

**THE EXPERIENCES OF TEENAGE PREGNANCY DURING A PANDEMIC BY  
MOTHERS WHO ARE HIV-POSITIVE**

**by**

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**Submitted in partial fulfilment of the requirements for the degree**

**M ED EDUCATIONAL PSYCHOLOGY**

**in the Faculty of Education**

**at the**

**UNIVERSITY OF PRETORIA**

**Supervisor: Prof. Irma Eloff**

**SEPTEMBER 2023**

## Declaration of Originality

I, Lethabo Rebecca Mbatha, student number, 14066956, hereby declare that this mini-dissertation, “The experiences of teenage pregnancy during a pandemic by mothers who are HIV-positive,” submitted in accordance with the requirements for the Magister Educationis (Educational Psychology) degree at the University of Pretoria, is my own original work and has not previously been submitted to any other institution of higher learning. All sources cited or quoted in this mini-dissertation are indicated and acknowledged with a comprehensive list of references.



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MEd  
The experiences of teenage pregnancy during  
a pandemic by mothers who are HIV-positive

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23 November 2021

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The author, whose name appears on the title page of this dissertation, has obtained the applicable research approval for the research described in this work. The author declares that she has observed the ethical requirements in terms of the University of Pretoria's Code of Ethics for Researchers and the Policy guidelines for responsible research.



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LETHABO REBECCA MBATHA

09 September 2023

## Dedication

To my late mother...

My first and most enduring love, the one who bore me upon her shoulders. I am profoundly inspired by the remarkable woman who chased her aspirations even when the world doubted her strength, her voice quivering and hands trembling, she relentlessly pursued the dream of becoming an Educator. For 22 years, she dedicated herself to educating countless Grade 1 students in South African townships until God called her to heaven. Your unyielding spirit and determination were awe-inspiring. Among the multitude of beautiful aspects in my life, this research stands as my mother's precious gift to me and her most enduring legacy.



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To my supervisor, Prof Irma Eloff, thank you for your patience, expertise, guidance and unwavering support. Your constructive feedback and mentorship have been instrumental in shaping the vignette researcher I ought to become. You have greatly contributed to my deeper appreciation of Educational Psychology. Your impact on my career and life will always be one that is deeply cherished by me.

To my husband, Velemseni Ndumiso Ndlovu, we met as just high school sweethearts and you have been a blessing since that very first day at our favourite park. You have kept me, thank you Gatsheni, Mpongo ka Zingelwayo!

To my Father, you fought so hard and so earnestly, a young man that came from the farms of KwaZulu-Natal to pursue a dream of success, your daughter has carried the dream whole-heartedly and I hope it will continue for many generations. Mthiya, Shandu ka Ndaba wena weBhunu, BoNdabezitha, Sontshikazi, I am forever grateful for the role you played in my journey with psychology!

To my maternal ancestors and family, nina abakwaThusi, Mlothswa, your roars have been loud, fierce and ever so present in this journey. Niyabhunga njengama bhubhesi, amaThusi akhuzimulayo, that never fail to shine in all rooms they walk into.

To my angel baby Ziphozenkosi Ndlovu, though I carried you for a very short time, your impact will be one for a lifetime, the little memory of you has kept me fighting to be better and to do better, you will always be loved my child.

To my best friend and confidant, Zamanqashe Daka, thank you for your prayers Mabhuku, constant words of encouragement, and unwavering support, thank you for your constant

reminders that this is not for me but for thousands of young girls all over Africa, I pray that it will reach greater heights as you had always wished.

Finally, I would like to extend my deepest gratitude to the participants for their vulnerable parts of themselves and their time, who shared their personal stories and homes with me, this research would have not been possible without their valuable input and insight.

## Abstract

This qualitative study aimed to understand the unique psychosocial, healthcare, and economic dimensions that converged in the lives of young, HIV-positive mothers during the Coronavirus 2019 (COVID-19). The study combined a qualitative phenomenological vignette research design and exploratory case studies. The participants (n = 2) comprised purposefully selected HIV-positive teenage mothers who were pregnant during the COVID-19 pandemic.

The data were gathered and generated through vignette-guided interviews and observations. The analysis comprised of crafting vignettes, member checking, and resonance readings. Subsequently, the findings reveal that the COVID-19 global pandemic intensified the pre-existing vulnerabilities faced by these young HIV-positive mothers, exacerbating adversity related to healthcare access, stigma, mental health, and economic stability. However, the participants also demonstrated remarkable resourcefulness in navigating these challenges by utilising both formal and informal support networks. Additionally, the study uncovered critical insights into the necessary adaptations and innovations in healthcare delivery for this demographic, as necessitated by the pandemic. The findings strongly suggest the urgent need for tailored interventions, comprehensive healthcare policies, and targeted support systems to address the multi-faceted needs of teenage mothers living with HIV, especially in the context of future public health crises.

**Key terms:** Teenage mother, Covid-19 pandemic, HIV, teenage pregnancy, vignette research



## Language Editing Certificate

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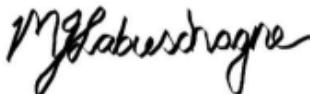
To whom it may concern

The dissertation entitled, "The experiences of teenage pregnancy during a pandemic by mothers who are HIV-positive" has been edited and proofread as of 02 November 2023.

As a language practitioner, I have a basic degree in languages, an honours degree in French, and a master's degree in assessment and quality assurance. I have been editing, proofreading, carrying out reference control, and technically formatting documents for the past 13 years.

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## List of Acronyms/Abbreviations

COVID-19	Coronavirus disease 2019
HIV	Human immunodeficiency virus
HSRC	Human Sciences Research Council
IVR	Innsbruck Vignette Research
SA	South Africa
WHO	World Health Organization
WVI	World Vision International

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# CHAPTER 1: BACKGROUND TO THE STUDY

## 1.1 Introduction and rationale

Since March 2020, the world has been confronted with a global health crisis that has seemingly been growing exponentially, disrupting the lives of many communities, families, and children. Around the world, the COVID-19 pandemic's effects on various facets of life are still being felt. In particular, the socioeconomic, social, cultural, educational, and health aspects of people's lives have been influenced by the global pandemic. Teenage pregnancy was identified as one such socioeconomic challenge. This is so because the effects of COVID-19 global pandemic have resulted in the suspension of education, increase in gender-based violence, increase in negative psycho-social effects, and loss of livelihoods (Okeke et al., 2022). Therefore, it is evident that <sup>1</sup>Sustainable Development Goals 1, 3, 5, and 16 (United Nations General Assembly, 2015) have not been achieved in most sub-Saharan countries due the pandemic. In light of this, World Vision International (WVI) reported that an estimated one million pregnant adolescent girls across sub-Saharan Africa may have faced being denied re-entry to school due to pregnancy during the COVID-19 global pandemic lockdown (Baker, 2020).

The teen birth rate is declining globally, which is a good thing as teenage pregnancy negatively impacts the future prospects of young women. The global teenage fertility rates range from five per 1 000 in Eastern Asia to 121 per 1 000 in Sub-Saharan Africa. South Africa has the lowest rate in comparison to most middle-income countries in sub-Saharan Africa (Macleod & Tracey, 2010).

The steady decline in teenagers giving birth is evident, however, in South African (SA) schools, teenage pregnancy remains a growing concern. Teenage pregnancy has

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<sup>1</sup> End poverty in all its forms everywhere; 3: Ensure healthy lives and promote well-being for all at all ages; 5: Achieve gender equality and empower all women and girls; 16: Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels.



adverse outcomes in terms of the plans and education of high school students at the individual and personal level (Jonas et al., 2016). Reportedly, adolescent girls who give birth have an overwhelming experience of balancing schooling and motherhood simultaneously. Therefore, teenage pregnancy impedes school progress as there is a frequent decrease in academic performance and irregular school attendance during the term of the pregnancy and after the pregnancy, which often results in discontinuation of studies (Nkosi & Pretorius, 2019).

While Jonas et al. (2016) report a steady decline in teenage pregnancy in SA, in contrast, Nkosi and Pretorius (2019) find that teenage pregnancy has increased at an alarming rate, which raises concern regarding the health status of teenagers, especially in a country that has a high prevalence of the Human Immunodeficiency Virus (HIV). Furthermore, Onoya et al. (2014) states in a Human Sciences Research Council (HSRC) survey that HIV Prevalence is common. In the 15-49 year old age group, the prevalence of HIV was recorded at 18.8%, of which females were recognised as being at a higher risk. Therefore, adolescent girls' protection is highly compromised by factors that contribute to them contracting or being exposure to HIV. A gap in the research is noted as there seems to be an increase in teenage pregnancies, but limited research has been conducted regarding the context of an ongoing global pandemic. Therefore, it is important that adolescent girls are the centre of focus as they have proved to have a higher potential of being exposed to HIV. This identified gap can be addressed through comprehensive, in-depth research on teenage pregnancy. This research can be optimised to gain further insight into the various factors associated with teenage pregnancy, focusing on the experiences of teenage mothers during the global pandemic.

## **1.2 Literature review**

Bronfenbrenner's Ecological Theory is a model that was developed to highlight various aspects of human development. In this research, this was applied to the experiences of teenage mothers with various systems that are socially constructed, which often hinder or perpetuate growth and change (Bronfenbrenner, 1979). This theory emphasises

individuals, as the core element of the model, as being enclosed by their microsystem, mesosystem, exosystem, macrosystem and chronosystem (Bronfenbrenner, 1979).

Bronfenbrenner's Ecological Systems Theory further provides a comprehensive framework for understanding the complex interplay of the individual, interpersonal, and contextual factors that influence human development (Bronfenbrenner, 2008). Applied within the context of teenage pregnancy among mothers who are HIV-positive during a pandemic, this theoretical lens offers insights into the multi-layered challenges and resilience factors shaping their experiences. This addition to the literature review examines the applicability of Bronfenbrenner's theory in elucidating the ecological dynamics at play, and informing targeted interventions for this marginalised population. In this context, the microsystem includes how teenage mothers interact with their social surroundings and communities; this interconnectedness is defined as the mesosystem. The mesosystem is characterised as the support provided to pregnant teenage mothers by their teachers and guardians.

At the microsystem level - the immediate environment in which individuals interact on a daily basis, the experiences of teenage mothers living with HIV during a pandemic are influenced by factors such as family dynamics, peer relationships, and healthcare access. Nkosi and Pretorius (2019) highlight the pivotal role of family support in mitigating the psychosocial impact of teenage pregnancy and HIV diagnosis, providing a source of resilience amidst adversity. Conversely, family conflict and a lack of support can exacerbate stress, and contribute to adverse outcomes for both mother and child. Peer relationships also play a significant role, with peer support networks serving as a source of solidarity and empowerment for adolescent mothers navigating intersecting challenges. However, stigma and discrimination from peers can further marginalise this population, hindering their access to social support, and exacerbating feelings of isolation.

The mesosystem encompasses the interconnections between various microsystems, including the interactions between family, school, healthcare systems, and community resources. In the context of teenage pregnancy and HIV-positive status during a pandemic, disruptions in the mesosystem have profound implications for access to

essential services and support. Research by Lowe et al. (2022) underscores the impact of pandemic-related restrictions on healthcare access, with adolescents facing barriers to prenatal care, HIV treatment, and sexual and reproductive health services. Additionally, disruptions in educational systems and community-based support programmes further compound the challenges faced by adolescent mothers. This therefore limits their access to resources, and exacerbates social isolation. Interventions that strengthen the linkages between microsystems, such as integrated healthcare and social support services, are essential for promoting holistic well-being, and addressing the multifaceted needs of this population.

The exosystem encompasses broader social structures and institutions that indirectly influence individuals' experiences and opportunities. Within the context of teenage pregnancy and HIV-positive status during a pandemic, systemic factors such as poverty, gender inequality, and healthcare disparities shape the ecological context in which adolescent mothers navigate their experiences. Research by Baah et al. (2019) highlights the disproportionate impact of socioeconomic inequities on access to healthcare and social support services, with marginalised communities facing heightened vulnerabilities. Additionally, gender norms and cultural beliefs surrounding teenage pregnancy and HIV can perpetuate stigma and discrimination, further marginalising adolescent mothers and hindering their access to essential resources and support. Addressing systemic inequities through policy advocacy and community empowerment initiatives is crucial for creating an enabling environment that supports the rights and well-being of adolescent mothers living with HIV.

Previous research indicates that motherhood is conceptualised as growth into womanhood, and maturity in various cultures (Keefe et al., 2018; Wu & Hung, 2016). Such cultural beliefs often lead to an increase in teenage pregnancy rates (Amodu et al., 2022). In particular, these beliefs comprise the socio-political ideologies, values, and cultural norms that influence individuals at the macrosystem level (Christofides et al., 2009). It is thus evident that various factors influence the experiences of teenage mothers who are HIV-positive. These factors are discussed further in the following sections.

### **1.2.1 Individual factors**

The stage of adolescence is characterised by rapid and continuous psychological, social, and physical change (Kim, 2008). These various changes increase the likelihood of exposure to behaviours that negatively impact health, such as illegal drug use, consuming alcohol, risky sexual activity, and smoking (Cattelino et al., 2014; Spano, 2004). In a quantitative study, Mothiba and Maputle (2012) looked at the causes of adolescent pregnancies in the Limpopo Province's Capricorn area. The research participants' reported sexual experiences between the ages of 13 and 15 years was found to have been reported by 62% of them. Further research by Mushwana et al. (2015) in the Limpopo Province revealed that, among the variables influencing the province's rate of teenage pregnancies, 72.8% of the participants were ignorant of the dangers of engaging in unprotected sex, including the potential for STD exposure.

### **1.2.2 Interpersonal/social factors**

According to Ncitakalo (2011), “Cultural beliefs are regarded as symbolic and learned aspects of a society or community that in some way or the other prescribe behaviour, these beliefs are considered as the norms and values shared by a community.” Qualitative studies were conducted by Ncitakalo (2011), and Makofane and Oyedimi (2015) independently in the Khayelitsha township (South Africa). They found that social influence and cultural ideologies regarding the decision-making skills of teenagers were highly compromised. The female adolescents in their respective studies were expected to never argue about the number of sexual partners their partner had had, nor about the use of condoms; or to discuss sex with their parents. Research indicates that families, parents, and caregivers provide critical support in decreasing the factors that influence unintended and unplanned teenage pregnancies, thus promoting teenagers' development and personal growth (Modise, 2019).

In South Africa, the COVID-19 global pandemic has resulted in orphaned children and socially disintegrated families, where children are cared for by older siblings and extended family (Lowe et al., 2022). Pillay (2012) reveals that this often increases the likelihood of teenagers partaking in risky sexual behaviour due to poverty, particularly as a strategy to

survive. There is, however, a dearth of literature on the experiences of this particularly vulnerable group of young people.

### **1.2.3 Structural factors**

According to Jonas et al. (2016), Poverty has a paradoxical role in adolescent pregnancy, acting as both a cause and an effect of the pregnancy. Teenage pregnancy has a higher incidence rate among teenagers from disadvantaged areas who have low expectations of education and career chances, according to a qualitative study done in South Africa by Nkwanyana (2011). Mchunu et al. (2012) highlight that some adolescent girls engage in intergenerational relationships where sexual favours are given in compensation for various goods, such as clothes and money, often in the form of gifts.

According to Shihana et al. (2014), reproductive health services are one organizational element impacting adolescent pregnancy. According to Singh et al. (2014), 225 million women in poor nations are thought to not be utilizing any kind of contraception. Reproductive health care problems, such as young mothers' restricted access to and choice of contraception, and the low calibre of services now offered, are contributing factors to this (WHO, 2014). Scholarly research indicates that schools have an obligation to offer psychological, educational, and health and dietary assistance (Laurenzi et al., 2020; Pillay et al., 2023). Nonetheless, research indicates that the primary causes of females quitting school after becoming pregnant include issues with the educational environment, financial difficulties, and personal issues (Karimi, 2015).

Teenage mothers often do not complete their schooling due to inadequate teacher support, limited child-care alternatives and family support, and low academic performance before pregnancy (Nkosi & Pretorius, 2019). Moreover, researchers have discussed the inconsistency noted in the diverse ways in which principals and teachers interpret policies, specifically those concerning the gendered understandings of childbearing and teenage pregnancy, and moralistic discourses (Shefer et al., 2013; Vincent & Thomson, 2010).

## **1.3 Purpose of the study**

This study aimed to explore the experiences of teenage, HIV-positive mothers who were pregnant during the COVID-19 global pandemic. The study sought to contribute to the existing research on this topic by focusing on gaining insight into the experiences of this demographic, particularly in the South African context. Moreover, the study explored the individual, social, and structural factors that may contribute to teenage pregnancy by investigating and describing the experiences of a limited number of pregnant teenagers and teenage mothers in a South African township.

An exploration of the relevant literature, as well as conducting research focused on the experiences of these young and vulnerable mothers who are faced with adversity may be of value to parents, teachers, health professionals, practitioners, school leaders and policymakers in implementing youth intervention support programmes. Therefore, this study aimed to:

- Understand and explore the experiences of teenage pregnancy at the individual, social, and structural levels;
- To generate descriptions of teenage pregnancy that could inform intervention and awareness programmes that aid in preventing teenage pregnancies; and
- To understand and identify the barriers or contributing factors to discontinuing/continuing studies following childbirth, and how school attendance is affected.

## **1.4 Research questions**

### **1.4.1 Primary research question**

What were the experiences of teenage mothers who were pregnant and HIV-positive during the COVID-19 global pandemic?

### **1.4.2 Secondary research questions**

- What were the individual factors that contribute to the experience of teenage pregnancy of mothers who were HIV-positive during the COVID-19 global pandemic?
- What social factors may have contributed to the experience of teenage pregnancy of mothers who were HIV-positive during the COVID-19 global pandemic?
- What structural and systemic factors may have contributed to the experience of teenage pregnancy of mothers who were HIV-positive during the COVID-19 global pandemic?
- What are the contributing factors informing individual decisions to remain in school during pregnancy or return to school following childbirth?
- What are the barriers to returning and remaining in school following childbirth?

## 1.5 Working assumptions

The study was guided by the following working assumptions:

1. The experience of teenage pregnancy of an HIV-positive mother during a global pandemic occurs within a complex set of individual, social, and structural dynamics.
2. Teenage mothers may experience various adverse outcomes, such as the non-completion of high school due to finding difficulties in managing both schooling and motherhood.
3. Teenage mothers may also experience various positive outcomes, such as a deepened sense of agency, and supportive relationships.
4. Teenage mothers supported through childcare, emotional support, and financial support may find that the journey from pregnancy to motherhood did not impede their school progress and future work opportunities.
5. Despite South Africa's education policy, which advocates for pregnant teenagers and teenage mothers to continue with their studies, the stigmatisation experienced by teenage mothers may result in teenage mothers deciding to discontinue their studies.

## 1.6 Concept clarification

The following concepts were important building blocks in this study, namely: (i) Teenage pregnancy, (ii) HIV-positive mothers, (iii) The global pandemic, and (iv) Experiences. These concepts are described below.

**Teenage pregnancy:** Teenage pregnancy is described as a young girl between the ages of 13 and 19 years of age becoming pregnant (Kanku & Mash, 2010).

**HIV-positive mothers:** A mother infected with HIV, a virus that attacks the cells that aid the body to fight and resist infection. This virus increases the likelihood of the mother becoming infected with various infections and diseases (Mushwana et al., 2015).

**Global Pandemic:** A pandemic is characterised as a severe disease outbreak that grows across continents and countries, affecting communities and resulting in the loss of life and livelihoods of many people. COVID-19 was declared by the WHO as a pandemic (Cucinotta & Vanelli, 2020).

**Experiences:** Events, encounters, and situations that teenage mothers live through (VandenBos, 2015).

## 1.7 Theoretical framework

This study was guided by Bronfenbrenner's Ecological Model (Bronfenbrenner, 1979, 1986, 1995). This theory is defined as an approach within the social sciences that provides an in-depth understanding of the various systems at play, and the individual. In the context of this study, previous research has highlighted that teenage pregnancy is a multi-natured and complex process where various factors such as individual, interpersonal, and structural factors are interconnected.

Therefore, the Ecological System's Theory is important when studying teenage pregnancy as it describes human growth as a shared and active collaboration of various dimensions. Moreover, the environment in which an individual is born and raised impacts their development and growth. Amod et al. (2019) explain that this theory holistically



characterises individuals within the context of their environment. Therefore, teenage mothers and their environment should be understood in terms of the influences that each factor has on the other, as well as the interrelationship of these factors. Furthermore, the Ecological Systems Theory provides insight into the primary sources of difficulties that impact individuals. Therefore, the factors that contribute to teenage pregnancy should be researched from a holistic ecological perspective. Research indicates that teenage pregnancy should not be viewed as an individualistic problem, but rather a problem that affects, and is affected by various ecological systems (Pedrosa et al., 2011).

According to Donald et al. (2014), Ecological Systems Theory provides a contextual and holistic view of people and the environments in which they live, including the macro and micro-systems. Additionally, interventions based on this theory should result in effective outcomes as there is a greater likelihood of providing insight into the protective and multi-level risk factors throughout the ecosystem of an individual. A limitation of the Ecological Systems Theory is that it may be a challenging approach to use in addressing a broad overview of an individual's needs. This may, therefore, result in a lack of clarity regarding how much detail is efficient for evaluation purposes.

