I have to make about the child.</i>				
36 *	[naam] probeer om al die besluite te neem oor hoe die kind groot gemaak moet word./ <i>[name] tries to make all the decisions about how this child should be raised.</i>				
37	Deurdadig sy/hy my help om die kind groot te maak het ek sekere goeie eienskappe in [naam] laat sien wat ek nie voorheen opgelet het nie./ <i>Parenting this child together has helped me see positive qualities in [name] that I never noticed before.</i>				
38	[naam] gee my genoeg help met die kind./ <i>[name] gives me sufficient help with this child.</i>				
39 *	[naam] laat my voel dat ek 'n slegte invloed op die kind is./ <i>[name] makes me feel like I am a bad influence on this child.</i>				
40	Wanneer alles net te veel vir my geword het, gee [naam] my die nodige ondersteuning? <i>When everything becomes too much for me, [name] gives me the necessary support.</i>				
41	Ek en [naam] spandeer dikwels spesiale tyd saam met die kind./ <i>[name and I often spend special time together with this child.</i>				
42 *	[Naam] gee in vir die kind nadat ek nee gese het./ <i>[name] gives in to the child after I have said no.</i>				
43	Ek en [naam] praat dikwels oor wat die beste is vir die kind./ <i>[name] and I often talk about what is best for the child</i>				
44	Ek en [naam] kan maklik oor die kind kommunikeer./ <i>[name] and I can communicate easily about the child.</i>				
45 *	[naam] sluit my uit as dit kom by spesiale oomblike met die kind. / <i>[name] excludes me from special time with the child.</i>				
46	Ek en [naam] praat dit met mekaar uit wanneer ons verskil oor hoe die kind groot gemaak moet word./ <i>When [name]</i>				

No	Stelling	1 stem glad nie saam nie/ <i>strongly</i> <i>disagree</i>	2 stem nie saam nie/ <i>disagree</i>	3 stem saam/ <i>agree</i>	4 stem volkome saam/ <i>strongly</i> <i>agree</i>
	<i>and I disagree about how to raise the child, we discuss the issue and try to reach a compromise.</i>				
47	[naam] laat my weet wat met die kind gebeur het wanneer ek nie daar was nie./[name] lets me know what has been happening with the child if I have been away.				
48 *	Wanneer ek en die kind saam speel, onderbreek [naam] die speletjie en begin van my oor vat./When the child and I are playing, [name] interrupts us and takes over.				
49	Nadat ek en [naam] 'n moeilike situasie met die kind uitgesorteer het, bespreek ons dit en probeer dan dink oor hoe ons dit beter kon hanteer het./ After [name] and I have handled a difficult situation with the child, we discuss it and try to figure out what we could have done better				
50 *	[naam] verleen geen hulp met die kind wanneer ek dit nodig het nie./[name] does not help me with the child when I need it.				
51 *	[naam] gee my nie genoeg kans om na die kind om te sien nie./ [name] does not give me enough chance to take care of the child.				
52 *	[naam] ignoreer die reëls wat vir die kind saamgestel is./[name] ignores the rules that we have set for the child.				
53	[naam] vra dikwels my mening oor hoe die kind groot gemaak word./[name] often asks my opinion about how the child is being raised.				
54 *	[naam] sê vir mense dat sy/hy 'n groter rol as ek, in die kind se lewe speel./[name] tells people that she plays a greater role in the child's life than me.				
55 *	[naam] is dikwels te besig met ander dinge om my te help om vir die kind te sorg./[name] is often too busy with other things to help with child care.				
56	[naam] ondersteun my besluite wanneer ek die kind moet dissiplineer. [name] supports my decisions when I have to discipline the child.				
57 *	[naam] kompeteer met my vir die kind se aandag./[name] competes with me for the child's affection.				
58	Ek en [naam] werk goed saam as 'n span om die kind groot te maak./[name] and I work well together as a team to raise this child.				
59 *	[naam] hou daarvan om met die kind te speel en laat dan al die moeilike en harde werk van die kind aan my oor./[name] likes to play with the child and then leaves all the hard work for me to do.				
60	[naam] gee vir my raad oor hoe om 'n goeie moeder vir my kind te wees./[name] gives me parenting advice on how to be a good mother to my child.				
61 *	Wanneer ek [naam] vir hulp met die kind vra ignoreer sy my./ When I ask [name] to help me with the child, she ignores me.				
62	Wanneer [naam] alleen met die kind is sê sy goeie dinge oor my./When [name] is alone with the child she says good				