## **1.8 Paradigmatic perspectives**

The link between the researcher and what is known, as well as how reality may be comprehended, are what determine epistemology. Certain traits direct the process of understanding how to clearly communicate findings (Sefotho, 2015). The goal of this study was to learn more about the experiences of adolescent pregnancy during a pandemic among women who tested positive for HIV. It was thereby enmeshed in an interpretative framework. Mack (2010) posits that the interpretivism paradigm suggests that many viewpoints and experiences around an event contribute to the development of social reality.

Furthermore, Mack (2010, p. 8) explains that the interpretative paradigm assigns the researcher the task of "understanding, explaining, and demystifying social reality through the eyes of the different participants"; in other words, the goal of research is to

comprehend, not to explain. Mack (2010) notes that the interpretative paradigm may face difficulties, such as the paradigm's rejection of the validity of particular scientific measurements. As a result, the results cannot be applied to the entire population. Notwithstanding their non-generalizability, the results possess transferability to other analogous scenarios (Mack, 2010). Additionally, interpretivism is "subjective rather than objective," according to Mack (2010, p. 8). Nonetheless, as researchers favour some methods of study over others, all research may be viewed as subjective (Du Plooy-Cilliers et al., 2016). Additionally, a communication breakdown might result from the peculiarities of constructions. Researchers are pushed to establish cultural sensitivity and awareness towards study participants, their surroundings, and experiences prior to communication in response to this criticism of the interpretivist paradigm (Mack, 2010).

## **1.9 Methodological approach**

This study employed a qualitative research approach. This included the processes of collecting and analysing information to gain insight into HIV-positive mothers' experiences of teenage pregnancy during a pandemic (Busetto et al., 2020). Creswell (2013, p. 4) highlights that qualitative research is "a means for exploring and understanding the meaning individuals or groups ascribe to a social or human problem."

The various characteristics of qualitative research methods include open-ended interviews and direct observation (Jamshed, 2014). Another favourable aspect of qualitative research is that it includes written documents as data collection techniques (De Vos et al., 2011). This provides insight into various phenomena with limited research (Corbin et al., 2014). Vignette research was used in this study to gain an understanding of the phenomenon under study (Eloff, 2020).

## **1.10 Research methodology**

### **1.10.1 Research Design**

In this study, a vignette research design was employed due to its utility to capture nuances in the study of complex phenomena. Vignettes have been successfully used in social

science research for many years (Rasbash et al., 2010). Despite their popularity and success in the social sciences, notably, social science researchers have differing opinions regarding what vignettes should comprise, what they are designed to capture, and, lastly, which research designs they suit. Moreover, numerous definitions of vignettes have been posited by various authors, although there seems to be a general agreement in the literature as to what vignettes are. Geertz (1973) defined vignette research design in as a thick description of an event that is noted as it occurs. While Finch (1987) described vignettes as brief stories based on hypothetical characters' circumstances (which are specified), whereafter the interviewee is invited to respond. Similarly, Hughes (1998) defined vignettes as short stories about individuals, structures, and situations that can be used to highlight important points in research on perceptions, beliefs, and attitudes. Vignettes allow the researcher to be critical and thorough in their methodological choices, such as the choice of sample, use of language, and the experiences of the researcher, which are factors that are often overlooked.

The factors mentioned above have a necessary influence on the study's outcome and the direction that the study takes. Eloff (2020) further reports that "vignette research opens vast possibilities for finding the 'opposite' of what a research inquiry might originally have intended – in closing the unexpected, the new, the unknown, the surprising, and the disconcerting. In research, this is a critical quality criterion." Furthermore, to gain an understanding of the complexities of the experiences of HIV-positive teenage mothers who were pregnant during the COVID-19 pandemic, an approach was needed that "captures and records the voices of the lived experience [...] goes beyond mere fact and surface appearances [...] presents details, context, emotion, and the webs of the social relationship that joins to one another" (Schatz et al., 2014, p. 21).

### **1.10.2 Selection of participants**

The term population refers to a community of individuals with similar characteristics from which a sample of participants is drawn. The main focal point in sampling, according to Terre Blanche et al. (2012), is representativeness. The sample in this study consisted of two teenage mothers who were 19 years old and who are HIV-positive. Non-probability

sampling, which was utilised in this research, is employed when the goal is to develop an understanding of one setting or group of people (Monette et al., 2014). In conducting this type of sampling, the researcher purposefully sets the study criteria in order for a targeted selection of participants to take part.

In this study, the researcher recruited the participants by handing out participant sheets to a support group of teenage mothers in Gauteng. These girls were then left to decide for themselves if they wanted to participate in the study or not. The selection criteria used were follows: Pregnant teenagers between the ages of 13 and 19 who are English, IsiZulu, or Southern Sotho speakers and who reside in the Gauteng Province, South Africa.

The researcher approached various non-profit organisations in the community and surrounding areas, and conducted a formal presentation of the study, specifically the advantages and disadvantages thereof. The two participants, who were both comfortable answering questions in English, IsiZulu, and Southern Sotho, were allowed to speak in vernacular. They were then observed and interviewed once they had consented to participate in the study.

### **1.10.3 Data collection and documentation**

The data were collected using semi-structured interviews. This was regarded as a suitable strategy for this study as it allowed the participants to express their own views and experiences, while also allowing them to focus on the research topic and the questions posed. The researcher conducted the interviews in the language preferred by the participants (English). The interviews were conducted at the participants' homes as they felt safer and more comfortable conducting the interviews there. The participants were also audio-recorded once they gave the researcher permission to do so, with each interview being 30-60 minutes long. To help address the research questions, the following topics guided the interview: biographical information, reflections on the pregnancy experience and the support received, and influences from the various sub-systems on the teenage mothers' experiences, including peers, schools, communities, and homes.

Observation data were also collected for the vignettes. One methodical way to gather data is through observation (Maree, 2012). Unstructured observations, on the other hand, provide the researcher no control over what is seen beforehand. Maree (2012) asserts that because observation is so subjective, the researcher needs to be extremely aware of their own prejudice. Therefore, it is advised to employ pertinent instruments, such as audio and video recorders, when gathering data. The participant observations in this study were done while the participants were being interviewed (Maree, 2012). Non-participation observation is when a researcher watches from a distance or does not interact with the group or community they are watching. As a result, taking notes throughout the observations and interviews was my responsibility as the researcher.

#### **1.10.4 Data analysis and interpretation**

The researcher transcribed the audio-recorded interviews; thereafter, a thematic analysis of the data was conducted to identify the emerging themes from the interviews. The differences and similarities between the participants were studied under each theme. From the observation data, vignettes were crafted that depict the experiences of each participant. The raw vignettes were shared with resonance reading groups (two separate sessions), and privately with the participants for feedback before the vignettes were finalised. This is further explored in Chapter 4.

De Vos et al. (2011) provide five steps for analysing data. The first step includes recording and collecting data, the second step is data managing, and the third step includes creating memos and reading the data. The fourth step involves interpreting, describing, and classifying the data. The final step consists of visualising and representing the data.

To ensure the credibility of this study, the collected data were audio-recorded. The interview sheet contained all of the listed questions, which were answered by the participants, while the interview included open-ended questions that allowed the responses to be fully explored. The researcher was careful not to have prolonged or persistent observations of, and engagement with the participants. The researcher was aware that the findings of the study would not be generalisable to the broader population

as the sample size was small and therefore not a true representation of the whole population of Gauteng. Thus, the researcher provided in-depth, nuanced, and detailed information about the participants' experiences, contexts, and culture using vignette research. To minimise bias, the researcher used a diary to compile reflections on her own feelings as she is from the Gauteng province and has witnessed the experiences of teenage mothers closely through family and peers.

The data were confirmed through the guidance of the researcher's supervisor, as well as the audio recordings. All of the vignettes were finalised with feedback from the resonance reading groups and the participants. The researcher employed a thematic analysis for data analysis, as well as the five steps of analysing qualitative research outlined by De Vos et al. (2011). The vignettes were constructed from direct observations of the data. The researcher further conducted an audit trail of her supervisor's raw data set from previous research.

## **1.11 Ethical considerations**

It is crucial that moral and/or ethical norms are properly followed when doing research, especially with vulnerable groups (Gavidia-Payne & Jackson, 2019). The process of conducting research should always be ethical. Confidentiality, privacy, anonymity, informed consent, informed assent, voluntary involvement, and protection from harm were among the ethical criteria that were applied in this study. The participants were told at several points in the process that their participation was optional and that they had the right to quit the research at any moment without any repercussions. These ethical norms are further discussed below.

### *1.11.1.1 Informed consent*

Both verbally and in writing, the participants were informed of the nature, duration, and goal of the research, as well as what to anticipate. The researcher read the contents of the informed consent letter to the participants, and then discussed it with them. Informed consent was also sought from the participants' parents/legal guardians. The participants

had many opportunities to ask questions for clarification or to ask for further information. Written and verbal affirmations of the informed consent were obtained.

#### *1.11.1.2 Informed assent*

In addition to informed permission, informed assent was sought from the participants' parent(s) and/or legal guardian(s) due to the nature of the study, as well as their vulnerability. The participants were verbally informed of the study's specifics and given plenty of opportunity to express any concerns or ask questions. This was thereafter affirmed in writing and (re)confirmed at the beginning of each session.

#### *1.11.1.3 Privacy, anonymity and confidentiality*

Participants' capacity to manage who, when, and how others have access to their information and/or the data submitted is referred to as privacy. It is thus the researcher's responsibility to preserve the participants' anonymity, never revealing their names or any other identifying information in the publication of the produced data (Hilton et al., 2019). The anonymity of the participants was ensured through the use of pseudonyms and avoiding the identification of personal details in the data and subsequent research report. To ensure confidentiality, the recorded interviews were stored safely in a Google Drive, with access only given to the researcher and her supervisor.

#### *1.11.1.4 Protection from harm*

The researcher shielded the participants from unwarranted bodily and/or psychological damage, especially due to the vulnerable nature of this group. It was agreed that if there was any danger, the participant would be informed and given the choice to withdraw from the research at their discretion. In these situations, steps would be taken to guarantee that counselling and/or debriefing would be offered, as well as possible referrals to the relevant specialists (Leedy & Ormrod, 2020). The influence that the study and their involvement therein could have on the participants was transmitted in a way that was understandable to them. Fortunately, the participants in this study suffered no bodily or psychological harm. However, they were provided with information on free telephonic counselling services such as Lifeline/AIDS helpline: 0800 012 322. The researcher also

provided them with her own contact details to further remain accessible throughout the study.

In the context of South Africa, where the prevalence of both HIV and teenage pregnancy remains significant, the COVID-19 global pandemic has introduced heightened complexities for HIV-positive teenage mothers. Therefore, it was of critical importance to safeguard this vulnerable demographic, emphasising the intersections of HIV stigma, teenage pregnancy, and the exacerbated risks presented by the ongoing pandemic (Visser et al., 2006). HIV-related stigma continues to be a pervasive issue in South Africa, influencing individuals' health-seeking behaviours, disclosure practices, and overall well-being (Visser et al., 2006). A study conducted by Pretorius et al. (2016) has demonstrated that the stigma experienced by individuals living with HIV in South Africa leads to social isolation and reluctance to seek healthcare services. This dynamic is further intensified for teenage mothers who are already navigating the intricate challenges of parenthood.

When an HIV diagnosis is added to the equation, the vulnerabilities of teenage mothers are significantly amplified. A study by Ashaba et al. (2017) reveals that HIV-positive adolescent mothers face higher rates of depression and anxiety, which may further hinder their ability to access the necessary healthcare and support services. Additionally, the interaction between HIV status, stigma, and teenage pregnancy places these individuals at increased risk for mental health challenges.

Prioritising the needs of HIV-positive teenage mothers is therefore of the utmost importance. By dismantling stigma, and providing targeted support through accessible counselling services, as mentioned above, these young mothers can be afforded the opportunity not only to be protected from harm, but to navigate their unique circumstances and lead healthy, fulfilling lives.

## **1.12 Summary**

This chapter discussed the interpretivist/constructivist paradigmatic approach that served as the study's framework. Following an explanation of the study design and data collection methods, a discussion of post-modern and positivist methods of data processing and



interpretation was held. A summary of the study's quality assurance procedures, how ethical issues were observed, and the researcher's role was then provided.

The next chapter focuses on the relevant literature explored in this study.

## **CHAPTER 2: LITERATURE REVIEW**

### **2.1 Introduction**

In this chapter, the researcher reviews extant literature on the experiences of teenage pregnancy during the COVID-19 global pandemic by young mothers who are HIV-positive. This chapter focuses on the theoretical framework that informed this study, providing information on its origins, as well as a brief overview of Bronfenbrenner's Ecological Model (BEM) and the underlying ecological perspectives of the BEM. In reviewing the literature, the researcher focused on international, regional (sub-Saharan Africa), and local (South African) views and practices.

### **2.2 Theoretical framework**

The theoretical framework provides the foundation of any research inquiry (Adom et al., 2018). The theoretical framework links the researcher to the existing body of knowledge on a particular topic (Ocholla & Le Roux, 2011). In this study, the theoretical framework provided a critical lens into the interactions of the wider systems at play by not only focusing on the young mothers and their immediate environment, but through a holistic overview of the general realities of young mothers (Yakubu & Salisu, 2018). Bronfenbrenner's Ecological Model (BEM) was used as the analytical framework in this research.

### **2.3 Bronfenbrenner's Ecological model (BEM)**

Development theorists emphasise the interaction of 'nurture' and 'nature' in children's development. Bronfenbrenner's Ecological Model (BEM) (Bronfenbrenner, 1986) views a child's experience as attached to the quality and context of the environment in which they are living (Donald et al., 2014; Witt et al., 2012). The dominant argument is that the factors surrounding a person have an influence on their development and behaviour (Donald et al., 2014). These factors include the home, school, work, church, neighbourhood, cultures, politics, and government. In this study, the researcher explored the experiences

of female adolescents who fell pregnant during the COVID-19 global pandemic era, and who also tested HIV-positive during that time.

### **2.3.1 Origins and overview of the BEM**

This study was guided by Bronfenbrenner's Ecological Model (Bronfenbrenner, 1986). This model provides an in-depth understanding of the various systems and how these influence the individual. In the context of this study, previous research has highlighted that teenage pregnancy is a multi-natured and complex phenomenon where various factors such as the individual, interpersonal, and structural factors are interconnected.

The literature enumerates the various ways in which teenage mothers experience their pregnancies and the transition to motherhood. It is evident that there is an interconnection of intrapersonal, relational, and contextual factors, such as the support provided by families and schools, which affect the outcomes and experiences of these teenage mothers. A range of studies further illuminate that there are factors beyond the obvious adverse circumstances involved that can improve the parenthood of teenage mothers, and therefore result in positive parenting experiences. These factors are characterised by the teenage mother's aspirations for education and successful future work opportunities, their self-efficacy, and the systems of social support received within the contexts of the school, peers, and family (Chohan & Langa, 2011; Huang et al., 2014; Macleod, 2010).

Therefore, the Ecological Model is important when studying teenage pregnancy. It describes human growth as a shared and active collaboration of various dimensions, emphasising that the environment in which an individual is born and raised impacts their development and growth. Adom et al. (2018) report that the Ecological Model holistically characterises individuals within the context of their environment. Therefore, teenage mothers and their environment should be understood in terms of the influences that each factor has on the other, as well as the relationship between these factors. Furthermore, the BEM has the potential to provide insight into the primary sources of the various challenges that impact individuals. Therefore, the factors in this study that contributed to teenage pregnancy needed to be researched from a holistic ecological perspective. Research indicates that teenage pregnancy should not be viewed as an individual's

problem, but rather a burden shared across an individual's various ecological systems (Hayes et al., 2017).

According to Donald et al. (2014), the Ecological Model provides a contextual and holistic view of people and the environment in which they live, including the macro- and microsystems. Additionally, interventions based on the Ecological Model should result in effective outcomes as there is a likelihood of providing insight into the protective and multi-level risk factors throughout the ecosystem of an individual. A limitation of the Ecological Model is that it may not be able to provide a broad overview of the individual's needs. As such, it may not provide clarity on how much detail is efficient for evaluation purposes.

### **2.3.2 Exploring ecological perspectives using BEM**

The BEM provides an ecological perspective of the interactions between the individual and their surrounding environment. Ecological perspectives view the individual's (teenagers in this case) developments as guided by the reciprocal influences between the self and the numerous levels within the environment in which they live (Kelly et al., 2019). According to Donald et al. (2014), ecological perspectives relate to the interdependence between diverse organisms and their environment. As such, Bronfenbrenner (2013) espouses the ecological perspective as a framework that carries multiple underlining contextual factors that explain the experiences of teenagers and their lives.

According to Langford et al. (2014), ecological perspectives see the interrelatedness between organisms and their environment as holistically inclined, where parts form the whole system. This means that a system is far greater than the sum of its parts. In this case, what teenagers do, think, exhibit, and feel resembles the social environment in which they are brought up. For example, this includes their families, social groups, friends, and individuals, as well as interpersonal, organisational, community, and public spaces. In other words, what happens in one part of the system has a bearing on other parts of the system, and the system as a whole.

When reflecting on individuals' experiences of teenage pregnancy, people should not concentrate on the young mother only, but also on the surrounding space and the interactions therein. In South Africa, teenage pregnancies are rampant (Groenewald et al., 2022). Since pregnancy is a clear indication of having had unprotected sexual intercourse, the probability of contracting sexually transmitted infections is also probable (Lippard et al., 2018). It is then imperative to understand the relationship between risky sexual behaviours among young people, teenage pregnancy, and sexually transmitted infections such that it becomes easier to counteract the possible effects thereof. Illuminating this relationship can help to craft relevant interventions. Research that examines such experiences among teenagers is thus vital because it informs policy implementers, and social, educational, and other services (Witt et al., 2012).

Within the BEM, the issues related to teenage pregnancies are highlighted within the interactive system, with influences indicated among the girls and their environment. Despite the existence of various environments and mechanisms, this research concentrates on the experiences of HIV-positive teenage mothers who were pregnant during the COVID-19 global pandemic, focusing on five environments that surround the girl child. These are the individual, interpersonal, organisational, community, and public spaces in which she grows up. Bronfenbrenner (2013) conceptualises ecological perspective as a set of circled structures that consist of the microsystems, mesosystems, ecosystems, macrosystems, and the chronosystems. These are shown in Figure 2.1 below.

## Figure 2.1

*Bronfenbrenner's Ecological Model (2008)*

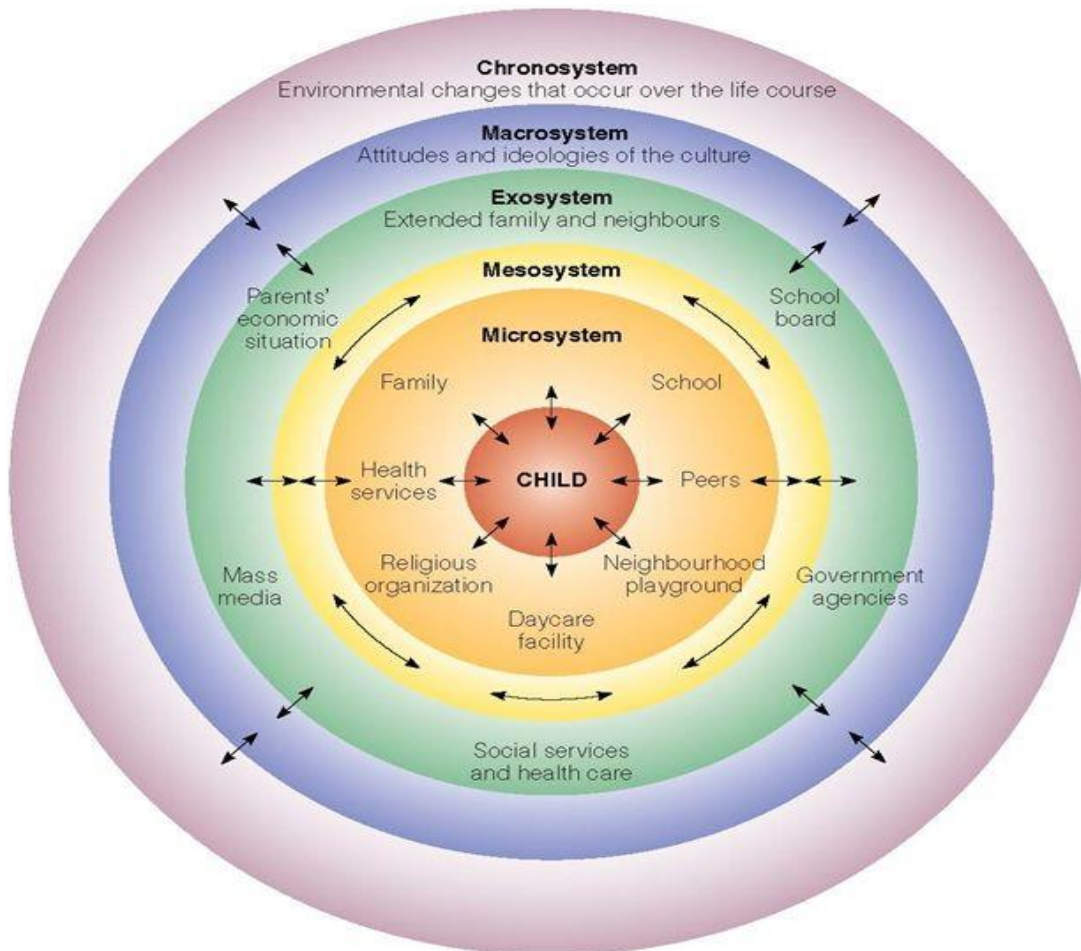


Figure 2.1 above illustrates the five circled structures of the Ecological Model that was used in this study as the analytical framework to illuminate the experiences of HIV-positive teenage mothers who were pregnant during the COVID-19 global pandemic in South Africa. According to the Ecological Model, what happens at each level affects other parts of the system. Paat (2013) is of the opinion that it is vital to understand the interactive individual, interpersonal, organisational, community, and public spheres that influence the teenager's developmental processes and their social and health-related well-being. The above diagram presents an appropriate starting point for engaging in discussions about the experiences of HIV-positive teenage mothers who were pregnant during the COVID-

19 pandemic. According to Bronfenbrenner's (1995) Process-Person-Content-Time Model, the exhibited circled ecological structures are vital in moulding a strong theoretical base for exploring a topic such as the one covered in this study.

#### *2.3.2.1 The individual*

The young mother is made the focal point of her social environment, which also includes her first-hand knowledge of parenthood. The bio-ecological hypothesis recognises the influence of a person's unique traits on their social relationships. Swart and Pettipher (2019) claim that Bronfenbrenner discovered three personal traits that have a major impact on the proximal processes throughout an individual's whole life cycle. Demand qualities such as age, gender, or beauty may affect the first impression that you make on someone (Tudge et al., 2009). It is crucial to examine these qualities when thinking about the meaning-making experiences of young mothers. Resource qualities, in contrast, are not readily obvious. They include tangible resources, as well as mental and emotional resources like knowledge, skills, and past experiences, supportive caregivers, education, and housing.

These elements are fundamental to the lived realities and experiences of young mothers. Alternatively, force traits are intrinsic dispositions that have to do with modifications in drive, perseverance, and temperament. Bronfenbrenner noted that even when people have the same resources, their developmental trajectories might vary depending on traits like the drive to succeed, and fortitude in the face of adversity. In the course of this process, Bronfenbrenner produced fundamental ideas about how a person's environment may alter their personality. Self-esteem and early motherhood appear to be substantially correlated (Corcoran et al., 2000). As such, young girls who are more motivated and persistent may be better able to identify the experiences that shape their identities.

#### *2.3.2.2 The microsystem*

Microsystems are people's closest environments, including structures with which young mothers may have direct contact. A reciprocal effect between the interactions of individuals within the microsystem is noted by Bronfenbrenner. He points out that such a

relationship exists at all levels of the environment (Twintoh et al., 2021). According to Paat (2013), a microsystem is the inmost formation of a structure that includes the teenager and those in her immediate communities or social groups. Microsystem structures relate teenagers' relationships with people, their roles, and the aspects of their daily routines to the social, emotional, cognitive, moral, and spiritual spheres of life (Langford et al., 2014).

Kelly et al. (2019) view a microsystem as a teenager's biological composition, where the generic makeup and the development stages of the teenager are put into play. Considering this, teenagers can be affected by their romantic affection for others, the parenting style to which they are subjected, the school attended, peers, and the financial status of their family. This would have influenced a teenage girl's safe sex life, as well as personal upkeep during the COVID-19 global pandemic, especially when she is HIV-positive and pregnant. Guy-Evans (2020) opines that a teenager is neither a blank slate nor a passive receiver of experiences; instead, teenagers are agentic beings. Thus, the more enticing, responsible, nurturing, encouraging, and favourable places and relationships are, the more a teenager can cope with the life-threatening aspects of an HIV-positive status, pregnancy, and the demands of being a young mother.

### *2.3.2.3 The mesosystem*

The mesosystem is the second BEM level. This is defined by Bronfenbrenner (1995) as the interaction between two or more settings where the teenager's experiences would be the active factor. Donald et al. (2014) argue that a mesosystem is a structure that emanates from the microsystem, with the two levels incessantly interacting with one another. What takes place in the immediate individual life of the teenager has a bearing on their personal spheres, social networks, family, and friends. Thus, a teenager who gets support from the immediate surroundings of her family and social networks experiences care during her pregnancy, including the administration of medications. The opposite of this support is being neglected, abandoned, and harassed.



#### 2.3.2.4 *The exosystem*

The exosystem includes the processes and connections that occur between two or more systems that are not actively situated in the individual's world. The events that occur within other environments may have knock-on effects for the young mother, and reciprocal yet indirect influence and interactions are prone to occurring (Bronfenbrenner, 1989). Donald et al. (2014) note that the exosystem does not directly influence the mother, but it may indirectly influence her through things like clinic staffing and parental employment difficulties. This is sometimes referred to as the organisational sphere. It constitutes environmental ethos, organisations, schools surrounding, workplaces, and agencies.

The exosystem plays a pivotal role in influencing and shaping teenagers' futures. For example, if the environmental ethos does not accommodate HIV-positive status or teenage pregnancy, then a HIV-positive pregnant teenager may experience several challenges, especially during the time of pregnancy. These challenges were exacerbated by the COVID-19 pandemic. Vandell et al. (2015) observe that if the teenager's primary caregiver or legal guardian is unemployed, the pregnant teen suffers the consequences. This leads to stress, aggression, anxiety, depression, and delinquency among pregnant girls. Thus, this may have led to unpleasant experiences for HIV-positive pregnant teenagers in South Africa during the COVID-19 global pandemic era.

#### 2.3.2.5 *The macrosystem*

The macrosystem is the fourth outermost level of the BEM, and consists of cultural and sub-cultural values, beliefs, laws, lifestyles and expectations. According to Donald et al. (2014), a macrosystem constitutes cultural values and norms, dominant economic and social structures, designs, access, connectedness, and spaces that influence other social systems. These cultural values will influence, for instance, the direct interactions of the teenager's microsystems and macrosystems. Similarly, a community's ways of distributing resources have a bearing on all levels of the system. In particular, inadequate community systems of health and infrastructure had the potential to affect the experiences of pregnant HIV-positive teenagers during the COVID-19 global pandemic in South Africa negatively (Eloff et al., 2011).

### 2.3.2.6 *The chronosystem*

This is the fifth and outer system of the BEM. The chronosystem involves time dimensions across the course of an individual's life. It embraces public policies and laws. Neal and Neal (2013) argue that chronosystems change an individual's surrounding environment and life transitions. This means that the chronosystem is an ever-changing system that concentrates on developmental changes, which are signified by life events and experiences (Mahoney & Warner, 2014). Examples of these are giving birth, hospitalisation, marriage, and schooling. The changes thereto have a bearing on the relationships between the teenage mother and her immediate surroundings in that pregnancy and childbirth during the teenage years constitute significant life events. In addition, teenage pregnancy may entail hospitalisation, and also affect schooling (Ngcobo & Shumba, 2023).

## **2.4 Literature review**

The preceding section detailed Bronfenbrenner's Ecological Theory as the theoretical framework used to explore the experiences of HIV-positive pregnant teenagers during the COVID-19 global pandemic in South Africa. The following section will delve into the factors influencing the experiences of teenage mothers who are HIV-positive. It will also provide the international, sub-Saharan, and local South African views on teenage pregnancy during the COVID-19 global pandemic.

### **2.4.1 Understanding the factors that influence young HIV-positive mothers' experiences of teenage pregnancy during the COVID-19 global pandemic**

As indicated in the previous section, the Ecological Model was developed to highlight the various aspects of human development in terms of the systems in which humans exist. In this study, it offered a framework for understanding the experiences of teenage mothers within various systems that are socially constructed, which often hinder or perpetuate growth and change over time (Bronfenbrenner, 1995). This model emphasises individuals as the core element of the model, enclosed by their microsystem, mesosystem, exosystem, macrosystem and chronosystem. In this study, the microsystem included how

teenage mothers interact with their social surroundings and communities; this interconnectedness is defined as the mesosystem. The mesosystem is characterised as the support given to the pregnant teenage mother from teachers, guardians and other caregivers in their lives.

Furthermore, previous research indicates that in various cultures, motherhood is conceptualised as the growth into womanhood, and girls' maturity. Such cultural beliefs often lead to an increase in teenage pregnancy (Ngcobo & Shumba, 2023). These are the socio-political ideologies, values, and cultural norms that influence individuals at the macrosystem level (Christofides et al., 2009). Therefore, it is evident that various factors influence the experiences of teenage mothers who are HIV-positive. These factors are discussed in more detail below.

#### *2.4.1.1 Individual factors*

The stage of adolescence is characterised by rapid and continuous psychological, social, and physical change (Kim, 2008). The various changes experienced increase the likelihood of exposure to behaviours that negatively impact health, such as illegal drug use, alcohol consumption, risky sexual activity, and smoking. Furthermore, a quantitative study was conducted on factors contributing to teenage pregnancy in the Capricorn district in the Limpopo province. In their research, 62% of their respondents reported having engaged in sexual intercourse between the ages of 13 and 15 years (Mothiba & Maputle, 2012).

Furthermore, another study was conducted in the Limpopo Province in South Africa to identify the factors contributing to teenage pregnancy rates in the province. It was revealed that 72.8% of the respondents reported that they were unaware of the risks involved with participating in unprotected sex, such as exposure to sexually transmitted infections and diseases (Mushwana et al., 2015).

#### *2.4.1.2 Interpersonal/social factors*

According to Ncitakalo (2011, p. 10), "Cultural beliefs are regarded as symbolic and learned aspects of a society or community that in some way or the other prescribe

behaviour, these beliefs are considered as the norms and values shared by a community.” A qualitative study conducted in South Africa on the influence of social and cultural ideologies on the decision-making skills of teenagers in Khayelitsha revealed that female adolescents are expected to never argue about the number of sexual partners their partner has had, nor argue about the use of condoms or engage with their parents on the topic of sex (Makofane & Oyedimi, 2015; Ncitakalo, 2011).

Further, coercion plays an important role in promoting teenage pregnancy (Ngcobo & Shumba, 2023). The authors have found that boys and older males force their partners to fall pregnant to outsmart their competitors. Research indicates that families, parents, and caregivers provide critical support in decreasing the factors that influence unintended and unplanned teenage pregnancies, thus promoting teenagers’ development and personal growth (Olorunsaiye et al., 2022). On the contrary, the absence of parental or caregiver guidance tends to culminate in elevated risk of teenage pregnancy (Kons et al., 2022). Similar to coercion, intergenerational sexual relationships increase the risk of HIV infection. Youth or adolescents who have sexual partners who are five or more years older than themselves are more likely to be exposed to intimate partner violence, early sexual debut, and risky sexual behaviours. This further increases their exposure to HIV infection and other sexually transmitted infections (McCloskey et al., 2021).

#### *2.4.1.3 Structural factors*

Reproductive health services are described as an organisational factor influencing teenage pregnancy (Shisana et al., 2014). It is estimated that 225 million women in developing countries do not use any contraceptive methods. The reasons for this include reproductive health service issues, such as limited choice and access to contraception among young mothers, and the poor quality of available services (WHO, 2014). Although schools are obliged to provide psychosocial support, educational support, and health and nutritional support (Laurenzi et al., 2020), evidence shows that school environment challenges, economic challenges, and personal challenges are the main reasons for dropping out of school after pregnancy (Karimi, 2015).

Teenage mothers often do not complete their schooling due to inadequate teacher support, limited child-care alternatives and family support, and low academic performance before pregnancy. Moreover, researchers have discussed the inconsistency noted in the diverse ways in which principals and teachers interpret policies concerning the gendered understandings of childbearing and teenage pregnancy, and moralistic discourses (Shefer et al., 2013; Vincent & Thomson, 2010).

#### **2.4.2 International views and practices related to HIV-positive mothers' experiences of teenage pregnancy during a pandemic**

The COVID-19 global pandemic had a ripple effect across the world. It affected all spheres of human life, which prompted the WHO to declare it a global disaster. A study conducted by Conti and Dow (2020) claims a drastic increase in health-related cases across the United Kingdom during previous pandemics. Harrison et al. (2017) argue that very limited research was done on the impact of pandemics on young parents between the ages of 16 and 24. This is significant as Baldwin et al. (2018) opine that this cohort is disproportionately affected, both socially and economically, by the effects of the COVID-19 pandemic.

A study conducted in Italy found that Italian teenage mothers were at risk of health challenges, which included postpartum and antenatal depression (Leach et al., 2016). Adding to this, a study conducted by Recto and Lesser (2021) has found that in Belgium, teenagers are at a high risk of attaining poor education and experiencing premature birth. Keeping these risks in mind, it becomes evident that there are presumed challenges that were brought about by the COVID-19 pandemic. This study was thus imperative as it explored the actual experiences of HIV-positive teenage mothers who were pregnant during the COVID-19 global pandemic in South Africa.

Some studies have investigated new mothers and their pregnancy during the COVID-19 global pandemic, although these concentrated on women from the age of 30 upwards (Menzies, 2020; Ravaldi et al., 2021; Wilson et al., 2022). There are limited studies focused on young mothers and fathers who are facing the adverse experiences of the COVID-19 pandemic. Hence, the current study postulates that teenagers who were

becoming young mothers and fathers during the COVID-19 pandemic constitute a uniquely vulnerable population. Teenage pregnancy may cause anxiety, psychological distress and depression in teenage mothers when thinking of their pregnancy-related challenges, including myths related to teenage pregnancy. In addition, the misconceptions and threats of mortality during the COVID-19 global pandemic may have compound these stressors.

COVID-19 restrictions in the UK have had specific implications for fathers, with many being unable to attend maternity appointments or be present at the delivery of their baby (Baldwin, 2020). Despite policy changes before the COVID-19 global pandemic recognising the needs of fathers and the importance of improving paternal support (Thomas, 2021), restrictions to services during the pandemic have left many fathers and families without psychosocial support (Pierce et al., 2020). Men are also at elevated risk of mental health difficulties during the transition to parenthood (Menzies, 2020), and these have also been shown to negatively impact children's development (Recto & Lesser, 2021). One study involving young Hispanic fathers in the United States during the pandemic reported that fathers had significant worries about societal expectations to provide for their family, as well as concerns related to job insecurity and future provisions for their family (Baldwin, 2020).

Fathers have been particularly affected by COVID-19 limitations in the UK; many are unable to attend prenatal checkups or be there when their child is delivered (Baldwin, 2020). Prior to the COVID-19 worldwide pandemic, policy measures were implemented that acknowledged the needs of dads and the significance of enhancing paternal support (Thomas, 2021). However, due to service limits during the epidemic, many fathers and families were left without psychological assistance (Pierce et al., 2020). Men are also more likely to experience mental health issues when they become parents (Menzies, 2020), and research has shown that these issues have a detrimental effect on kids' development (Recto & Lesser, 2021). According to a research done on young Hispanic dads in the US during the pandemic, fathers were very concerned about the demands placed on them by society to support their family. They were also concerned about job instability and how they would pay for their family in the future (Baldwin, 2020).

The current study explores the experiences of HIV-positive teenage mothers during the COVID-19 global pandemic. This may enhance understandings of the experiences within this population. These insights could then inform the practical provision of assistance required to deal with such experiences.

#### **2.4.3 The dominant views and practices related to HIV-positive teenage mothers who were pregnant during the COVID-19 global pandemic in sub-Saharan Africa**

The COVID-19 global pandemic hit the African continent in March 2020. This led to the introduction of lockdowns, curfews, and movement restrictions across the continent (Shumba et al., 2020). According to Nyothach et al. (2021), all schools and public spheres were shuttered until further notice, which resulted in the mandatory wearing of face masks, and the introduction of phases that each explained the severity of the COVID-19 global pandemic at that time. A study in Zimbabwe revealed that there was a rampant wastage of educational time for learners in the country (Zirima et al., 2020).

In Kenya, teenage pregnancies increased due to measures related to the COVID-19 global pandemic (Kumar et al., 2018). Wodon et al. (2018) have also raised concerns regarding the escalating threats of sexual and reproductive health issues and poor schooling outcomes for citizens, especially vulnerable teenagers. Moreover, Humphrey et al. (2013) find that in Nigeria, teenage pregnancy constitutes a social and public health concern for the health department. Pre-pandemic, a study by Elston et al. (2017) posited that teenage pregnancy causes serious issues with the health of mothers and babies. These include societal problems including child marriage, the shame associated with pregnancy, social isolation, fear of being expelled from school, and inadequate emotional or financial support. These difficulties may force teenage girls who are pregnant to seek risky abortions, put off getting the essential medical care, or leave their communities entirely. These have a bearing on the mental health systems of the teenage mother and the unborn child, with outcomes such as depression, anxiety, acute stress, and the loss of income-earning opportunities.

The closure of schools due to the COVID-19 global pandemic had numerous negative implications for the world. When learners stay in school, the protections for girls increase.



There are indications that the girl child is more protected from teenage pregnancies, unplanned early marriages, and the contraction of sexual and reproductive tract infections such as HIV, gonorrhoea, syphilis, and others (Onyango et al., 2019). In prior epidemics, such as the West African Ebola outbreak, staying home increased girls' risk of domestic violence, intimate partner violence, and abuse (Strauss, 2020). In the current study, the researcher thus sought to explore the experiences of HIV-positive teenage mothers who were pregnant during the COVID-19 global pandemic in South Africa to gain a nuanced understanding of the phenomenon in question.

#### **2.4.4 South African views and practices related to the experiences of HIV-positive teenage mothers who were pregnant during a pandemic**

According to Jonas et al. (2016), poverty has a dual dynamic in teenage pregnancy; presenting both as a determinant and a consequence of teenage pregnancy. A qualitative study conducted in South Africa by Nkwanyana (2011) reveals that teenage pregnancy has a higher prevalence rate amongst adolescents from underdeveloped communities who have a low expectation regarding education or employment.

In South Africa, the COVID-19 global pandemic has resulted in orphaned children and socially disintegrated families, where children are cared for by older siblings and extended family (Thobejane & Lorraine, 2022). Pillay (2012) reports that poverty often increases the likelihood of partaking in risky sexual behaviour due to a lack of resources and as a strategy to survive. Pregnancies among teenagers remain a global problem. According to Pattinson et al. (2017), an estimated 21 million girls aged 15-19 years old in developing countries become pregnant, and about twelve million girl children conceive every year. During the COVID-19 worldwide pandemic, South Africa had higher incidence of adolescent pregnancies in several regions of the nation (Groenewald et al., 2022). This was partially brought on by the more difficult time getting access to contraceptives during the COVID-19 blackout. Concern should be expressed as a rise in the prevalence of adolescent pregnancies clearly implies that this vulnerable age group may have difficulties in obtaining sexual and reproductive healthcare services (May et al., 2020).



A study conducted by Branson et al. (2015) confirms that teenage pregnancy is a public health concern. In light of this, a pre-pandemic survey found that most teenagers were having unplanned sex due to a high, yet unmet need for contraception, and that health system barriers to contraception services persisted. Furthermore, O'Regan (2021) explains that half of the teenagers in their study were at an elevated risk of being infected with HIV or any other sexually transmitted infections, or passing an infection to others. Qualitative interviews have revealed that many young women, especially in the age group of 15–19 years, find it difficult to get contraceptives (Govender, 2021). This means that these teenagers do not have information about contraceptives, with some even believing that contraceptives are not good for the body, which is based on myths and misinformation. Therefore, the current study seeks to fill the gaps in the existing research, with a specific focus on HIV-positive teenagers who were pregnant during the COVID-19 pandemic.

## **2.5 Chapter conclusion**

In this chapter, the researcher discussed the theoretical framework and literature review that informed this study. Bronfenbrenner's Ecological Model (BEM) was explained and discussed as the underpinning theoretical framework aligned with the topic under study. The relevant global, sub-Saharan, and local views were then discussed to expose the gap in the literature that this study sought to address.

The next chapter presents the methodology utilised in this research to generate data on this topic.

## **CHAPTER 3: METHODOLOGY**

### **3.1 Introduction**

The approach used in this study was briefly described in Chapter 1. In Chapter 2, I reviewed the literature related to the experiences of teenage pregnancy during the COVID-19 pandemic by mothers who are HIV-positive. Furthermore, I provided information regarding the theoretical framework used in this research. The purpose of this chapter is to describe the research approach chosen and applied in exploring the phenomenon under study. This chapter outlines how the study was conducted, including the adopted research design, the selection of the sample, and the procedures used to gather data. Lastly, an explanation is provided on how the data were processed and evaluated, whereafter the ethical standards that were followed and the quality criteria used are explored.

### **3.2 Paradigmatic perspectives**

A paradigmatic viewpoint is “a collection of logically linked concepts and propositions that provide a theoretical perspective or orientation that tends to guide the research approach to a specific topic” (Sumpi & Amukugo, 2016, p. 96). To examine the research questions in the most effective manner, the researcher approached this study from the viewpoint of an interpretivist epistemology.