No	Stelling	1 stem glad nie saam nie/ <i>strongly</i> <i>disagree</i>	2 stem nie saam nie/ disagree	3 stem saam/ agree	4 stem volkome saam/ <i>strongly</i> agree
	<i>things about me.</i>				
63	[naam] is bereid om persoonlike opofferings te maak sodat sy my kan help om die kind groot te maak./[<i>name</i>] is willing to make personal sacrifices to help me raise this child.				
64	[naam] luister wanneer ek haar iets oor die kind vertel/sê./[<i>name</i>] listens to me when I tell her things about the child.				
65 *	[naam] kritiseer (criticise) die manier hoe ek die kind grootmaak./[<i>name</i>] criticises the way in which I am raising this child.				
66	Ek het geleer indien daar iets belangrik oor die kind gedoen moet word kan ek op [naam] staatmaak om dit te doen. / I have learned that if the child needs something important to be done, I can rely on [<i>name</i>] to do it.				
67 *	Wanneer die kind iets wil he en ek sê nee, sal [naam] ja sê. /When the child wants something and I say no, [<i>name</i>] will say yes.				
68	As ek 'n verkeerde besluit geneem het oor die kind, kan ek met [naam] daaroor gesels. / When I feel I have a mistake with the child, I can talk it over with [<i>name</i>].				
69	Deurdadig sy my help om die kind groot te maak, het ek en [naam] 'n nuwe fokus vir die toekoms. / Parenting this child together has given me and [<i>name</i>] a focus for the future.				
70 *	In die geval van 'n krisis met die kind help [naam] my nie so veel as wat ek sou wil hê nie. /When there is a crisis with the child, [<i>name</i>] does not give me the support that I need.				
71	[naam] moedig my aan om vir die kind te sorg./[<i>name</i>] encourages me to care for the child.				
72 *	[naam] sê slegte dinge oor my in die kind se teenwoordigheid./[<i>name</i>] says bad things about me in front of the child.				

Appendix M

Script for the Interview Schedule

<p>Introduction Thank you Language choice</p>	<p>Dankie dat jy bereid is om saam met my vadag te gesels. Is dit beter vir jou as ek Afrikaans praat? <i>I want to thank you for taking the time to meet with me today. Do you prefer that we speak in English or Afrikaans?</i></p>
<p>My name</p>	<p>My naam is Alecia Samuels en ek is huidiglik besig met 'n doktrale navorsigsprojek by die Universiteit Pretoria. <i>My name is Alecia Samuels and I am currently a PhD student at the University of Pretoria.</i></p>
<p>Purpose</p>	<p>My navorsing kyk na die vraag "Wie help tienermoeders om na hul kinders te kyk, wat is die soort hulp wat hulle kry en wat is die kwaliteit van die verhouding tussen die tiener ma en die persoon wat sy identifiseer wat haar die meeste help. Hierdie navorsing sal mense wat met tienerma's werk, help om te identifiseer wie moet almal bygevoeg word in hierdie programme. Dit sal ook help om te sien hoe die verskillende kulture kindersorg hanteer wanneer 'n jong meisie 'n ma word. <i>I am presently conducting in a research study titled "The co-parenting arrangements and caregiving environments of teenage mothers". The purpose of this study is to find out who mainly helps teenage mothers to parent their child, the kind of help that they are getting and the quality of the relationship between the teenage mother and the person who helps to take care of her child. The study will help people working with teenage mothers to know how different cultures approach child rearing when a teenage girl has a child. It will also help i to know who needs to be included in intervention programmes for teenage mothers.</i></p>
<p>Duration How interview will be conducted.</p>	<p>Ek sal vir die meeste so omtrent 'n uur met jou gesels. Ek sal eers 'n onderhoud met jou voer om 'n bietjie meer oor jou te vind en wie jou help om na jou kind te kyk. Daarna sal ek ook moontlik vir jou vra om 'n vraelys in te vul wat gaan oor hoe goed werk jy en ander mense saam met mekaar om jou kind groot te maak en te sorg. <i>I will need approximately an hour of your time where I will first conduct and interview with you in order to find out some information about you and who assists you to look after the child. Then I will ask you to complete a questionnaire which will look at how you and (teenage mothers name/coparent) work together to take care of (child's name).</i></p>
<p>Recording</p>	<p>Ek sal die sessie met jou opneem omdat ek nie iets wil mis nie want ek sal nie alles so gou kan neerskryf. Is dit ok met jou so? <i>I will be recording the session because I don't want to miss any of your comments. Although I will be taking some notes during the session, I am not able to write fast enough to get it all down.</i></p>
<p>Confidentiality Vountary participation and withdrawal</p>	<p>Alles waaroor ons gesels is vertroulik. Dit wil sê net ek en my supervisor sal weet waaroor ons gesels het en ons sal verseker dat enige informasie wat jou as persoon kan identifiseer verwyder sal word uit enige navorsing wat opgeskryf is. Jy hoef nie oor iets te praat wat jy nie wil nie en jy kan hierdie onderhoud enige tyd eindig. Jou deelname in hierdie navorsing is heeltemal uit vrye wil uit</p>