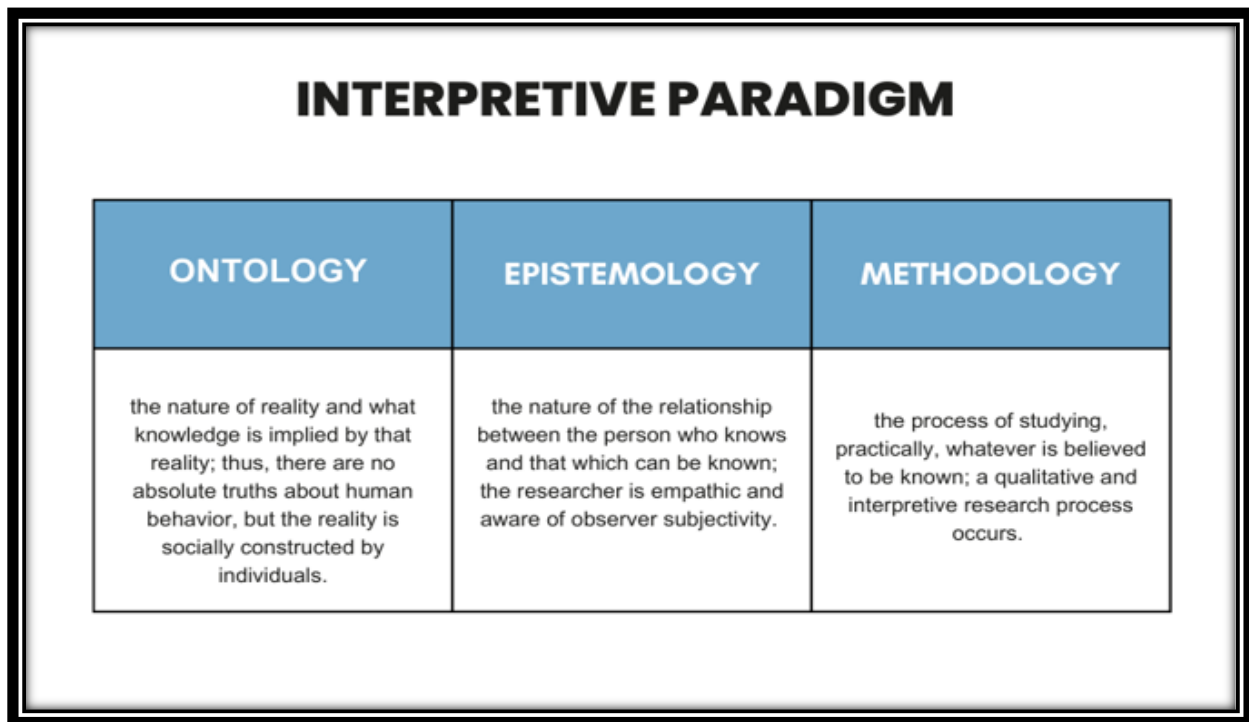
#### **3.2.1 Epistemological paradigm**

Epistemology is defined by how reality can be understood, and the relationship between the researcher and what could be known. There are certain characteristics that guide the process of knowing to achieve findings with clarity (Sefotho, 2015). This study was focused on gaining insight into HIV-positive mothers’ experiences of teenage pregnancy during a pandemic. Thus, it was embedded in the interpretivist paradigm. According to Mack (2010), the interpretivist paradigm indicates that social reality is developed from various perspectives and experiences of an event (see Figure 3.1).

Mack (2010, p. 8) further clarifies that the role of the researcher in the interpretive paradigm is to “understand, explain and demystify social reality through the eyes of the different participants.” Thus, researchers seek to understand rather than to explain.

**Figure 3.1**

*The paradigmatic framework adapted from Nelson and Prilleltensky (2010)*



The participants in this study comprised HIV-positive teenage mothers who were pregnant during the COVID-19 pandemic in the Gauteng province, South Africa. The research objective was to gain insight into their experiences. Thus, rather than ‘finding’ information, this paradigm enabled the researcher to ‘create’ it (Merriam & Tisdell, 2016). According to interpretivists, there exist several realities, depending on how each participant interprets their personal experiences. It also presupposes that understanding the various realities will rely on how different realities are recognised and processed, as well as how the researcher and participants interact with one another. This paradigm provides the wider framework within which a study is done (Maykut & Morehouse, 1994). Moreover, it incorporates various techniques for knowledge collection, which are frequently interpretative in character (Nelson & Prilleltensky, 2010).

### 3.2.2 Methodological paradigm

This study adopted a qualitative research approach, which included the processes involved in collecting and analysing information. Qualitative research methods provide insight into various phenomena that have limited research (Corbin et al., 2014). Creswell (2013, p. 4) reports that qualitative research is “a means for exploring and understanding the meaning individuals or groups ascribe to a social or human problem.” In this study, an exploratory case study design was used in conjunction with a phenomenological, vignette-driven research methodology.

Qualitative research methods include open-ended interviews, direct observation (Jamshed, 2014), as well as the analysis of written documents (De Vos et al., 2011). Vignette research further allows for in-depth, personalised depictions of the participants’ experiences (Eloff, 2020; Schratz et al., 2014).

In addition, qualitative research explores the richness of various contexts (Yin, 2016). One of the reasons for the adoption of a qualitative approach in this study was that it enabled the researcher to obtain an in-depth understanding of how teenage mothers navigate their real-world settings. In conducting the study using a qualitative approach, the researcher had the opportunity to listen to the narratives about young mothers’ experiences during pregnancy. The experiences shared were thus not merely a record of events, but were considered to be representations of a series of events. As such, there was no objective understanding thereof, as all of the gathered experiences were about specific events experienced by these young mothers who were pregnant during the COVID-19 pandemic.

The participants chose to be interviewed in their natural environment. This is fitting since qualitative research is naturalistic in nature and depends on the natural setting in which an interaction occurs (Maree, 2016). I was thus able to interact more freely with the participants and conduct interviews that seemed more natural. However, the participants’ personal tales of optimism and hardship were the subject of the interviews and observations, which presented the problem of being emotionally taxing for them. Therefore, an open dialogue was held in order to acquire authentic, rich, and thick data,

which was promoted by conducting the research in a setting where the participants felt safe, secure, and at ease.

This study employed a case study methodology to obtain data. A case study is a comprehensive account and evaluation of a single, constrained unit. The most important factor in data analysis is communicating the understanding within a case (Merriam & Tisdell, 2016). Researchers can get rich and authentic data through case studies because they investigate the topic of interest as closely as possible, partly through direct observation in natural settings, and partly through access to subjective elements (needs, thoughts, and feelings) (Yin, 2016).

### **3.3 Data collection method**

Vignettes are a type of data collection technique that present snippets of a participant's experiences (Agostini et al., 2023). In this study, the researcher's challenge was to capture the participants' true learning experiences clearly and accurately. This was done by deciphering and constructing meaning from their micro and macro facial expressions and cues, as well as their body language. The researcher also took note of the tone of their voices and how this revealed a deeper element of emotion regarding a specific experience. A comprehensive 'picture' or 'thick description' could only be obtained by the researcher being sympathetic and constantly in touch with the participants throughout the process, which could, at times, be a challenge. Thus, to mitigate this, the researcher attempted to identify the true aspects of a palpable moment, allowing her to create a vivid and holistic vignette (Geertz, 1991).

### **3.4 Data Collection Tools**

The researcher is the key instrument in qualitative research (Creswell, 2014). Through thorough research on the relevant literature, it was noted that there is a dearth of research on the experiences of HIV-positive teenage mothers during the COVID-19 pandemic. Therefore, it was imperative to make use of an in-depth interview guide and observation criteria. To improve the researcher's skills and obtain the sought after data, the following data collection tools were utilised.

### **3.4.1 Interview guide**

When a researcher wants to delve into a participant's thoughts and feelings on a deeper level, in-depth interviews can be a helpful technique. Due to the nature of in-depth interviews, the researcher may connect with the subject and comprehend it from the perspective of the participant's feelings and understanding, while further gaining insight into the participants' experiences of being young, HIV-positive mothers during the Covid-19 pandemic. According to Maree (2016), snowball sampling, which was used in this study, and in-depth interviewing are connected since they give the researcher the foundation for the study's participants. This is predicated on the idea that the participants provide recommendations; often, these participants are questioned first before obtaining referrals from them.

A digital audio recorder was used to record the interviews. These recordings were then transcribed. In several situations, the recordings were often played repeatedly to attempt to get precise quotations as communicated by the participants. This worked well for capturing the important explanations and key tones of perception portrayed by the participants, allowing them to convey their comprehension of the subject being discussed.

### **3.4.2 Observation notes**

The researcher arrived early to immerse herself in the setting of the vignette session, and to record any odours, sights, or environmental/situational observations in her notes before the vignette-driven interview began. In order to document the most important aspects of the vignette-driven interview, the researcher noted the participants' behaviour and any noteworthy remarks that they made in a notebook. The notes were re-visited, which allowed the researcher to make meaning of what was observed during the interviews later during the transcription process. This ensured that all possible information was collected during the interviews. This made it easier to build the vignettes in a creative way, connecting key components of pathos to create a compelling narrative. This also allows the reader to comprehend the experiences of the researcher and participants. This is an important element of vignette-driven interviews as they tend to divulge significant experiences, thus further allowing the researcher to depict the experiences of the

participants in medias res - to co-experience and live the experiences as they occur (Westfall-Greiter & Schwarz, 2013).

### **3.4.3 Integrating the data collection**

In order to align with the specific methodology of this study, the integration and synthesis of interview data and vignettes were meticulous processes designed to yield comprehensive insights. Firstly, the interview data comprising the rich narratives and responses from the participants were analysed using a qualitative content analysis approach. This entailed examining the linguistic and contextual nuances, as well as the thematic patterns within the interviews (Forman & Damschrader, 2007). Through this process, the researcher aimed to distil the essence of the participants' experiences and perceptions regarding the phenomenon under investigation.

Following the thorough examination of the interview data, the vignettes were incorporated into the analysis. Each vignette encapsulates a distilled narrative, providing a focused snapshot of the participants' experiences. These vignettes serve as poignant exemplifications of the broader narratives conveyed in the interviews. The process involved a careful comparison and alignment of the vignettes with the corresponding interview data to ensure that they harmonised and complemented each other to form a cohesive narrative.

Subsequently, synthesis was undertaken to interweave the insights gleaned from both sources. This integration occurred at multiple levels: firstly, by identifying common themes and patterns that emerged from both the interview data and the vignettes; and secondly, by juxtaposing specific instances and narratives from the interviews with corresponding vignettes. This comparative approach served to validate and enrich the findings, providing a multi-dimensional understanding of the phenomenon.

Furthermore, this synthesis also involved a process of triangulation, where converging themes and perspectives from both data sources were emphasised to fortify the credibility and robustness of the findings (Lincoln & Guba, 1985). Any discrepancies or differences

between the interview data and the vignettes were critically examined, offering an opportunity to delve deeper into the complexities of the phenomenon.

Ultimately, this integrative approach aims to capitalise on the strengths of both interview data and vignettes, allowing for a comprehensive and thorough exploration of the research topic. The synthesis not only highlighted overarching themes, but also showcased the vivid, real-life experiences of the participants, grounding the study in their authentic voices and narratives. Through this meticulous process, a holistic and meaningful interpretation of the phenomenon was sought.

## **3.5 Research methodology**

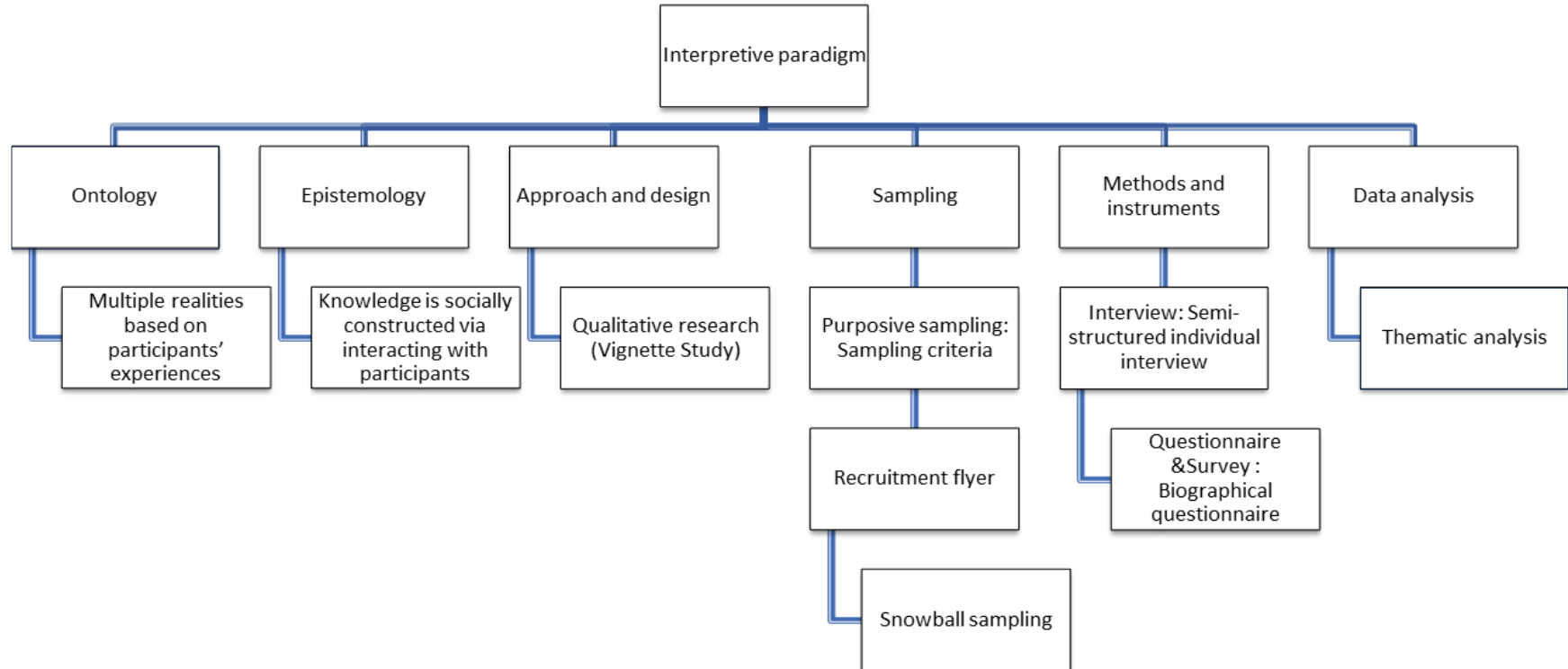
### **3.5.1 Research process**

In this section, I describe the procedures followed to answer the research questions. In Figure 3.2, I present a summary of the research methodology and processes utilised in this study.



**Figure 3.2**

*Research Framework and Process (Savin-Baden & Major, 2013)*



### 3.5.2 Research design

A vignette research design was chosen for this study. This comprises a phenomenological text, which is defined as a thick description of an event that was noted as it occurred (Geertz, 1973). Vignettes are valuable as they are inherently selective and, therefore, provide the researcher with the potential to be critical and thorough in their methodological choices, which are often overlooked. Examples thereof include the sample choice, use of language, and the experiences of the researcher.

The above-mentioned factors have an imperative influence on the outcome of the study and the direction that the study takes. Eloff (2020) reports that “vignette research opens vast possibilities for finding the ‘opposite’ of what a research inquiry might originally have intended – in closing the unexpected, the new, the unknown, the surprising, and the disconcerting. In research, this is a critical quality criterion”. Therefore, this research method was deemed suitable for capturing vignette data on the experiences of HIV-positive teenage mothers who were pregnant during the COVID-19 global pandemic. Furthermore, to gain an understanding of the complexities of their experiences, an approach was needed that “captures and records the voices of the lived experience [...] goes beyond mere fact and surface appearances [...] presents details, context, emotion, and the webs of the social relationship that joins to one another” (Schratz et al., 2014, p. 21).

This study used an exploratory case study design in addition to the phenomenological, vignette-driven research methodology that was discussed previously. An exploratory case study design investigates a phenomenon in its context, and raises awareness of the phenomenon within real-life experiences (Yin, 2009). The high school students who participated in the case analysis in this study were pregnant while attending school during the COVID-19 global pandemic. The two participants were purposively chosen to offer detailed insights into their experiences when addressing the research questions (Flick, 2009). The two participants were purposefully sampled. The eligibility criteria were established in the following manner: inclusion of adolescent mothers living with HIV, aged between 13 and 19 years old, and who experienced pregnancy during the COVID-19

global pandemic. They were required to be proficient in either English, IsiZulu, or Southern Sotho, and be residents of the Gauteng Province in South Africa. To facilitate recruitment, the researcher undertook an initiative to approach various non-profit organisations within the community and neighbouring areas of the geographical study, where informational flyers were displayed. Additionally, the researcher conducted a formal presentation of the research within a virtual support group, providing a comprehensive overview of its objectives, benefits, and potential drawbacks.

The recruitment process involved distributing flyers to a virtual support group of adolescent mothers located in Gauteng. Each participant had the autonomy to decide whether they wished to take part in the study. Subsequently, one member from the virtual support group expressed their interest in participating through a telephonic conversation. The participant not only confirmed her willingness to be involved in the study, but also referred one of her peers from the support group, who also expressed eagerness to participate. Both participants reaffirmed their interest in the study during subsequent telephonic discussions. The two participants, who were comfortable communicating in English, were then selected for observation and interviews, following strict adherence to ethical protocols.

Establishing relationships of trust with both participants was prioritised during the beginning phases of the study. This took place over a period of three months. Trust with the research participants was built through several strategies. Firstly, transparent communication was essential. This involved clearly articulating the study's purpose, objectives, and potential benefits, while also being forthright about the expected time commitment and any associated risks or discomforts. Additionally, building rapport with the participants included taking the time to connect with them on a personal level and displaying genuine interest in their experiences, which fostered a sense of trust. Active listening further reinforced this, as it entailed giving the participants undivided attention, validating their feelings, and demonstrating empathy and understanding. Respecting the participants' autonomy was paramount, allowing them to make informed decisions about their involvement and ensuring that they comprehended their rights, including the option to withdraw at any time without consequences.

Additionally, maintaining confidentiality was equally vital, reassuring participants that their information would be kept confidential and anonymised in any reports or publications. Providing clear information about the research process, procedures, and technical terms used, while addressing any questions or concerns, promotes transparency and trust. Demonstrating competence by showcasing expertise in the field further instils confidence in participants regarding the study, and researcher's professionalism. Moreover, it was important to adhere to ethical guidelines, obtain informed consent, and ensure that the participants grasped the study's objectives. This therefore contributed to trustworthiness. Showing appreciation for participants' time and effort, and expressing gratitude for their valuable input reinforced the collaborative nature of the study. Consistency in interactions, reliability, and fulfilling promises also allowed the researcher to build trust. Offering regular feedback on the study's progress, and sharing relevant findings or outcomes kept the participants informed and engaged. Handling sensitive information with care is particularly important when dealing with sensitive topics and when working with a vulnerable group. This therefore necessitated empathy and respect in discussions, and creating a safe space for the participants to share their experiences.

Throughout the interviews, the participants discussed their experiences, which significantly aids in the production of knowledge. Understanding how individuals make sense of their lives, defining the meaning-making process, and describing how they interpret their experiences are the main objectives of adopting a case study design (Merriam & Tisdell, 2016). Due to the fact that it concentrated on a single instance, this was a qualitative case study (Simons, 2014).

A case study research design is constrained since it has a precisely defined unit, in this example, pregnant high school students during a pandemic. As it attempted to explain both the overall case, as well as connections between the case's components, this study was furthermore regarded as being holistic. Considering that it concentrated on a specific subject rather than a more general one, this study could additionally be referred to as particularistic (Yin, 2009). A case study is further described as being contextual, which indicates that it considers the context, which may be historical, political, or cultural, in order to understand the circumstance. Finally, a case study uses detailed descriptions to

explain the problem to the reader (Savi-Baden & Major, 2013). A case study can be used by the researcher to trace the evolution of a social unit and its relationship to the social forces at play in its surroundings. Additionally, it can help in compiling a truthful and insightful account of the participants' own experiences.

### **3.5.3 Selection of the research participants**

Research participants are drawn from a study population. The term *population* refers to a community that possesses similar characteristics; it is from this community that the participants are drawn. The focal point in sampling, according to Terre Blanche et al. (2012), is representativeness. However, this is not the case in qualitative research, where the participants are selected for their uniqueness. The sample in this study consisted of two HIV-positive teenage mothers who were 19 years old. Non-probability sampling was the preferred sampling procedure; this is useful in qualitative research where the goal is to develop an understanding of one setting or group of people (Monette et al., 2014).

Therefore, I used purposive sampling. I purposefully set the criteria to allow the targeted participants to take part in this research. To begin purposive sampling, it is necessary to identify the selection criteria beforehand. Thus, the participants were selected based on set criteria that were appropriate for the study in question. As stated earlier, the selection criteria were as follows: HIV-positive teenage mothers, aged between 13-19 years old, who were pregnant during the COVID-19 pandemic, were English, IsiZulu or Southern Sotho speakers, and who resided in the Gauteng Province, South Africa. The researcher posted flyers on the walls of various non-profit organisations in her community and surrounding areas, conducted a formal presentation of the research on a virtual support group, and discussed the advantages and disadvantages thereof.

The most common kinds of purposeful sampling are snowball, chain, or network sampling. These techniques entail identifying a few key participants who easily match the study's eligibility criteria (Merriam & Tisdell, 2016). In this study, the snowball sampling method was used to recruit one more participant because the proposed number was not reached with the initial recruitment flyer and study presentation at the virtual support group (Matthews & Ross, 2010; Trotter, 2012). The snowball sampling method was used

after the initial participant was recruited through a flyer and presentation at the virtual support group. I asked the key participant for a referral to another young woman who met the study requirements and who was interested in being part of the study (Merriam & Tisdell, 2016).

I contacted the two participants by telephone using the Short Message Service (SMS), also known as texting. I shared the objective, background, and purpose of the study with the participants, along with an explanation about the importance of their feedback. Each participant received a copy of the consent form (See Appendix A) to complete before the start of the data-generation procedures (vignette-driven interviews). The consent form provided more details on the study's methodology and the vignette-driven interviews. I telephonically made arrangements with each participant regarding the best day, time, and place to conduct the vignette-driven interviews.

### **3.5.4 Research Settings**

#### *3.5.4.1 Vosloorus*

The first interview took place at the participant's home in the Vosloorus Township in the Gauteng province. Figure 3.3 provides the aerial view of the township as obtained from Google Maps (2023a).