	<p>en jy of jou ouer mag jou uit die navorsings projek ontrek op enige tyd en daar sal geen negatiewe gevolge ly nie. As jy jousef ontrek dan sal ek alle informasie wat ek van jou gekry het verwyder en opskeur.</p> <p><i>All your responses will be kept confidential. This means that your responses will only be shared between me and my supervisor and we will ensure that any information we include in the study does not identify you. You don't have to talk about anything you don't want to and you may end the interview at any time. Your participation in this research study is also purely voluntary and you (or your guardian-for teenage mothers) may withdraw from the study at any time without any negative consequences. If you withdraw from the study then all information that I obtained from you will be destroyed.</i></p>
Opportunity to ask questions	<p>Is dit reg so? Enige vrae op hierdie stadium? <i>Do you have any questions about what I have just explained?</i></p>
Signature of consent	<p>As jy bereid is om deel te neem in hierdie navorsings projek dan moet jy hierdie brief teken wat my toesteming gee om met jou n onderhoud te voer. As jy jonger as 18 jaar oud is, dan sal jou ouer of die persoon wat vir jou verantwoordelik is ook moet toestemming gee en teken.</p> <p><i>Are you willing to participate in this study? If so could you please sign this letter of consent to take part in this study. If you are younger than 18 years of age then your parent or guardian will also need to give consent and sign this</i></p>
Thanks	<p>Baie dankie <i>Thank you, very much</i></p>
Interview Questions	<p>Ek gaan nou met die onderhoud begin. Ons sal stap vir stap deur die vrae deur gaan en as ek iets nie lekker verduidelik nie, kan jy my dan vra om dit te herhaal of beter te kan stel so dat dit verstaanbaar is.</p> <p><i>I am now going to conduct the interview with you. We will be going through the questions systematically. Please ask me to explain something again if you don't understand. (See Interview schedule for teenage mothers/ coparents for questions).</i></p>
Closing of Interview	<p>Is daar iets ander wat jy wil byvoeg of vra?</p> <p>Ons sal nou met die tweede gedeelte voortgaan waar jy die vraelys deurgaans en invul. Hierdie vraelys gaan oor hoe jy en Persoon 1/2 saamwerk om jou kind groot te maak en te versorg.</p> <p><i>Do you have anything further to add?</i></p> <p><i>We will now be going on to the second part where I will ask you to complete a questionnaire about how you and Person 1/2 work together in raising your child</i></p>

Appendix N

Procedural Integrity Checklist for the Interview Schedule

Stage of interview	Procedure	Yes	No	Unsure
Introduction	1. Did the researcher introduce herself?			
	2. Did the researcher give the participant a choice of the language in which to conduct the interview?			
	3. Did the researcher explain the purpose of the study?			
	4. Did the researcher explain the purpose of the interview?			
	5. Did the researcher give an indication of how long the interview would take?			
	6. Did the researcher explain how the interview would be conducted?			
	7. Did the researcher explain about recording the interview?			
	8. Did the researcher assure confidentiality?			
	9. Did the researcher explain about voluntary participation and withdrawal from the study?			
	10. Did the researcher give the participant an opportunity to ask questions about the research?			
	11. Did the researcher obtain informed consent for participation in the study?			
Interview Schedule Questions	12. Did the researcher explain how the interview would be conducted?			
	13. Were questions read out according to the interview schedule?			
	14. Did the researcher ask factual questions before opinion questions?			
	15. Did researcher use show cards for questions which warranted it?			
	16. Were participants given sufficient time to respond to questions?			
	17. Were participants given the opportunity to ask questions/clarification?			
	18. Did the researcher use probe questions appropriately when needed?			
	19. Were the participants asked if they had any more to add?			
	20. Did the researcher explain what would happen after the interview?			