**Figure 3.3**

*Aerial view of the Vosloorus Township (Google Maps, 2023)*



Vosloorus, like many townships in South Africa, has a complex socio-economic profile. It was established during the Apartheid era and experienced significant population growth as a result of forced removals and urbanisation policies. The area has a mix of formal and informal housing, with varying levels of access to basic services and amenities. While efforts have been made to improve living conditions and access to services, socio-economic challenges persist. These may include unemployment, poverty, and issues related to infrastructure and service delivery (Khumalo, 2016).

The languages spoken in Vosloorus are reflective of South Africa's linguistic diversity. The most commonly spoken languages include isiZulu, isiXhosa, Sesotho, Setswana, English, and others. This linguistic diversity is a testament to South Africa's multicultural society (Tsotetsi, 2021).

Vosloorus has a significant number of educational institutions, ranging from primary schools to tertiary institutions, and has an estimate of 24 mainstream schools. The



availability and quality of education have improved over the years, but challenges such as overcrowded classrooms and resource shortages still persist in some areas (Khumalo, 2016). Access to healthcare services in Vosloorus has improved over the years, but there are still disparities in healthcare infrastructure and services. The township is home to several clinics and hospitals, including the Thelle Mogoerane Hospital, the only regional (public) hospital within the township (Gervais-Lambony, 2008). Community health centres and mobile clinics also play a crucial role in providing healthcare services, such as the Eluthandweni maternity clinic, which provided antenatal care for one of the participants.

#### 3.5.4.2 Mamelodi

The second interview took place at the second participant's home in the Mamelodi Township, as shown in Figure 3.4 below.

#### Figure 3.4

*Aerial view of the Mamelodi Township (Google Maps, 2023)*



Mamelodi, a township within the Tshwane Metropolitan Municipality, was established in 1953 under the Apartheid government's policies. Townships were designated areas for South Africa's Black population, compelling residents to live apart from their traditional lifestyles. Consequently, these townships have cultivated a unique blend of traditional and urban culture. The inhabitants of Mamelodi encompass diverse language groups like



Tswana, Sotho, and Zulu, each at varying stages of transition from traditional to urban culture (Ndzimbomvu et al., 2021).

The township of Mamelodi is situated approximately 28 kilometres southeast of Pretoria's central business district in Region 6 of the City of Tshwane Metropolitan Municipality (CTMM). It is divided by the Moretele river into two main parts: Mamelodi East and Mamelodi West. The population totals around 410 000 residents living in 54 000 households, with roughly 50% residing in informal dwellings (Nkosi et al., 2019). The community generally faces economic challenges, with unemployment standing at approximately 20%. Nearly half of the households earn less than R3 200 per month. In terms of education, only about 70% of the population in the area have completed Grade 9 or higher, and an estimated 48% completed Grade 12 or higher education (Ndzimbomvu et al., 2021). The socio-economic infrastructure of the area is inadequate and dispersed, with regards to roads, public parks, energy, telecommunication, water supply, and sanitation, among other things. Illegal dumping in public spaces and on street corners is the main cause of waste management issues in Mamelodi and other townships within the CTMM. This waste management error puts the general public's health at danger and adds to the pervasive contamination of the land and water. This highlights the necessity for inhabitants to adopt more environmentally friendly behaviours and improve environmental cleanliness (Gottsmann & Osman, 2010).

### **3.5.5 Data collection and documentation**

The data were collected using semi-structured interviews and observations. This was regarded as a suitable strategy as it allowed the participants to express their views and experiences, while also allowing the researcher to focus on the research topic and questions (De Vos et al., 2011). The interviews were conducted by the researcher in the languages preferred by the participants (English). The interviews were conducted at an accessible and private venue within the community, in this case, the participants' homes. The participants were also audio-recorded once they gave the researcher permission to do so, with each interview being no more than 30 minutes long. To help address the research questions, the following topics guided the interview: biographical information,

reflections on experiences of pregnancy, and of the support received and the influence from the various sub-systems of the teenage mother's experiences, such as peers, schools, communities, and homes.

Data from the observations were gathered for the vignettes. Data collection through observation is methodical (Maree, 2012). Due to the fact that observations are unstructured in vignette research, the researcher is unable to plan ahead for what will be noticed. Maree (2012) asserts that observation is highly subjective, and that the researcher must be very aware of their own bias. It is thus advised to employ pertinent instruments, such as audio and video recorders, when gathering data. In this study, observation involved seeing the participants interacting with the researcher throughout the interviews (Maree, 2012). These also aligned with the Innsbruck Vignette Research (IVR) method. No video recordings were, however, made. Non-participation observation refers to the researcher remaining aloof or watching from a distance rather than joining the group or community being studied. Therefore, as a researcher, it was my responsibility to take notes while conducting the interviews and making observations whilst being close to the participants. Vignette researchers seek to 'co-experience' the moments with their participants.

### **3.5.6 Data analysis and interpretation**

The researcher transcribed the audio-recordings, and password encrypted the document, which was only shared with the researcher's supervisor. Thereafter, a thematic analysis of the data was conducted to identify the emerging themes from both interviews. The differences and similarities of the participants were studied under each theme. From the observation data, vignettes that depicted the experiences of each of the two participants were also crafted. The raw vignettes were shared with the participants for feedback before being sent to the researcher's supervisor for first vignette readings. Thereafter, the raw vignettes were further shared with colleagues in various fields of psychology and law through a process of group resonance readings for feedback (see Table 3.1). The participants in the resonance readings were each sent an email inviting them to a scheduled vignette reading, with an attached document of the raw vignettes for their

perusal. The participants joined the virtual meeting voluntarily, and verbal consent was requested and granted for the taking of pictures during the resonance reading to be used in the current dissertation. A follow-up email was then sent to formally request their consent.

**Table 3.1**

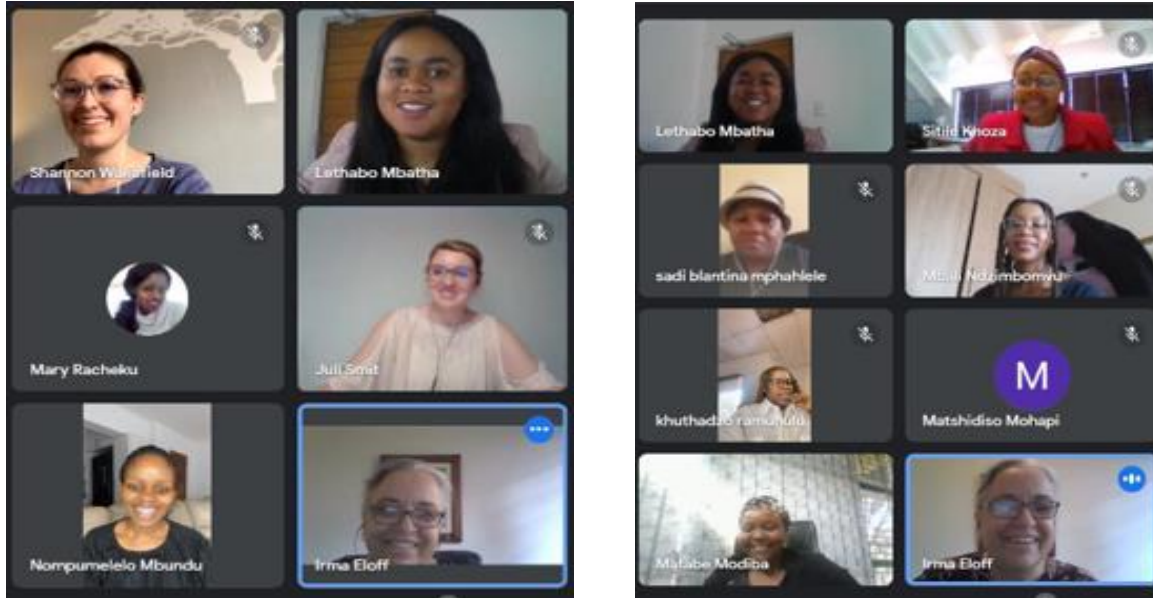
*Background of the resonance reading group participants*

<b>Name</b>	<b>Position/role</b>	<b>Field</b>
Sitile Khoza	Intern	Educational Psychology
Sadi Mphahlele	MEd Learning Support Graduate	Guidance and Counselling
Juli Smit	Intern	Educational Psychology
Shannon Wakefield	Intern	Educational Psychology
Rosa Modiba	Doctoral Candidate & Vignette Researcher	Educational Psychology
Khuthadzo Ramahulu	Admitted Attorney of the High Court	Law
Mbali Ndzimbomvu	MEd candidate	Educational Psychology
Prof. Irma Eloff	Professor	Educational Psychology
Matshidiso Mohapi	MEd Master's candidate	Educational Psychology
Lufuno Ravhengani	Intern	Educational Psychology
Mary Racheku	MEd Master's candidate	Educational Psychology
Nompumelelo Mbundu	Registered Counsellor in private practice	Educational Psychology

### 3.5.6.1 Resonance Reading Group 1 & 2 (Google Meeting Image)

**Figure 3.5**

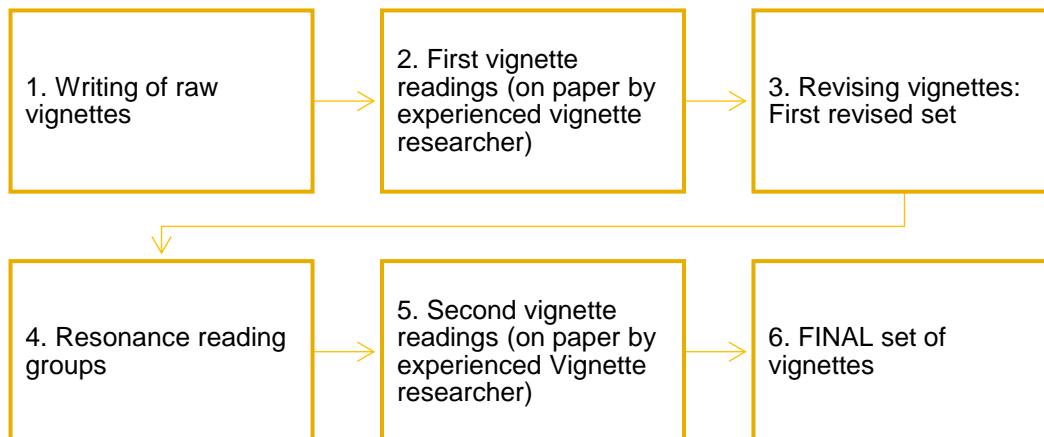
*Members of Resonance Reading Group 1 & 2*



Additionally, I provided an in-depth report of both the themes followed to construct the raw vignettes (see Figure 3.6), as well as the final vignettes and processes of the resonance readings (see Figure 3.7). This was done in order to describe the resonance readings process that was conducted virtually in two separate sessions. The overall feedback from the participants will be discussed in Chapter 4.

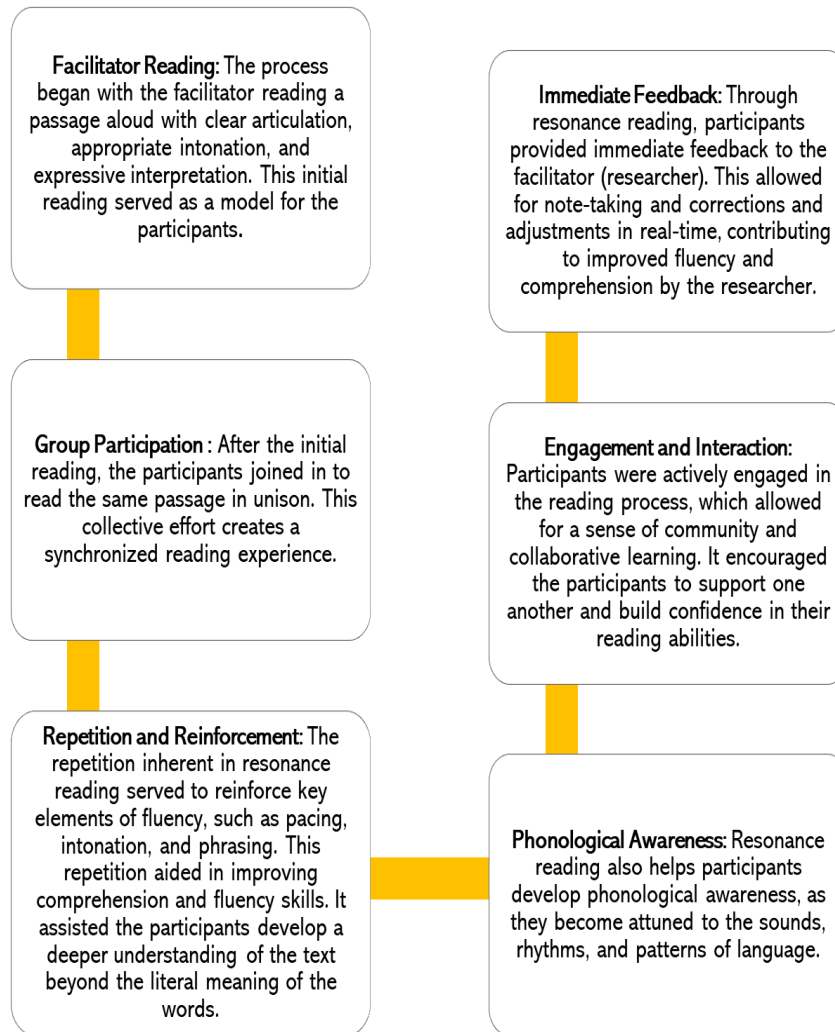
**Figure 3.6**

*Raw vignette process*



**Figure 3.7**

*Resonance reading process*



To report on the findings in Chapter 4, the suggested steps from De Vos et al. (2011) were implemented in analysing the data. The first step included recording and collecting data, the second step comprised data managing, and the third step consisted of documenting and reading the data. The fourth step involved interpreting, describing, and classifying the data. The final step then consisted of visualising and representing the data.

To ensure trustworthiness, the collected data were audio-recorded, and the interview sheet contained all of the listed questions that were answered by each participant. The interview included open-ended questions, thus allowing the phenomenon to be fully

explored in conjunction with the vignette observations. The researcher was aware that the findings of the study would not be generalisable to the broader population as the sample size was small, and was therefore not a representation of the whole population of Gauteng. Rather, with the use of vignette research, the study sought to provide in-depth, nuanced, and detailed information about the participants' experiences, contexts, and culture. To minimise bias, the researcher used a diary to reflect on her feelings as she is from the Gauteng province and had witnessed the experiences of teenage mothers closely from family and peers.

The creation of vignettes in research involves a concurrent process of gathering data and analysing it. As data accumulates in vignette research, initial vignettes may begin to take shape in the researcher's mind. This process may commence either during or after the vignette-driven interviews have been concluded. Subsequently, a phase of vignette development ensues wherein a preliminary vignette is constructed. In this particular study, a preliminary vignette was formulated for both participants shortly following the completion of the interviews. To construct these vignettes, the researcher closely referenced her observation notes, the research journal, and audio recordings. The preliminary vignettes were then honed through a dual iterative feedback process, involving both the participants and the researcher's supervisor. This culminated in a definitive vignette for each case study, as presented in Chapter 4.

The data were confirmed through the guidance of the supervisor, and audio recordings of the interviews. All of the vignettes were finalised with feedback from the participants. The theme analysis was conducted under the guidance of the supervisor. The themes and the vignettes were constructed from the raw data. The researcher used a thematic analysis to analyse the data, as well as De Vos et al.'s (2011) five steps of analysing qualitative research. The vignettes were constructed from direct observation data. The researcher further created an audit trail (field notes) of the raw data set, which was examined by the researcher's supervisor.

In this study, a qualitative content analysis was employed to scrutinise the textual data derived from both the narrative responses and observations in the vignette-driven

interviews, along with the final vignettes. This analytical approach focused on specific linguistic attributes as a form of communication, while also closely considering the content and contextual meaning within the vignette texts (Forman & Damschrader, 2007). Through this method, the researcher sought to move beyond mere examination and categorisation of language, aiming instead to distil comparable meanings into overarching themes. The objective was to shed light on the phenomenon of interest, providing authentic insights, and ultimately arriving at a coherent understanding of the topic.

Qualitative content analysis enabled a subjective interpretation of the text data through a systematic process of coding and theme identification (Forman & Damschrader, 2007). To effectively interpret the vignette data, the researcher immersed herself in the material, maintaining an open attitude to allow for emergent insights (Forman & Damschrader, 2007). This process commenced with repeated readings of the vignettes to achieve a comprehensive grasp of the data and attain a holistic perspective. Subsequently, the researcher scrutinised the vignettes word by word, identifying recurring patterns in order to capture critical thoughts and concepts.

To ensure an inductive approach to category development, the researcher refrained from imposing preconceived notions or categories onto the data. The categories and their names organically originated from the vignette data. After establishing a framework for data processing, a coding scheme was generated to cluster the codes meaningfully. These clusters formed the basis for identifying common underlying threads or themes, which facilitated the interpretation of findings through inductive reasoning and thematic analysis (Creswell, 2009). This approach allowed for the acquisition of undiluted and authentic insights from participants without imposing preconceived categories or theoretical perspectives onto their responses (Forman & Damschrader, 2007). However, a challenge inherent in qualitative content analysis is the potential for incomplete understanding and inadequate identification of key categories, which could compromise the reliability of the data. To mitigate this in this study, triangulation and maintained persistent observation were employed to ensure the credibility of the data (Lincoln & Guba, 1985; Manning, 1997). The subsequent section on quality criteria outlines how the



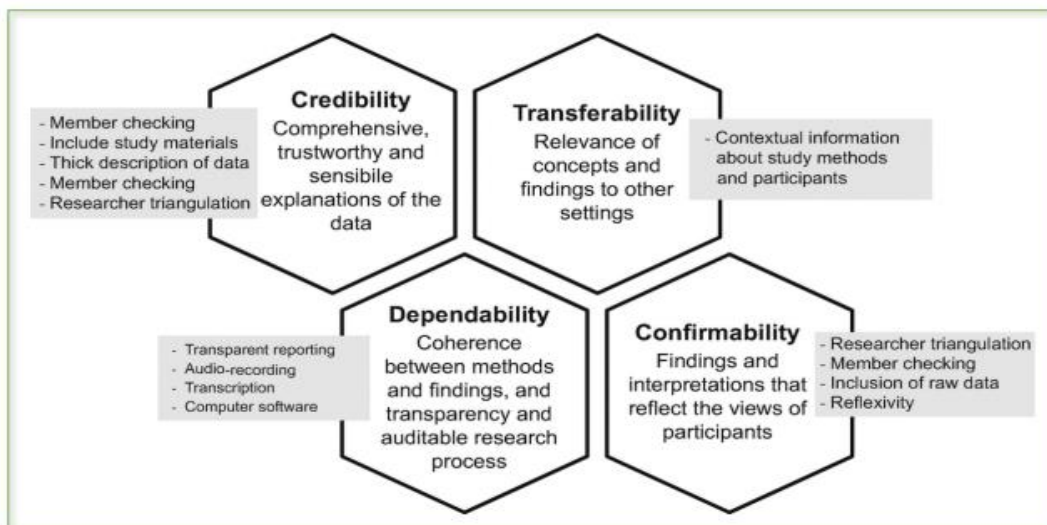
data were analysed in a manner that upholds the dependability, validity, and trustworthiness of the study.

### 3.6 Quality criteria

Four standards were outlined by Lincoln and Guba (1985) that improve the trustworthiness of postmodern research. A summarised diagrammatic illustration of the evaluation of postmodern research is shown in Figure 3.8. This research study's objective was not to generalise the findings, but rather to learn more about the phenomenon being studied in order to make connections with recent literature (Babbie & Mouton, 2013; Graneheim et al., 2017). Additionally, the goal of any study should be to provide accurate knowledge in a morally upright way. Trustworthiness in qualitative research refers to the many strategies utilised to improve the validity and reliability of a study (Creswell, 2014; Marshall & Rossman, 2016). Trustworthiness, in the words of Lincoln and Guba (2013, p. 103), is “the quality of an inquiry.” Credibility, reliability, conformability, and transferability were therefore considered in order to assure the high quality of this investigation (Marshall & Rossman, 2016; Rossman & Rallis, 2017). Below is an explanation of the variables involved, which are listed in the diagram.

**Figure 3.8**

*Diagrammatic illustration of qualitative research evaluation (Hanson et al., 2018, p. 10)*





### **3.6.1 Credibility**

Credibility, as a variable of trustworthiness, refers to “establishing confidence in the findings and interpretations of a research study” (Lincoln & Guba, 2013, p. 104). According to Babbie and Mouton (2013), credibility has to do with how reliable the gathered data are, and if the conclusions accurately reflect the subject of the study. The most efficient method for ensure credibility in this research was to audio-record the data during collection thereof, including open-ended questions in the interview that allowed participants to thoroughly explore their responses. The researcher purposefully did not observe or interact with the individuals for an extended period of time.

### **3.6.2 Transferability**

Instead of attempting to generalise the study's findings, this qualitative research sought to obtain thorough knowledge of the women's experiences of early motherhood. In order to “ensure that the research actions taken, lead to finding solutions to the problem(s) that initiated the study,” transferability is a crucial component of action-based research (Herr & Anderson, 2015, p. 67). Additionally, to guarantee proper representation and maximum variety, participants were carefully chosen using purposive and snowball selection methods. Throughout the many stages of the research process, data validation remained continuous. The examination of ethical principles was similarly continuously maintained. The researcher was mindful of the necessity to interact with each participant and their unique tales in an ethically sound manner throughout the entire procedure.

The researcher was aware that the small sample size would prevent the generalisation of the findings. This was mitigated through providing in-depth, nuanced, and extensive information about the participants' experiences, situations, and culture through the use of vignette research. Since the researcher is from the Gauteng province and has closely observed the experiences of young mothers through family and peers, she used a journal to record her sentiments in order to reduce bias.

### **3.6.3 Dependability**

The degree to which a study can provide comparable findings if it were to be repeated is referred to as dependability (Babbie & Mouton, 2013; Patton, 2015). However, as individuals are not static but rather constantly changing and growing, this premise is problematic when used in qualitative research. Therefore, reliability makes the false assumption that there is only one reality, which is false from a social constructivist perspective. The most important concern is “whether the findings are consistent with the data collected,” as stated by Creswell (2014, p. 251). The researcher used an audit trail to enhance trustworthiness. An audit trail elaborately explains how various forms of data were gathered, categories chosen, and judgments made throughout the research process (Merriam & Tisdell, 2016). The researcher’s supervisor often went over the audit trail, which included the facts, conclusions, and interpretations of the data. To guarantee the trustworthiness of the study, all interviews were further audio-recorded and transcribed verbatim.

The raw data were used to create themes and vignettes. In accordance with De Vos et al.’s (2011) five phases for evaluating qualitative research, thematic analysis was used to examine the data. The data from the direct observation were then used to create the vignettes.

### **3.6.4 Confirmability**

Confirmability refers to how closely the data truly and accurately reflects the voices of the co-researchers, and not the researcher's preconceived views. The researcher is referred to as the primary tool for data gathering and analysis in qualitative research (Babbie & Mouton, 2013; Creswell, 2014). Before beginning the research process, the researcher kept an awareness of her own worldviews, sets of beliefs, and experiences to guarantee confirmability. This improved the study's credibility, and promoted the participation of the participants. As the encounter progressed, the researcher and her supervisor frequently thought back on it. Moreover, the researcher was aware of the power dynamics present between the young mothers and herself.

The dynamics of the research process were different from what the researcher had originally expected due to the fact that it was conducted after the COVID-19 pandemic. As a result, during the study process, the researcher consistently acknowledged, reflected on, and expressed her thoughts, responses, observations, and ideas. She routinely scheduled meetings with her supervisor and critical readers (friends) to examine linkages between information, and to assess behaviours critically (Herr & Anderson, 2015; Lew & Schmidt, 2011). Writing and sketching were also carried out as internal reflective activities. The data were thus verified through the supervision of the supervisor, as well as the audio recordings. The participants' comments were then used to finish all of the vignettes. The topic analysis was also carried out under supervision.

The following chapter will present the findings, as well as an in-depth discussion thereof based on the theoretical framework utilised in this study, as well as the research questions posed.

## **CHAPTER 4: DATA ANALYSIS AND FINDINGS**

### **4.1 Introduction**

In Chapter 3, the theoretical framework, methodology, and ethical considerations of this study were explored in detail. In this chapter, the findings are presented as short illustrative stories, known as vignettes. Each vignette is followed by a case study discussion. Subsequently, the recurring patterns and themes identified from these vignettes are visually represented and thoroughly examined against the theoretical framework to address the research questions posed in this study.

### **4.2 Findings of the study**

The researcher gathered information by taking notes while observing and paying special attention to emotional expressions of sadness or empathy during the vignette-guided interviews. These notes were later transformed into vignettes that captured the core of the interactions between the researcher and the participants, focusing on their experiences with teenage pregnancy in the context of the COVID-19 global pandemic and also being HIV-positive. All conversations during these interviews were recorded. Before analysing the content qualitatively, each story was shared with the participants to ensure authenticity. Following this, a detailed analysis was conducted to identify recurring themes across all of the vignettes. These themes were further examined by comparing them to the relevant literature, as well as the information shared by the participants during the interviews (Campbell et al., 2022; Chimbindi et al., 2022; Joska et al., 2020).

In this research, a case study approach was employed to comprehensively understand the experiences of the research participants, delving into their individual backgrounds and unique identities. Following this, a narrative based on their experiences will be presented. Subsequently, an examination of the participant feedback session, and resonance group reading feedback (including the member-checking procedures) will be discussed. Pseudonyms have been utilised for each case study vignette in alignment with the stringent ethical guidelines set out by the University of Pretoria (University of Pretoria,

2021), and the Health Professions Council of South Africa (Professional Board for Psychology, 2006). This ensures the confidentiality and anonymity of the participants, safeguarding their identities.

#### **4.2.1 Research participant 1 – Geraldine**

In the heart of South Africa, where the sunsets paint the sky with hues of orange and gold, there lived a young girl named Geraldine. She was a resilient soul, facing life's challenges with a determined spirit. Geraldine carried the weight of the world on her shoulders - not only because she was a teenage mother, but also because she was HIV-positive. Her journey, however, was about to become even more complex, as the COVID-19 global pandemic swept across the globe. The participant, referred to as 'Geraldine' for the sake of anonymity, is a 19-year-old female residing in the Vosloorus township area in Gauteng, South Africa. She was diagnosed with HIV at the age of 16 and at the time of diagnosis, she was already pregnant with her first pregnancy, which she later terminated through means of an illegal abortion. Before falling pregnant, she lived with her mother, father, and brother. However, at the time of the interview, she was living with her boyfriend, his mother, and his grandmother in a room at the back of the homestead.

As Geraldine shared her experiences of being pregnant again after termination of the first pregnancy and an HIV-positive teenage mother during the COVID-19 pandemic, she expressed the challenges she faced and further stated that some days were a delicate dance between hope and worry. The pandemic had cast a shadow over her community, bringing fear and uncertainty. Hospitals were overrun, and resources were stretched thin, but Geraldine was not one to be easily discouraged. With the support of her boyfriend, 'Thabo', she resolved to protect herself and her unborn child.

Geraldine had access to the healthcare services at the local community clinic in Vosloorus, where she was scheduled for a routine checkup, ensuring that she adhered to antiretroviral therapy treatment. Every morning, Geraldine ensured that she took her medication and ate as healthy as possible. With the guidance of a dedicated healthcare worker named Sister Nomsa, she diligently followed her antiretroviral treatment plan, ensuring that the virus remained undetectable. Sister Nomsa became more than a

healthcare provider; she was a beacon of support, offering advice, encouragement, and reassurance.

The social grants provided by the government offered some sense of financial support for her and her boyfriend. Her boyfriend was employed as a taxi driver at the time of the global pandemic and she stated that, as a result of business shutdowns and lockdowns, they could barely buy beyond the basic necessities. However, she received some financial assistance from her mother, although they had to prioritise essentials such as healthcare and food during this time.

As the global pandemic progressed and the school were under strict lockdown conditions, Geraldine made the decision to drop out of school as she had no means to access or adapt to virtual learning. She further mentioned that she failed her school subjects and financially struggled to fund her educational needs.

As her pregnancy advanced, Geraldine's strength grew. She attended virtual prenatal classes, connecting with other expectant mothers through a screen. These sessions were her lifeline, a reminder that she was not alone on this journey. Their challenges related to the pandemic and HIV were shared, and together they forged a bond of resilience. One day, as the world outside was gripped by uncertainty, Geraldine expressed that she felt a flutter of life within her. With her mother's wise words and Sister Nomsa's unwavering support, Geraldine prepared for the arrival of her child.

When the day finally arrived, Geraldine narrated how the hospital's halls echoed with the sounds of her fear and the disheartening words from the birthing nurses. She expressed that the birth was a testament to her strength as a young mother. She further recounted that as she held her newborn in her arms, she knew that the challenges were far from over and she found herself full of regret. However, with her mother's love, Sister Nomsa's guidance, and her own resilience, Geraldine was ready to face whatever came her way.

Geraldine shared how she and her boyfriend navigated the complexities of motherhood, HIV, and a pandemic-stricken world. She knew then what her future plans would be: "I want to go to college and study to become a nurse. After receiving bad treatment from

our local hospital, I realised that we need young nurses to help teenage mothers.” In the end, Geraldine's story was not just one of adversity; it was a testament to the human spirit's capacity to bloom, even in the harshest of environments. Although marked by hardship, her journey, as highlighted in the following vignette, was a tapestry woven together with threads of hope, love, and unwavering determination.

## **Participant 1's vignettes – Geraldine: A ray of hope in the shadow of a pandemic**

### **Vignette 1**

In the heart of Geraldine's home, where scantily built houses are aligned along the narrow street, the wintry cold is palpable in the air. The street is buzzing, with the coming and going of many people, oddly busy for the middle of the week. Walking down a well-worn path, past a modest two-bedroom house with several cats in view, 19-year-old Geraldine says that a female stray cat had given birth a few weeks prior. The birth of the kittens seems to bother her deeply. Geraldine explains that the cat's belly swelled as hers swelled too, and they both kept this secret. She further narrates her concern for the kittens, “We gathered old blankets and offered the cat milk as she secretly gave birth to the kittens, she is always so friendly, but on that day, we barely saw her and when we did, her blue eyes were filled with fear.” Geraldine explains that she was overwhelmed with emotion when she saw the kittens, “They were so tiny, but the mother knew how to take care of all of them, no one taught her, but she knew what to do.” Geraldine continues to crisscross her way into their backroom while sharing how the birth of the kittens bothered her, yet was also a testament to how beautiful transformations are sometimes the result of unexpected bonds.

### **Vignette 2**

Approaching the backroom that Geraldine shares with her 30-year-old boyfriend, Sifiso, she slows down, draws a deep breath and pushes heavily against the door. The front door, which was once a symbol of welcome, is now hanging crookedly

on its hinges. The worn-down wardrobe inside is held together by no more than five screws. Visibly nervous, with her arms folded across her chest, she sits on the bed. She begins to tell her story, stuttering with every second word and giggling uncomfortably. She draws another deep breath and starts recounting her version of events. Growing up in a functional family unit, falling pregnant was the last thing on Geraldine's mind. However, that all changed in 2019 when she unexpectedly fell pregnant for the first time. "It was a backstreet abortion." She tenses up as she says this, and her posture suddenly changes. The pain in her voice is tangible and the slant of her eyes echoes it too. She expresses that most girls find themselves caught in the ruthless tides of fate, where choices seem few and far between. Amongst the countless struggles faced by Geraldine, the ghost of a second unplanned pregnancy is constantly looming in the room as she tells her story. Exhaling, she expresses her disappointment, "I was really hurt when my father kicked me out, because before this happened, we were very close," she says. There's a sudden tenseness in the air and her heart seems to be pounding wildly in her chest as she recounts those moments. "I'm pregnant and HIV-positive," the words almost collapse out of her mouth, "My father uttered words I never thought I'd hear," she whispers, "Leave this house. You are no longer welcome here."

### Vignette 3

She asks for a five-minute break, saying that she wants to grab a quick bite. When she comes back, she says, "My mother has been there for me, sometimes she'll send my brother to give me R100 or some leftovers just so that we don't go hungry, because I can't rely on my boyfriend's family." Geraldine says that she would not have been able to make it this far without her mother's support. Having continued with her studies, she is currently in Grade 12, and has aspirations of becoming a nurse. To ensure that other young girls like herself do not fear going to public health institutions, she wants to be the woman she wishes she had met when she was a patient in a public hospital.



#### *4.2.1.1 Resonance group reading feedback session*

In presenting the vignette to the resonance group, the participants expressed a palpable sense of empathy for Geraldine. This was evident in statements like, “Her mom is helping but is almost like a backstreet help ... I can imagine her frustration.” There was a shared sentiment amongst the participants regarding the imperative of mitigating stigma and neglect associated with both teenage motherhood and HIV. One of the participants shared that she thought that Geraldine felt neglected by her family and, although she was bothered by the cat, she showed compassion too, “I wonder if her compassion towards the cat is one she needs for herself. Does she also feel like a stray cat?” she asked.

The resonance group participants highlighted that the use of metaphorical language in the vignettes provided “beautiful imagery,” which allowed them to all take note of the resilience of the teenage mother in navigating such challenging experiences. One of the participants further emphasised how Geraldine’s resilience was a beacon of hope for teenage mothers, stating, “I like that you ended with hope, in the South African context, the role that hope plays is so important ... she is still continuing to dream, to show up for others, and I think it is really powerful, that resilience.”

#### *4.2.1.2 Member checking feedback session*

The researcher began by reading the vignette aloud to Geraldine, then gave it to her to peruse at her own pace as many times as she wished. Geraldine expressed that the vignette reassured her that she could overcome anything and that her story held the power to inspire and uplift others on similar paths. Geraldine appeared to be uplifted as she further expressed that the vignette had brought about validation and understanding that she had not known she needed.

#### *4.2.1.3 The researcher’s experience of the research participant*

Geraldine can be described as a teenage mother who is motivated to confront societal stereotypes and defy expectations, proving that with unwavering dedication, it is possible to break the cycle of adversity. With the support of her mother and boyfriend, it appeared that Geraldine's experiences of being HIV-positive and a teen mother during the COVID-

19 global pandemic inspired her to build a better future for herself, and to overcome adversity through means of tenacity, determination, and self-belief.

#### **4.2.2 Research participant 2 – Lerato**

In the heart of a small South African township, Lerato, a 19-year-old girl, carried a heavy secret. She was HIV-positive and pregnant. Lerato is not only a teenage mother, but she was born and is living with HIV, a secret known only to her and her mother. Lerato shared that she was an only child and had no information about her biological father.

During the vignette-guided interview, Lerato shared how her world had been turned upside down when she received her diagnosis at a mobile clinic in a local taxi rank just as the COVID-19 global pandemic was taking hold. Her dreams of finishing school and pursuing a career as a call centre agent seemed to fade away with each passing day. As a result of her fear of the COVID-19 virus, pregnancy-related health difficulties, and limited resources to access education, she decided to drop out of school and only returned to school after giving birth.

Lerato's mother, who had also been living with HIV for years, was her pillar of strength. Lerato expressed that her mother knew the challenges that her daughter would face as she was a teen mother herself. Her mom was therefore determined to support her through all the challenges of being an HIV-positive teenage mother. Lerato shared that her mother had seen the devastating effects of HIV in their community, and was committed to ensuring that Lerato had access to the best care possible. Lerato narrated how her mother went beyond providing the necessary care, and also held a surprise baby shower to ensure that she was well-prepared for motherhood.

Lerato details the fears she experienced during her pregnancy as the COVID-19 global pandemic had brought a new layer of complexity to her life. She shared how the lockdowns and restrictions made accessing medical care even more difficult. Fear and uncertainty loomed over the township as cases continued to rise. Lerato stated that she had to be extra cautious as her immune system was compromised. As a result, she experienced extreme loneliness as she rarely left her home except for essential medical

appointments at the local community clinic. Lerato explained that teenage pregnancy in her community was a norm, and as such, she had the support of not only the community, but also her neighbour with whom she found herself sharing her story.

Lerato explained that the emotional support provided by her mother, community, and neighbour helped her to navigate the challenges of being a teenage mother living with HIV during the COVID-19 pandemic. She expressed gratitude for being able to be connect with support groups and organisations that provided vital resources. Lerato was determined to finish secondary school and pursue a career as a call centre agent despite not liking school, but continued that she was determined to provide a better life for her unborn child.

## **Participant 2's vignettes – Lerato: A mother's secret**

### **Vignette 1**

In a world shaped by hardship; with dogs wandering around the yard in search of food in what seems to be a dumpsite, Lerato navigates the narrow pathways to her home. Constructed from resilient corrugated metal sheets that were once vibrant in colour, the shack made of patchwork and recycled materials is the place in which Lerato unfolds her story. “My friends and I went to a taxi rank one day and we saw an HIV container, and then we decided to go get tested ... I went in and the lady told me that I’m HIV-positive, that’s how I found out.” At just 19 years old, Lerato’s eyes tell the story of someone who has lived numerous lifetimes, “To be honest with you sister, I don’t like school. So, I don’t think I want to go to tertiary,” she laments. As a young teenage mother in a township whose hopes seem to diminish with every passing day, she explains, “In the community I live in, lot of girls get pregnant at a young age, so it’s just another day to see another girl pregnant.” She carries the weight of motherhood with as much grace as she can muster. She also speaks of the grace her mother showed her towards the end of her pregnancy, and her face lights up as she speaks of the baby shower. The cold room is now filled with an atmosphere of warmth, love, and hope.

## Vignette 2

An old rusting bucket covered in dust and showing signs of decay carries Lerato's weight as she uncomfortably narrates the reality faced by many others like her, all originating from similar backgrounds – being plagued with joblessness, hopelessness, a lack of support, and alcohol-ridden families. “I was very, very sad and alone because at home we are poor, and my mother drinks a lot. So I just felt alone and I had no support at the time.” She firmly holds onto a worn-out t-shirt with the faded words boldly written, “Jesus Is Love.” Her eyes hollow, telling of the exhaustion she has been experiencing for years, and she sits and readies herself for the conversation while unpacking her laundry. The faded words on the shirt seem symbolic of the opportunities slipping from her grasp. The worn fabric of her t-shirt mirrors the challenges that Lerato has had to overcome - being born HIV-positive into adversity, being plagued by intergenerational alcoholism, and being pregnant during a global pandemic. The bucket makes a crackling sound while being bent and twisted, yet Lerato persists in sitting on it, just as the t-shirt continues to declare its faded message.

### *4.2.2.1 Resonance group reading feedback session*

In presenting the vignette to the resonance group, the feedback indicated that Lerato's experiences echoed the experiences of the resonance group participants. One of the participants expressed how she could not help but draw similarities to her own community experience, and it seemed as though the challenges faced by Lerato resonated with her own experiences. She expressed that, “As we read the Vignette, I had an image of my late cousin with similar circumstances to Lerato, I can see her face, the shack ... everything,” she sighed. The group reached a consensus regarding that they all felt a sense of empathy for Lerato, sharing that it must have been incredibly challenging to navigate teenage motherhood while living with HIV, especially during a pandemic. The group further emphasised that they all felt a sense of admiration for her and her resilience,

with one of the participants stating, “Despite all her sufferings ... she still had hope, she was still resilient as a young person.”

#### *4.2.2.2 Member checking feedback session*

When the researcher presented the vignette to Lerato, it was read aloud to her first, and then she was given the opportunity to read it on her own as many times as she liked. During the member checking session, Lerato was initially very quiet, paying close attention to her vignette and absorbing all the details about her experiences of being born HIV-positive, and being a teenage mother. Upon hearing the rest of the vignette, Lerato became emotional as she shared that the vignette captured her experiences in-depth, and provided a glimpse into her memory of her experiences. Lerato mentioned that the vignette allowed her to reflect, and she had gained insight into how she had been portrayed within her experiences. She noted that since the vignette session, and over the course of several months, she had new dreams for herself to further her studies at university, and to become a social worker. She expressed that she wanted a brighter future for herself and her family.

#### *4.2.2.3 The researcher’s experience of the research participant*

Lerato can be described as a young woman who was born HIV-positive in a poverty-stricken community. Despite facing immense challenges, Lerato defied the odds and became a beacon of hope for her community. As a teenage mother, she confronted the dual stigmas of being born HIV-positive, and being a young parent. Through determination, access to medical care, and unwavering support from her family and community, Lerato is determined to not only overcome the obstacles she faces daily, but to become an advocate for HIV awareness and teenage parenting support. Her story serves as a testament to the power of resilience, love, and community solidarity in the face of adversity.

### **4.3 Data analysis of the themes derived from the vignettes using the theoretical framework**

From the data obtained during the vignette-driven interviews, a thematic analysis was conducted through the lens of Bronfenbrenner's Ecological Model (BEM) as the framework. It was revealed that the interplay of factors influencing the experiences of HIV-positive teenage mothers in Africa during the COVID-19 global pandemic were of critical importance. The analysis of this phenomenon allowed for examining the multifaceted factors that influenced the experiences of HIV-positive teenage mothers during the COVID-19 pandemic. Guided by the BEM framework, which comprises the mesosystem, exosystem, macrosystem, and chronosystem (Bronfenbrenner, 1979). Furthermore, five themes and 14 sub-themes were identified (see Table 4.1 below).

**Table 4.1**
*Themes and sub-themes*

Bio-Ecological	Themes	Sub-Themes
<b>Microsystem</b>	1. Immediate Environment	1. Family dynamics and support systems. 2. Peer relationships and social networks. 3. Access to healthcare and medical resources.
<b>Mesosystem</b>	2. Interactions Between Microsystems	4. Linkages between family, peers, and school. 5. Caregiving practices of the father. 6. Community services.
<b>Exosystem</b>	3. External Environments	7. Impact of COVID-19 on access to healthcare and maternal support. 8. Availability of day care resources within the community and support networks. 9. Religion.
<b>Macrosystem</b>	4. Cultural and Societal Influences	10. Gender roles. 11. Cultural norms and practices. 12. Educational policies and economic status.
<b>Chronosystem</b>	5. Historical Context and Time	13. Changes in HIV-positive teenage mothers over time. 14. Long-term influence of COVID-19 global pandemic on the mental health of HIV-positive teenage mothers.

### 4.3.1 Microsystem

The microsystem encompasses the intricate and interrelated connections between a developing individual and their immediate environment (Bronfenbrenner, 1979). For a teenage mother, this encompasses her family/home, school, church, the baby's father, peers, and the community. Different systems interact, and these interactions appear to have an impact on a teenage mother, either positively or negatively. In this study, the following sub-topics served as the framework for discussing the microsystem of young women: the influence of critical and adverse remarks; considerations of health; emotional and educational hurdles; assistance in caring for the baby; support provided by, and the practices of immediate family members, and support within the school environment – from peers, teachers, and the school itself.