Appendix O

CPQTM Analysis Sheet

DOMAIN 1: Child rearing Agreement

Question	Score	
T15		
T16		
T17		
T18		
T19		
T20		
T22		
T23		
T25		
T26		
T28		
TOTAL		T274

DOMAIN 2: Shared Parenting

Question	Score	
T31		
T34*		
T38		
T50*		
T55*		
T59*		
T63		
T66		
T70*		
TOTAL		T275

DOMAIN 3: Supportive Co parenting

Question	Score	
T29		
T33		
T35		
T40		
T46		
T47		
T49		
T53		
T56		
T60		
T62		
T64		
T68		
T71		
TOTAL		T276

DOMAIN 4: Undermining Coparenting

Question	Score	
T32*		
T36*		
T39*		
T42*		
T45*		
T48*		
T51*		
T52*		
T54*		
T57*		
T61*		
T65*		
T67*		
T72*		
TOTAL		T277

DOMAIN 5: Coparenting Solidarity

Question	Score	
T30		
T37		
T41		
T43		
T44		
T58		
T69		
TOTAL		T278

DOMAIN 6: Coparenting Conflict

Question	Score	
T21*		
T24*		
T27*		
TOTAL		T279

CPQTM TOTAL SCORE

DOM1		T274
DOM 2		T275
DOM 3		T276
DOM 4		T277
DOM 5		T278
DOM 6		T279
TOTAL		T280

*items that require reverse scoring

Appendix P

Coparent Interview Schedule (Final)

Datum van Onderhoud: (dd:mm:jj) _____
 Date of interview (dd:mm:yy)

1. Deelnemer nommer/ <i>Participant number</i>							
2. Coparent to Participant...							

2. Hoe oud is U/ *How old are you?* _____ D.O.B. _____

4. Verhouding tot tiener moeder/ <i>Relationship to the teenage mother</i>	
5. Haar moeder/ <i>Her mother</i>	
6. Haar ouma/ <i>Her grandmother</i>	
7. Kind se pa/ <i>Child's father</i>	
8. Kind se pa se Moeder/ <i>Child's father's mother</i>	
Ander/ <i>Other</i>	

5. Is jy .../ <i>Are you..</i>	
4. Getroud/ <i>Married</i>	
5. Geskeil/ <i>Divorced</i>	
6. Weduweel/ <i>Widowed</i>	
7. Single op die oomblik/ <i>Single at the moment</i>	
8. Bly met iemand/ <i>Living together with someone</i>	
9. Nooit getroud nie/ <i>Never been married</i>	

6. Hoeveel kinders het jy?/ *How many children do you have?*

Meisies/ <i>Girls</i>	
Seuns/ <i>Boys</i>	

7. Hoe oud was jy toe jy jou eerste kind gehad het?/ *How old were you when you had your first child?*

16-20 jaar/years	1				
20-25 jaar/years	2				
26-30 jaar/years	3				

En spesifieke ouderdom?
 Specific age? _____

8. Wie bly almal saam met jou?/ *Who are all the people who live with you?*

MENSE/ <i>PEOPLE</i>		Hoeveel/ <i>Number</i>		Ouder- dom/ <i>Age</i>		Werk / <i>Work</i>
My Man/ <i>My husband</i>						
Kêrel/ <i>boyfriend</i>						
My dogter/s / <i>My daughter/s</i>						

My seun/s / My son/s				
Susters/ Sisters				
Broers / Brothers				
Auntiel/ Aunts				
Oom/ Uncles				
Niggies/ Cousins (female)				
Neefs/ Cousins (male)				
Kinders van die famile/ Children of the family				
Tiener ma (as dit nie haar dogter is nie)/ Teenage mother (if it is not her daughter)				
Ander/ Other (specify)				
TOTAL				

9. Wie is die hoof van julle gesin/huis?! *Who is the head of your family?*

Jy self/ You	1
Jou man/ Your husband	2
Iemand anders/ Someone else (specify)	3

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10. Is die huis waarin julle bly...! *Is the house wherein you are staying...*

Julle eie?! Your own?	
Huur/ Renting?	
Ander/ Other e.g staying in someone else's house, Wendy house etc.	

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11. Hoe sal jy jou gesondheid beskryf? *How would you describe your health?*

1. Goed / Good
2. Gemiddeld/ Average
3. Sleg/ Poor

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11b. Beskryf enige spesifieke mediese probleme en hoe beïnvloed dit jou vermoë om na die kind te kyk?
Describe any specific medical problems and if affects your ability to care for the teenage mother's child?

12. Hoe is die kind se gesondheid? *How would you describe the child's health?*

4. Goed/ *Good*
5. Gemiddeld/ *Average*
6. Sleg/ *Poor*

12b. *Indien sy gemiddeld of sleg sê vra dan: "Affekteer dit sy/haar gedrag? In watter opsig?"*
If she says average or poor ask her if it affects the child's behaviour? In what way?

13. Is jy bewus van enige ontwikkelingsprobleme met die kind?/ *Are you aware of any developmental delays that the child might have?*

Ja	1	Nee	2
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13b Verduidelik? (As sy Ja se)/ *Explain (If she says Yes)*

14. Wat is jou hoogste opvoedkundige kwalifikasie?/ *What is your highest educational qualification?*

Standard:	
College/Tech	
Nie skool gegaan nie/ <i>Never went to school</i>	

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15. Is jy huidiglik../ *Are you currently..*

Voltydse vaste werk/ <i>Employed permanently</i>	
Casual/Kontrak Werk/ <i>Casual or contract work</i>	
Werkloos/ <i>Unemployed</i>	
Op skool/ <i>At school</i>	
College/ <i>At college</i>	
Huisvrou/ <i>Housewife</i>	
Afgetree/ <i>Retired</i>	

15b. (As sy werkend is) Die tipe werk wat jy doen./ *If she is working the type of work she does?*

15c. (As sy werkloos is) Hoe lank is jy sonder werk in die laaste twee jaar./ *If she is unemployed, how long has she been out of work in the last 2 years?*

15d. As sy nie meer werkend is nie, wanneer het sy ophou werk?/ *If she is not working when did she stop working?*

Voordat tienerma haar baba gehad het/ <i>Before the teenage mother had the baby</i>	1
Nadat tienerma haar baba gehad het/ <i>After the teenage mother had the baby</i>	2

16. Hoe sal jy sê word die tiener ma se kind groot gemaak? In your opinion how would you describe the manner in which the teenage mother's child is being raised.

Ek help die tienerma om haar kind groot te maak./ <i>I am helping her to raise her child.</i>	1
Oor die algemeen maak die tienerma haar kind alleen groot. / <i>She is raising her child on her own.</i>	2
Ek het die verantwoordelikheid van die tienerma oorgeneem en ek maak haar kind vir haar groot./ <i>I have taken over complete responsibility and I am raising her child for her</i>	3

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16b. Hoekom sê jy so? *Why do you say this?*

17 In watter opsig is die volgende toepaslik aan jou as dit kom by hoe jy haar help met om die kind groot te maak./ *Which of the following are applicable to you when it comes to helping her raise her child?*

Help om na haar kind te kyk bv met kindersorg/ <i>I help with caregiving</i>	1
Ek help met dissiplinering van die kind/ <i>I help to discipline her child.</i>	2
Maak besluite oor die kind se lewe bv hoe hy/sy groot gemaak word./ <i>make decisions about the child's life e/g the manner in which s/he is being raised.</i>	3
Leer tiener oor hoe om 'n ouer/ma vir haar kind te wees./ <i>I teach the teenage mother how to be a mother to her child.</i>	4
Help haar met geld/ <i>I contribute financially.</i>	5

Help haar met kos, klere, doekel / *I help her with food, clothes, nappies.*

6

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18. Hoekom het jy besluit om die tienerma te help om haar kind groot te maak? / *Why did you decide to help the teenage mother raise her child with her?*

19. Op watter stadium het jy/julle besluit geneem om haar te help./ *At what point did you make that decision to help her?*

20. Hoe sien jy jou rol in haar en die kind se lewe op die oomblik? *What do you see as your role in her child's life?*

21. Hoeveel ander kinders behalwe hierdie een maak jy groot op die oomblik en hoe oud is hulle (NB: sluit sy die tiener ma in hierdie getal in)/ *How many other children besides this one are you currently raising?(NB: Does she include the teenage mother in this number?)*

22. Moet jy vir enigiemand anders sorg bv iemand wat siek is of wat help nodig het?/ *Do you have to care for anyone else?*

Ja		Nee	
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Indien Ja beskryf./ *If yes, please describe?*

23. Behalwe julle twee is daar iemand anders wat ook 'n ouer rol in die kind se lewe speel?/ *Besides the two of you, is there anyone else who also plays a parenting role in the child's life?*

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Persoon/ *Person (Specify):*

23b. Hoekom se jy so? *Why do you say this?*

23c. In watter opsig is die volgende toepaslik van hierdie persoon? Which of the following are applicable to this person?