#### 4.3.1.1 Sub-theme 1: Family dynamics and support systems

Family dynamics play a critical role in the lives of HIV-positive teenage mothers (Campbell et al., 2022). These dynamics were further complicated by the COVID-19 pandemic. Many HIV-positive teenage mothers face stigmatisation and ostracization within their families, leading to reduced emotional and financial support (Visser et al., 2009). Some families struggle with accepting the child's HIV status, causing strained relationships. This is supported by the following statements from the vignettes:

Vignette 1, Participant 1: *“My friends didn’t want to be seen with someone pregnant.”*

Vignette 2, Participant 2: *“I did not tell my friends because I was scared they would judge me and my boyfriend. I also didn't tell him because I was scared that he would also judge me.”*

These girls’ parents also struggled to accept that their high school-aged teenagers were pregnant while still at school.

Vignette 1, Participant 1: *“My parents kicked me out, when they found out ... you know my parents, but my father specific and he kicked me out, I was very scared, I didn’t know what to do.”*



Vignette 2, Participant 2: *“It was bad, very, very bad, because in the beginning, nobody supported me, including my boyfriend. My mom was too angry at me.”*

Many families already living with financial constraints faced heightened economic stress due to job losses during the COVID-19 global pandemic (Campbell et al., 2022). The participants in the current study expressed that this affected their access to basic necessities like food, shelter, and healthcare.

Vignette 1, Participant 1: *“So my boyfriend is also a taxi driver, so business was also slow for him, and we were not making enough money because when COVID-19 happened.”*

Vignette 2, Participant 2: *“I faced a lot of problems and challenges because my mother does piece jobs here and there, and my boyfriend did not work because at the time, he was also a schoolboy. So we didn't work. Both of us. So, the only person we could depend on was my mother.”*

Therefore, it is evident that the COVID-19 global pandemic had strained the emotional bonds within both families. However, one of the participants expressed that her mother was extra careful with protecting and ensuring her adherence to medication, thus also indicating that the COVID-19 global pandemic strengthened some family bonds. Moreover, this indicates that the participants may have received more emotional support from family members due to the increased awareness of health risks.

Support systems, including community organisations and Non-profit Government Organisations (NGOs), are vital for teenage mothers living with HIV (Josk et al., 2022). The COVID-19 global pandemic has affected these support systems in various ways, as access to such services were not considered as essential during the strict lockdown restrictions (Joska et al., 2022). However, the participants indicated that this was mitigated through the use of virtual support groups, which served as aid in terms of their mental healthcare, and their adherence to medication and prenatal care.

Additionally, in the microsystem, the data shows that the participants often encountered critical and negative remarks from peers, teachers, family members, and the broader community. The participants expressed feeling discomfort when faced with judgmental comments or ridicule because of their pregnancy. With a visible pregnancy and the effects thereof, the school environment became less conducive to their learning.

Vignette 1, Participant 1: *“I feel like even though no one told me that they are disappointed in me, it was just, the looks you get like what you did is wrong, I also felt ashamed, I just don’t know ... can you repeat the question?”*

*“When I gave birth at a public hospital, after being judged by the nurse and the women in my ward, I was the youngest in my ward so I regretted keeping the baby because the treatment I got, the looks I got, even if someone doesn’t say anything but the eyes says a lot, I know what I did was wrong, but I feel like at that time I was having a baby I was ... I was in a position where I needed support, but instead, I got judged. So yeah, you know.”*

As a result, the participants did, however, miss school days when they felt overwhelmed by humiliation due to their pregnancy, and this further led to them dropping out. Due to the lockdown regulations, school closures also proved to be a barrier to the participants coping with their studies. They claimed that self-motivation alone was insufficient for a young mother to stay in school and excel in her academic pursuits. When school was only being attended based on rotating schedules once the lockdown restrictions had been slightly lifted, the pregnant teenage mothers expressed that they struggled immensely with balancing the school workload and being pregnant.

Vignette 2, Participant 2: *“...but then at the end, I dropped out and I only went back to school once I gave birth and my mum could take care of my child.”*

#### 4.3.1.2 Sub-theme 2: Peer relationships and social networks

Peer relationships are vital for the psychological well-being of HIV-positive teenage mothers (Hill et al., 2015)). The pandemic's impact on these relationships is complex. Lockdowns and social distancing measures led to isolation, preventing teenage mothers

from engaging with peers in person. This isolation may have exacerbated existing feelings of loneliness and depression (Campbell et al., 2022). The participants in this study turned to virtual platforms to maintain connections with peers, but the participants mentioned that they did not have frequent access to these resources. However, they also indicated that the pandemic strengthened their bonds with other teenage mothers, and they relied on each other for emotional support, information sharing, and coping strategies.

Vignette 1, Participant 1: *“When I was pregnant, I met a few mothers at the clinic when I went for my check-ups. I made friends where I never thought I will, so yeah.”*

Studies indicate that HIV-positive teenage mothers in Africa, amidst the COVID-19 pandemic, found varying degrees of support within the school environment (UNESCO, 2021). One of the participants in this study indicated that she received assistance from peers and educators, including Life Skills teachers, and principals.

Given that school was a significant part of their daily routine, it continued to play a crucial role in their lives. Unfortunately, a few teachers displayed hostility towards pregnant learners, harshly criticising their sexual activity and the resulting pregnancies. Nevertheless, the feedback from the participants revealed that certain teachers offered encouragement, urging pregnant learners not to quit school. Some teachers even provided additional assignments to make up for missed school days. Notably, these pregnant learners felt more at ease sharing their experiences with specific educators, particularly the Life Skills teachers. Despite encountering negative remarks and being teased by some of their peers, there were also supportive individuals who made it easier for these pregnant learners to continue their education and return to school after giving birth.

Vignette 1, Participant 1: *“...my teacher Ms Sithole, I’ve been with her since Grade 8 and she’s my Zulu teacher. She’s been like, you know that strict aunt, she was like that, so she was very disappointed when I got pregnant, but after I came back to school and she saw my result came back even though it was not the same as before because I had a child, so I have been able to find a balance between the two. So I*

*think she saw that because she has been very supportive and she has also been helping me with application and funding.”*

Vignette 2, Participant 2: *“My teachers pushed me so much that they gave me extra lessons. They'd check up on me. They'd give me extra homework, so I'd understand the work even more and also the principal always pushed his students to get 100% rate for the whole school.”*

Ensuring the inclusion of HIV positive teenage mothers in Africa during the COVID-19 global pandemic involves fostering positive and supportive connections with both educators and peers (UNESCO, 2021). This sense of belonging is crucial for these young mothers, despite their pregnancy or motherhood status. The immediate social environment of the participants played a pivotal role in their journey as teenage mothers. Through various interactions, they were able to stay in school and even gain access to education. Despite facing challenges along the way, certain elements within their immediate environment provided crucial support. A nurturing and supportive environment empowered the participants to develop strategies for disengaging from the negative perceptions associated with teenage motherhood, fostering a positive outlook on their potential future selves. Therefore, it is crucial to prioritise changing both structural barriers and societal mindsets concerning teenage mothers. This shift can significantly contribute to reducing or eliminating practices of oppression that hinder the educational advancement of teenage mothers.

In the context of the COVID-19 global pandemic in Africa, it is crucial to consider the experiences HIV-positive teenage mothers beyond the statistical indications of high incidence rates. Drawing on the concept of ‘possible selves’, it is imperative to encourage young women who find themselves pregnant while still in school to use their envisioned future selves as a driving force to pursue their education. This internal motivation proved instrumental in enabling the young women in this study to return to school and enhance their performance in Grade 12. Despite the inherent difficulties of juggling motherhood and academic pursuits, the findings indicate that young women possess the capacity to strike a harmonious balance between their studies and parenting responsibilities,

provided that they receive adequate support. The comprehensive support system within their immediate environment played a pivotal role in encouraging these young women's determination to persist in their educational endeavours.

Vignette 1, Participant 1: *"I go to school, I leave Enzo with his grandmother in the main house, because in the main house, his grandmother lives with his mother and his sisters. So, his grandmother takes care of him."*

Vignette 2, Participant 2: *"I dropped out and I only went back to school once I gave birth and my mum could take care of my child."*

#### 4.3.1.3 Sub-theme 3: Access to healthcare and medical resources

Lockdowns and restrictions disrupted essential services like HIV testing, counselling, and the distribution of Antiretroviral Therapy (ART) to teenage mothers (Campbell et al., 2022). Access to healthcare, including ART and maternal healthcare, was a crucial determinant of the health outcomes of HIV-positive teenage mothers during the pandemic. Lockdowns and overwhelmed healthcare systems disrupted routine check-ups, antenatal care, and access to HIV medications. This posed significant risks to both the teenage mothers and their babies. Maintaining medication adherence is essential for teenage mothers who are HIV-positive. The pandemic made it challenging for some to access ART and prenatal care.

Moreover, in the context of the COVID-19 global pandemic in Africa, it is crucial to consider the unique challenges faced by HIV-positive teenage mothers. One of the most pressing needs for these young mothers is counselling. However, the participants in this study reported not having proper access to such support primarily due to their decision to conceal their pregnancies from others. This concealment played a significant role in preventing them from receiving the necessary counselling. They believed that this secrecy and deception were essential for them to continue their education and not be ostracized by family members or peers.

Vignette 2, Participant 2: *"I did not tell my friends because I was scared they would judge me and my boyfriend."*

In cases where counselling was received, it often came from trusted figures such as school principals, specific teachers, Life Skills instructors, or social workers. Addressing the dearth of counselling services due to concealment or dishonesty about pregnancy requires well thought out intervention. The Ecological Model suggests that fostering a positive and trusting relationship with pregnant learners within their immediate environment, at the microsystem level, is pivotal in creating an atmosphere where they feel comfortable sharing their challenges.

### **4.3.2 Mesosystem**

In the context of HIV-positive adolescent mothers in Africa during the COVID-19 pandemic, Bronfenbrenner's (1979) concept of the mesosystem becomes particularly relevant. The mesosystem refers to the interplay and connections between various microsystems. Within this framework, the pivotal role of educators in guiding teenage girls through their pregnancies becomes evident. The participants emphasised the links between teachers and students, as well as teachers and parents. In their experience, teachers wielded significant influence in shaping the interactions that they had within these systems, and played a crucial part in ensuring that they remained engaged in their education while pregnant. Within the scope of this study's mesosystem, the dynamics of teacher-student relationships, peer interactions, the caregiving practices of the baby's father, and community services are explored.

#### *4.3.2.1 Sub theme 4: Linkages between family, peers, and school*

HIV-positive teenage mothers often contend with unique family-school dynamics. While support from family members is crucial for their well-being and the well-being of their children, it may not necessarily be present. Intersectional stigma and misinformation about HIV and teenage pregnancy can strain family relationships, leading to isolation and reduced support. The pandemic amplified these challenges. Lockdowns, economic strain, increased caregiving responsibilities, and overwrought family resources potentially led to decreased support for these mothers. Additionally, remote learning posed significant challenges for teenage mothers, who may have lacked access to the necessary resources, or struggled with balancing childcare and education.

Establishing a foundation of trust, support, and respect between teachers and HIV-positive teenage mothers in Africa, particularly during pandemics like COVID-19, is essential for their continued education. This connection, understood from within the ecological model, signifies a positive interaction for these young women. The participants further emphasised the significance of sex education for teenage mothers. The mesosystem thus plays a crucial role in fostering relationships that nurture pregnant teenagers and teenage mothers, ultimately providing them the necessary support to remain in school.

Peer relationships also played a pivotal role for the participants. Despite instances where some peers formed groups to mock, tease, and gossip about pregnant learners, there were others who offered invaluable support. At times, judgmental peers witnessed the positive support from their peers and gradually changed their perspectives, accepting the reality of their peer's pregnancy. Despite the formidable challenge of balancing pregnancy and school, both participants in this study managed to return to school and eventually progress to Grade 12. The notion of a mesosystem therefore underscores the importance of healthy interactions among various systems when considering support for teenage mothers. Through comprehensive assistance, a teenage mother can overcome barriers to achieving educational milestones.

#### *4.3.2.2 Sub-theme 5: Caregiving practices of the baby's father*

In the context of the COVID-19 global pandemic in Africa, it was noted by the participants that HIV-positive teen mothers face further challenges when the baby's father is not actively involved in childcare responsibilities, leaving all duties to the mother and her family.

*Vignette 2, Participant 2: "Sihle my boyfriend was not giving me and the baby any attention. And my mom also wasn't taking care of us because she was just so disappointed in me, and Sihle treated us very, very bad. He treated me snaaks, like I was nothing because I was pregnant."*



To enhance support for teenage mothers within their immediate social environment, it is crucial to cultivate positive relationships with those in this immediate circle (mesosystem). Implementing educational programmes for the baby's father and his family on infant care would be highly beneficial, helping them grasp the significance of their roles in childcare. One of the participants was assisted by the father of her baby, showing that this initiative would alleviate stress for the teenage mother, enabling her to pursue her education in tandem with the responsibilities of teenage motherhood. Based on the data gathered in this study, educating the father and his family seems to be particularly relevant in situations where the teenage mother and her family are not financially equipped to handle all aspects of baby care.

#### *4.3.2.3 Sub-theme 6: Community services*

The COVID-19 global pandemic has added another layer of complexity to the existing socio-economic dynamics within communities, and their impact on adolescent sexual behaviour. The pandemic has exacerbated factors such as social disorganisation, economic disadvantage, and educational disparities, which can contribute to early sexual activity and pregnancies among young people (Chimbindi et al., 2022). Communities with low levels of education, income, and employment, coupled with high crime rates, are at higher risk for increased rates of teenage pregnancy. Case in point, one of the participants expressed that teenage pregnancy was a norm in her community as many of the young girls, and her mother, were teenage mothers themselves. Conversely, communities with high-achieving members in terms of education, income, and employment, who prioritise higher education and career aspirations while discouraging teenage pregnancy, are more likely to experience lower rates of teenage pregnancy (Chimbindi et al., 2022).

### **4.3.3 Exosystem**

The exosystem encompasses external elements that a teenage mother may not be directly engaged with, but which could still impact her circumstances. This includes factors like healthcare services, media influence, religious institutions, and the surrounding community.



#### 4.3.3.1 Sub-theme 7: Impact of COVID-19 on access to healthcare and maternal support

HIV-positive mothers faced challenges during the pandemic in accessing antenatal care services. The participants revealed that they sought health services for prenatal care later in their pregnancies. Despite notable progress in policy, and programme development aimed at enhancing the accessibility of health services for young people, the COVID-19 global pandemic impaired the accessibility of these services. Even with the implementation of initiatives like the Adolescent Friendly Clinic Initiative in South Africa, young individuals still face negative and stigmatising attitudes from healthcare providers and others. Consequently, many young women opt to forgo contraception, delay seeking antenatal care during pregnancy, or resort to unsafe methods for pregnancy termination (Visser et al., 2008). There is thus a pressing need for more robust efforts to expand the reach of adolescent-friendly services, and to instil their core principles within the healthcare community.

There is a lack of intervention that facilitates a joint opportunity for mothers and children to deal with issues related to HIV together (Visser et al., 2012). Participant 2 stressed that she was infected by her mother from birth, but that her mother did not disclose her HIV status to her.

Vignette 2, Participant 2: *“The only family I have is my mother and she knows because she gave it to me.”*

Furthermore, it is imperative to ensure that a comprehensive array of preventative services for pregnancy is readily accessible to young people. This should include emergency contraception, which is both safe and effective, and has been shown to not encourage increased sexual activity. Deregulating its availability could significantly improve its accessibility and usage. Until the quality of healthcare services is elevated for young individuals, consideration should be given to providing healthcare services outside of the traditional healthcare system. For example, mobile services have proven to be an effective means of delivering voluntary counselling and testing services, particularly for young men who may not typically seek care from conventional health services (Chimbindi et al., 2022).

Despite the availability of centralised health facilities in South Africa, the participants delayed visiting clinics due to concealing their pregnancies. This concealment often stemmed from a fear of community reactions upon learning about their pregnancies. The pervasive fear and negative comments directed towards teenage mothers furthermore contribute to this delay in seeking healthcare and maternal support. The participating teenage mothers indicated that they were acutely aware of the potential stigma they would face once their pregnancies became known. It is thus imperative to change societal perceptions of teenage mothers at both ideological and political levels. Exclusion or violence against a teenage mother simply for being pregnant can instil a deep fear of seeking care at a health centre.

The current study illustrates how applying the Ecological Model can be instrumental in shifting understandings of the intersectionality of youth, being HIV-positive, and being mothers during periods of extreme adversity. In turn, the study could potentially inform those directly or indirectly involved with teenage mothers, thereby fostering a more supportive environment.

Vignette 1, Participant 1: *“I feel like even though no one told me that they are disappointed in me, it was just, the looks you get like what you did is wrong I also felt ashamed...”*

Vignette 1, Participant 1: *“I want to go back to college and I want to study to become a nurse, after receiving that treatment from the sister and the people who worked at the hospital, I feel like we need people who understand that I’ve been through the whole experience that I’ve been a young mother, and I will be able to like, you know, I have passed through the same situation you know, and sometimes you just need someone to understand where you coming from.”*

#### **4.3.4 Macrosystem**

According to Bronfenbrenner's model, macrosystems refer to the broader societal structures and influences that significantly impact an individual. This encompasses elements like socioeconomic standing, financial resources, poverty levels, societal

norms, educational frameworks, legal structures, cultural dynamics, and ethnic backgrounds. In the context of the COVID-19 pandemic, it's important to consider HIV-positive teenage mothers, since these factors have the potential to exert a substantial influence on them. In the present investigation, the impact of education policies, cultural elements, and economic circumstances at the individual experience level were considered.

#### *4.3.4.1 Sub-theme 8: Gender roles*

During the COVID-19 global pandemic in South Africa, it became evident that informing family members about pregnancy was a significant challenge for HIV-positive teenage mothers. This study revealed that the responsibilities of caring for the baby were predominantly assigned along gender lines, with the teenage mother and her female relatives bearing the brunt of the workload. This practice may stem from deeply ingrained cultural norms dictating labour division between males and females in society, starting from childhood. The constrained ability to express themselves, as noted in these participants, may signify a form of oppression, underscoring the importance of contemplating cultural shifts in relation to gender dynamics. To provide comprehensive support to teenage mothers, it is imperative to critically analyse societal perceptions of gender dynamics. Initiating a shift in the collective mindset towards teenage mothers is crucial for their holistic well-being and acceptance within society. This necessitates a transformation in how people view teenage motherhood.

*Vignette 2, Participant 2: "...Sihle my boyfriend was not giving me and the baby any attention. And my mom also wasn't taking care of us"*

*"...once I gave birth and my mum could take care of my child."*

#### *4.3.4.2 Sub-theme 9: Cultural norms and practices*

The HIV-positive adolescent mothers in this study faced challenges in disclosing their pregnancies to family members during the COVID-19 pandemic. This difficulty stemmed from their adherence to cultural norms and customs, which made it complicated given that teenage pregnancy, particularly before marriage, is stigmatised. This data aligns with

prior research indicating that many South African families view pregnancies outside of wedlock as socially unacceptable. The participants expressed feeling apprehensive about how their immediate family members would respond when they revealed their pregnancy. Although this societal aspect does not directly engage with teenage mothers, this discovery underscores the significant influence of cultural beliefs and societal norms at the broader societal level. It could be argued that, due to prevailing societal attitudes towards teenage pregnancy, the participants encountered challenges in sharing the news of their pregnancies.

Vignette 1, Participant 1: *“...my parents kicked me out, when they found out ... you know, my parents, but my father specific and he kicked me out.”*

#### 4.3.4.3 Sub-theme 10: Educational policies and economic status

The existing policy in South Africa for school-going teenage mothers encourages them to continue attending school during their pregnancy, and to return after giving birth. This enables them to complete their education and potentially pursue admission to university, even if they became pregnant while in school. The participants mentioned that they had set specific goals before getting pregnant, which they might not have been able to achieve if there was no policy supporting teenage mothers' education.

Vignette 1, Participant 1: *“...my teacher, Ms Sithole ... she has been very supportive and she has also been helping me with applications and funding.”*

Vignette 2, Participant 2: *“All my teachers were very, very supportive.”*

This highlights how decisions made at a higher level, such as the education system, and including policies regarding teenage mothers, impact these mothers' progress. Based on the data gathered in this study, it can be argued that the South African government's policy of including pregnant and parenting learners positively contributes to their completion of schooling and access to university. While this level of influence is distant from the teenage mother herself, its effects are evident in the personal choices that were available to both participants as a result of this policy. The implementation of this policy significantly affected them by allowing them to stay in school and to return to school after

giving birth. Without this inclusive policy, it appears that the participants would have faced difficulties in completing their formal education, let alone pursuing university studies.

### **4.3.5 Chronosystem**

The fifth system in Bronfenbrenner's Ecological Model, the chronosystem scrutinises how surroundings and life occurrences influence growth over time. The participants shared their accounts from pregnancy to university entry, reflecting on their paths through adolescent motherhood, as well as their educational and parenting adventures. This sheds light on the transformations experienced by mothers who became parents during their school years.