Help om na haar kind te kyk bv met kindersorg/ <i>Helps with caregiving.</i>	1	<input type="checkbox"/>
Help met dissiplinerig van die kind/ <i>Helps with disciplining.</i>	2	<input type="checkbox"/>
Maak besluite oor die kind se lewe bv hoe hy/sy groot gemaak/ <i>Makes decisions about the child's life.</i>	3	<input type="checkbox"/>
Leer tiener oor hoe om 'n ouer/ma vir haar kind te wees./ <i>Teaches her how to be a mother to her child.</i>	4	<input type="checkbox"/>
Help haar met geld/ <i>Helps her financially.</i>	5	<input type="checkbox"/>
Help haar met kos, klere doeke/ <i>Helps her with food, clothes, nappies.</i>	6	<input type="checkbox"/>

24 Hoeveel ervaring het jy as dit kom by kinders grootmaak? *How much experience do you have in raising children?*

<input type="checkbox"/>	<input type="checkbox"/>
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25. Hoeveel ervaring het Persoon 2 as dit kom by kinders grootmaak? *How much experience does Person 2 have in raising children?*

<input type="checkbox"/>	<input type="checkbox"/>
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26a Hoe is jou verhouding met die tienerma op die oomblik?/ *How would you describe your relationship with the teenage mother?*

6. Ons kom baie goed oor die weg/ *We get along very well*
7. Ons kom ok/oraait oor die weg/ *We get along ok*
8. Ons kom glad nie oor die weg nie/ *We do not get along at all.*

26b. Watter soort verhouding het jy met tiener ma voor haar swangerskap gehad. *What was your relationship with the teenage mother like before she became pregnant?*

4. Ons het baie goed oor die weg gekom/ *We got along very well*
5. Ons het ok/oraait oor die weg gekom/ *We got along ok*
6. Ons het glad nie oor die weg gekom nie/ *We did not get along at all*

26c. Hoekom is dit so/Hoekom is daar verskil-wat het gebeur?/ *Why is it this way/Why is there a difference or what made it change?*

<input type="checkbox"/>	<input type="checkbox"/>
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27a. Hoe is jou verhouding met Persoon 2 op die oomblik./ *What is your relationship like with Person 2 at the moment?*

<input type="checkbox"/>	<input type="checkbox"/>
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27b. Watter soort verhouding het jy met Persoon 2 voor tienerma swanger geraak het?/ *What kind of relationship did you have with Person 2 before the teenage mother became pregnant?*

<input type="checkbox"/>	<input type="checkbox"/>
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27c. Hoekom is dit so?/Hoekom is daar n verskil?-Wat het gebeur? *Why is it this way/Why is there a difference or what made it change?*

28. Hoe sal jy jou familie se finansiële situasie beskryf?/ *How would you describe your family's financial situation?*

Nie genoeg geld aan die einde van die maand nie en ons sukkel nogal baie./ <i>We do not have enough money left at the end of the month and we struggle quite a bit.</i>	1	
Ons kom net net uit met genoeg aan die einde van die maand./ <i>We just get by at the end of the month.</i>	2	
Ons het 'n bietjie geld oor aan die einde van die maand/ <i>We have a little money over at the end of the month.</i>	3	

29. As jy kon skat hoeveel geld dink jy kom in aan die einde van die maand in die familie in?/ *If you give a rough estimate, how much money would you say comes into the family at the end of the month?*

R 500-1000		
R 1050-2000		
R 2050-3000		
R 3050-4500		
>R 4500		

30. Waarvan daan kom die familie se inkomste?/ *Where does this money come from?*

31. Hoe sal jy die gemeenskap beskryf waarin hierdie kind groot gemaak word?/ *How would you describe this community in which this child is being raised.*