#### *4.3.5.1 Sub-theme 11: Changes in HIV-positive teenage mothers over time*

The participants emphasised the noticeable physical transformations that they underwent during pregnancy, which is a common experience for young women in this situation. As their pregnancies progressed, these teenagers observed changes in their bodies, leading to discomfort when navigating school premises with their growing bellies. The research revealed that despite initial pregnancy-related difficulties, these young women chose to conceal their pregnancies in order to continue their education.

The study's findings underscore the urgency of breaking the cycle of poverty for this demographic. Consequently, when providing support for teenage mothers, it is imperative to consider the Ecological Model's chronosystem. These young women seemed to dedicate a substantial portion of their time to enhancing their Grade 12 performance to meet the prerequisite criteria for university admission.

However, solely relying on this model is not sufficient to encourage HIV-positive teenage mothers to pursue higher education, but it may help us to understand the phenomenon. This theoretical model underscores the interplay between different systems, emphasising that a failure in one can impact the others. The participants became pregnant while still in school, and all managed to continue their studies. Offering comprehensive support right from the onset of their pregnancies played a crucial role in enabling these young women to stay in school and ultimately to gain access to higher education.

#### *4.3.5.2 Sub-theme 12: Long term influence of the COVID-19 global pandemic on the mental health of HIV-positive teenage mothers*

The COVID-19 global pandemic has disrupted lives across the globe, but its impact has been particularly profound in regions with existing health challenges, such as those in sub-Saharan Africa. Among the vulnerable populations, HIV-positive teenage mothers face unique challenges in accessing healthcare and psychosocial support. This study explored the experiences of teenage HIV-positive mothers who were pregnant during the Covid-19 global pandemic. This phenomenon was examined through the lens of Bronfenbrenner's theory, which acknowledges various systems within which phenomena occur, and which takes into account historical context and time.

Africa, home to a substantial proportion of the global HIV-positive population, has been grappling with the HIV/AIDS epidemic for decades. Advances in Antiretroviral Therapy (ART) have significantly improved the prognosis for those living with HIV, but challenges persist, especially among young mothers who face stigma, discrimination, and limited access to resources. Prior to the COVID-19 pandemic, HIV-positive teenage mothers already faced a myriad of challenges, including societal stigma, a lack of comprehensive healthcare, and economic instability. Access to ART, although improving, remains uneven across the continent.

The arrival of COVID-19 in Africa exacerbated existing disparities. Lockdowns, travel restrictions, and strained healthcare systems disrupted the supply chain of essential medicines, including ART. Teenage mothers with HIV faced increased barriers to accessing clinics and support services. Moreover, economic hardships resulting from the pandemic led to food insecurity and housing instability, compounding the challenges faced by this already vulnerable population (Kakaei et al., 2022).

The COVID-19 global pandemic has had far-reaching consequences for HIV-positive teenage mothers in Africa, exacerbating pre-existing challenges and creating new ones. Viewing this phenomenon through the lens of the BEM model allowed for a comprehensive understanding of how historical context and time interacted to shape the participants' experiences. Moving forward, targeted interventions, strengthened

healthcare systems, and reduced stigma will be crucial in supporting the mental health and overall well-being of this vulnerable population.

#### **4.4 Chapter summary**

In the context of being HIV-positive teenage mothers in Africa during the COVID-19 pandemic, the participants in this study shared their experiences of challenging conventional views about pregnancy as an obstacle to completing their education. Consequently, when contemplating the prospects of these young mothers, it becomes evident that the concept of Possible Selves Theory holds great importance. This theory provided these young women with a framework to reflect upon their past, evaluate their present circumstances, and envision their future aspirations. However, it is essential to recognise that motivating teenage mothers to persevere in their educational journey and pursue higher education requires more than just the use of a theory. It necessitates a comprehensive approach that considers various elements within the ecological model. This model underscores the interplay between different systems, and emphasises that the failure of one system can impact others.

Both participants in this study became pregnant while still in school. The provision of holistic support, beginning in the early stages of their pregnancies, emerges as a critical factor that likely contributed to their ability to continue their education and ultimately gain access to higher education.

The next, and final, chapter presents a summary of this study, including the research questions posed. The answers to these questions are then provided, followed by the contributions and limitations of this study, as well as recommendations for further research.

# CHAPTER 5: CONCLUSIONS AND RECOMMENDATIONS FOR FURTHER RESEARCH

## 5.1 Introduction

This is the concluding chapter of this study. It provides a summary of the four previous chapters of this dissertation, and consolidates the primary findings of this study. It further answers the primary and secondary questions posed in Chapter 1. In this chapter, recommendations for future research and future practice are proposed in order to promote healthy sexuality, and to better the experiences of HIV-positive teenagers who became mothers during the COVID-19 pandemic.

In South Africa, teen pregnancy is a serious problem that has worsened over the past five years in all provinces of South Africa (Barron et al., 2022). Teenage pregnancy has always been reported to be high in South Africa (Mchunu et al., 2012), and more recently, since the beginning of the COVID-19 pandemic, the number of children born to teenage mothers has increased by 60% in Gauteng, South Africa (Barron et al., 2022). A statistical report from the Gauteng Department of Health reveals that approximately 23 000 girls the age of 18 and under gave birth between April 2020 and March 2021. This is relatively high in comparison to the previous year (Barron et al., 2022). This staggering increase is of great concern, and strongly suggests that this teenage age group is having trouble accessing sexual and reproductive healthcare services and education.

In South Africa, being pregnant and a teenage mother causes many girls to abandon their education, keeps many in a cycle of poverty that requires government support, and stigmatizes many of them for being teenage mothers or being coerced into young marriages (Barron et al., 2022). It puts more girls at risk for maternal difficulties, which lowers baby survival rates, and it compels many of them to assume adult roles before they are emotionally or physically ready. This has devastating social and economic cost implications for the country (Barron et al., 2022).



## 5.2 Reflecting on the research questions

As outlined in Chapter 1, this study posed six questions that it attempted to answer. These questions included a primary question: “What were the experiences of teenage mothers who were pregnant and HIV-positive during the COVID-19 global pandemic?” The five secondary questions were as follows:

- What were the individual factors that contributed to the experience of teenage pregnancy of mothers who were HIV-positive during the COVID-19 global pandemic?
- What social factors may have contributed to the experience of teenage pregnancy of mothers who were HIV-positive during the COVID-19 global pandemic?
- What structural and systemic factors may have contributed to the experience of teenage pregnancy of mothers who were HIV-positive during the COVID-19 global pandemic?
- What are the contributing factors informing individual decisions to remain in school during pregnancy or return to school following childbirth?
- What are the barriers to returning to, and remaining in school following childbirth?

Below are some of the answers derived from the findings presented in the vignette case studies in Chapter 4.

### 5.2.1 Secondary research questions

*5.2.1.1 What are the individual factors that contribute to the experience of teenage pregnancy of mothers who were HIV-positive during the COVID-19 global pandemic?*

In the context of this study, individual factors are those that influenced or contributed to the participants’ experience of teenage pregnancy and being HIV-positive during the COVID-19 global pandemic. The factors identified in this study were: a place of residence, a lack of awareness, a lack of trust in people, and self-stigma.

### *Place of Residence*

The highest numbers of pregnancies were found in Gauteng, with more than 5 000 cases, whilst in the Eastern Cape, the numbers were over 3 000 (Nkosi & Pretorius, 2019).

### *Lack of awareness*

Both the participants shared that they were infected by people who knew their HIV statuses but never disclosed it to them. For Participant 1, it was her boyfriend who infected her but never told her that he had the virus. For Participant 2, it was her mother who infected her from birth, but never told her that she was also HIV positive.

### *Lack of trust in people*

This lack of trust stems from the misuse of confidential information, and is also due to negative social attitudes and the stigma associated with HIV. The disclosure of HIV status has become a key concern for people living with HIV (PLWH), especially in developing countries (Stutterheim et al., 2011).

### *Self-stigma*

Corrigan (2002) defines self-stigma as the application of negative stereotypes to oneself, which leads to internalised devaluation and disempowerment of self. In society, stigma is an aspect of devaluing one's identity (Mutshaeni et al., 2015). It is often subject to sanctions or exclusions from society as individuals are discredited on the basis that they possess attributes considered to be deviant from social norms of society, with these attributes being regarded as shortcomings and failings (Zwang & Garenne, 2008). The participants showed some form of self-condemnation, and reiterated that them falling pregnant as teenagers was wrong.

#### *5.2.1.2 What social factors may have contributed to the experience of teenage pregnancy of mothers who were HIV-positive during the COVID-19 global pandemic?*

Various social and biological factors influence the likelihood of teenage pregnancy. These include exposure to adversity in childhood and in their teenage years, a family history of

teenage pregnancy, conduct and attention disorders, family instability, and low educational achievement (Woodward et al., 2001). Family background and educational level were the two social factors identified to contribute to the experience of teenage pregnancy by mothers who were HIV-positive during the COVID-19 global pandemic.

### *Family background*

While Participant 1 had terrible experiences of being judged at school, judged at the hospital where she delivered her baby, and being chased away from home by her father, the opposite was true for Participant 2. She shared that her mother got pregnant with her when she was a teenager herself, and in her community, teenage pregnancy is very common hence she was not judged for being pregnant at a very young age. East et al. (2007) highlight that children born to teenage mothers are likely to give birth as teenagers as well. Miller and Benson (2001) agree, stating that girls with a familial history of having children as teenagers are at a much higher risk of teenage pregnancy and childbearing themselves. More often than not this is likely to result in intergenerational cycles of teenage childbearing (Meade et al., 2008). This was particularly true for Participant 2, who explained that although her mother was angry with her at first, when her pregnancy started to be visible her mother finally accepted her pregnancy and even threw a baby shower for her.

### *Educational level*

The findings of this study also indicate that illiteracy and low educational level contribute to teenagers falling pregnant and/or contracting HIV. It also emerged that the participants had a very limited knowledge of various methods of contraception. This is an indication that level of education and illiteracy play a huge role in the spread of HIV and unplanned pregnancy. One participant mentioned that she did not expect to be pregnant as it was a result of having sexual intercourse for the first time, and she had only been sexually active with her boyfriend.

### *5.2.1.3 What structural and systemic factors may have contributed to the experience of teenage pregnancy of mothers who were HIV-positive during the COVID-19 global pandemic?*

#### *Impact of COVID-19 regulations on school policies*

There were two options to continue learning activities during the March 2020 Level 5 lockdown: online learning or self-learning with assistance from parents and siblings. The success of online learning was impacted by a number of factors, even for privileged institutions and students who could afford it. As a result, the educational and pedagogical system was disturbed by the national and provincial actions implemented to stop the COVID-19 virus from spreading (Soudien et al., 2022). For instance, the creation of an implementation strategy or a system of educator and learner support was precluded by the need to respond to the epidemic quickly. Teachers and students were abruptly thrown into an unfamiliar educational paradigm (Doukakis & Alexopoulos, 2020).

#### *Socio-economic context*

The pandemic had devastating economic consequences. Unfortunately, a lot of students were unable to do their coursework at home, which was mostly a reflection of their socioeconomic standing (Soudien et al., 2022). The lack of finances, gadgets, or infrastructure required for participation was exacerbated for learners from lower-income households by the existence of personal obstacles. However, many underprivileged schools lacked the resources necessary to enable effective online learning (Spaull & van den Berg, 2020). Furthermore, children in many low-income homes lacked a peaceful place to study, a desk, a computer, internet access, and parents who lacked the time or resources to become home schoolers. A varied set of learning experiences at home resulted from this disparity in social capital and resources. While all learners experienced learning losses during this time, for three-quarters of learners from poor backgrounds, almost no learning took place due to the lack of access to educational inputs (Soudien et al., 2022).

Four types of "readiness"—technological, content, pedagogical, and monitoring and evaluation—are necessary for schools to be able to teach remotely (UNESCO, 2020).

Although there may be some outliers in some schools, it is safe to believe that most South African schools do not match these preparation criteria. As a result, remote teaching has not proven an effective way to prevent learning deficits in the setting of South Africa. Vulnerable girls in sub-Saharan Africa have been seen to have a higher likelihood of dropping out of school or having less access to online learning resources during past school interruptions. Increased care obligations brought on by school closings, as well as a rise in gender-based violence and unintended pregnancies that impact female students, might all contribute to higher dropout rates (Rafaeli & Hutchinson, 2020). (Rafaeli & Hutchinson, 2020).

*5.2.1.4 What are the contributing factors informing individual decisions to remain in school during pregnancy or returning following childbirth?*

Willan (2013) asserts that family support—especially the mother's willingness to help with childcare or provide the funds to pay for it—is the most crucial element in a young mother's ability to complete her education (Nkosi & Pretorius, the financial means to pay for childcare services (Nkosi & Pretorius, 2019).

*5.2.1.5 What are the barriers to returning to, and remaining in school following childbirth?*

*Childcare burdens*

In most cases, and as seen in this study, teenage mothers still live with their families, who attend to their needs such as emotional support, access to health care resources, educational needs, and financial needs (Udjo, 2014). Pregnant teenagers are dependent on their family for care provision for the baby and themselves. Most often, this occurs in a resource-constrained environment due to poor economic status. k

Additionally, the burden of care for families with unemployed teenage mothers places financial demands on the family. As such, the South African government needs to develop ways to address this issue by implementing a well-developed social security system that benefits the child (Udjo, 2014). Regardless of these interventions, some teenagers do not have a support structure, and are consequently unable to return to, or remain in school after giving birth. The transition to motherhood requires physical, psychological, social,

and cognitive preparation, yet most teenage mothers are not ready to become mothers (Aparicio et al., 2015). Most teenage mothers are not in good socio-economic situations, making the transition to motherhood difficult (Leese, 2016). Teenage mothers' ability to manage the logistics of motherhood, as well as finances and school education simultaneously determines whether they will return to, or successfully remain in school (Kaufman et al., 2001).

### *Family, school environment and community tensions*

Teenage pregnancy is a societal threat and a widespread public health problem (Mgbokwere et al., 2015). Early childbearing can have negative effects on the education system, the livelihoods of both the mother and the child, and the health of adolescent mothers (Barron et al., 2022). Early motherhood has many negative effects that not only include these mothers and their children, but also their spouses, families, schools, and the well-being of society as a whole (Herrman & Nandakumar, 2021; Mgbokwere et al., 2015). In their study, Phaswana-Mafuya and Davids (2016) identified an increase in the acceptability of teenage pregnancy to families and communities due to a lack of sexual knowledge and sex education provision, and the influence of social pressure. They also identified that this has become acceptable as it is increasingly common and a norm within the community. This was highlighted by one of the participants, who stated that teenage pregnancy is a norm in her community and so she did not receive any backlash. The opposite could be said for the other participant, who felt judged at the public hospital where she delivered her baby and at school by both learners and teachers.

Although fertility and motherhood remain important factors in a woman's life, women who become pregnant during adolescence face disappointing perceptions from community, as it is seen as a major setback to educational and economic ambitions (Panday et al., 2009).

## **5.2.2 Primary research question**

*5.2.2.1 What were the experiences of teenage mothers who were pregnant and HIV-positive during the COVID-19 global pandemic?*

This study explored the experiences of HIV-positive teenage mothers who were pregnant during the COVID-19 global pandemic. It also sought to contribute to the existing body of research on this topic by gaining insight into the contributing factors that influence the high teenage pregnancy rates in the South African context.

This primary question was answered through the data generated from the vignette-driven interviews. The study was guided by Bronfenbrenner's Ecological Model (BEM) as the framework, which comprises four systems, namely, the: mesosystem, exosystem, macrosystem, and chronosystem (Bronfenbrenner, 1979). Eleven sub-themes emerged from the findings in this study: family dynamics and support systems; peer relationships and social networks; access to healthcare and medical resources; the linkages between family, peers, and school; the caregiving practices of the father; community services; the impact of COVID-19 on access to healthcare and maternal support; gender roles; cultural norms and practices; educational policies; and economic status.

With guidance of Bronfenbrenner's Ecological Model (BEM) as it relates to the specific the experiences of teenage mothers who were pregnant and HIV-positive during the COVID-19 global pandemic explored in this research is presented below. The five systems, which range from the broad to the more personal end of the spectrum, are the: chronosystem, macrosystem, exosystem, mesosystem, and microsystem.

- Microsystem (immediate family and social network):

- a. *Increased isolation*: Lockdowns and social distancing measures led to heightened isolation for HIV-positive teenage mothers, exacerbating feelings of loneliness and anxiety.

- b. *Financial Strain*: Economic hardships affected their ability to provide for themselves and their children, adding stress to their daily lives.

- Mesosystem (interactions between microsystems):

- a. *Disruption in healthcare services*: Limited access to healthcare facilities and disrupted supply chains for ART disrupted the continuity of care.

b. *Limited educational opportunities*: School closures and remote learning challenges further hindered the participants' ability to access education and skills training.

- Exosystem (community and institutional influences):

a. *Stigma and discrimination*: Pre-existing stigma associated with HIV was exacerbated by COVID-19, making it even harder for teenage mothers to access essential services and feel accepted in their communities.

b. *Overwhelmed healthcare systems*: Hospitals and clinics were overwhelmed with COVID-19 cases, diverting resources and attention away from other critical health issues, including HIV care.

- Macrosystem (broader cultural and societal influences):

a. *Policy gaps and advocacy*: Gaps in policy responses to support HIV-positive teenage mothers during the pandemic underscored the need for stronger advocacy efforts.

b. *Resilience and community support*: Despite the challenges, some communities and organisations demonstrated remarkable resilience, providing critical support networks.

### **5.3 Contributions of the study**

This study attempted to gain insight into HIV-positive teenage mothers' experience of pregnancy during the COVID-19 global pandemic. Although there was some research on topics related to this phenomenon, a gap in the literature was identified. Therefore, this research set out to shine a light on the experiences of these teenage mothers, as well as the interconnected factors surrounding this topic. Moreover, it gave the participants a voice, as well as a platform to use this voice in a way that may help others. During the member checking sessions, both participants reported feeling uplifted and encouraged by the progress they had made despite the many challenges that they had faced.

This research adds to the existing literature on HIV-positive teen mothers who were pregnant during the COVID-19 pandemic, and may also contribute to the creation or amendments of policies and programmes that directly and indirectly affect adolescent girls who may find themselves in this position.



## **5.4 Challenges of the study**

Since vignette research is a relatively new area of study, conducting research using this approach first seemed daunting due to the plethora of opportunities that it presents for data collection, conceptualisation, and interpretation. When conducting a vignette study, the researcher must totally immerse themselves in the work. In addition, when conducting a vignette-driven interview, the researcher must develop an intuitive awareness of everything going on around them and the subject. It was difficult at first to focus and portray the sadness inherent in the genuine experiences that were discussed during the interviews. However, when a certain level of comfort with the procedure was reached, extracting, and then probing for further data turned into a seamless co-experience.

The intricacy of the data produced from the vignette-driven interviews presented a second challenge as it was difficult to determine how to shape the vignettes during the crafting phase. However, it was found that the most authentic interpretations and representations of the data emerged inside the vignettes when ideas and experiences were allowed to flow spontaneously.

## **5.5 Limitations of the study**

This study was conducted in a single sub-district with a limited sample size of only two participants. It was stressed that the findings of this study are not a representation of all HIV-positive pregnant teenagers, and that the study may not be generalisable to the population of the study area. However, this did not have an effect on the research questions posed in this study as the rigorous data obtained from the two participants provided rich, in-depth descriptions and insights needed to reveal their experiences.

## **5.6 Recommendations**

The number of persons living with HIV/AIDS is still rising despite international efforts to stop the disease's spread (Popa et al., 2009). People are more likely to get the virus since current preventative methods, which mostly focus on changing behavioural patterns, have proven ineffective. In addition, the quest for a more effective strategy for the prevention

and management of the HIV epidemic has been accelerated by the dearth of potent anti-HIV medications. People who are ignorant of HIV infection frequently become infected due to false information about the virus's spread. Therefore, one of the most promising ways to address youth sexual health issues and help slow the HIV pandemic is via sexual education.

The absence of Comprehensive Sexuality Education (CSE) is a major element in the hazards to adolescents' sexual and reproductive health in South Africa. The results of this study indicate that society is not receiving enough factual information on HIV/AIDS. Therefore, it is recommended that greater focus be placed on creating appropriate HIV/AIDS. Thus, it is suggested that more attention be paid to developing adequate HIV/AIDS education and awareness programmes, with supplementary information circulated in schools. This should not be limited to teenagers, but should also be made available to health professionals, academics, guardians, and social scientists. This kind of holistic programme is highly recommended as it could support children, adolescents, and young adults to stay in school, stay healthy, and achieve their full potential.

In an effort to minimize sexual illiteracy and increase public understanding of the rights and health of adolescents about their sexual and reproductive health, school-based interventions may be used. The implementation of health system interventions and education campaigns is necessary to tackle the socio-cultural attitudes and misconceptions that impede the proper use of contraceptives. Furthermore, free contraceptives must be offered in safe places including community settings, schools, and retail pharmacies in addition to healthcare institutions. Health professionals should talk with adolescent girls and young women about their needs and concerns, and assist them in selecting the most appropriate type of contraception.

### **5.6.1 Recommendations for future practice**

HIV infections are most common in sub-Saharan Africa, with the majority of HIV-positive people worldwide being reported to be from South Africa (UNAIDS, 2012). Testing, counselling, and support services serve as a primary component in the prevention, care and treatment of HIV/AIDS (Grabbe et al., 2010). In order to maximise the potential impact

of risk reduction, the quality of HIV counselling and testing is essential (Sherr et al., 2007). Counselling support and supervision has undoubtedly proven to be important as these help to reduce stress, uncertainty, debunk myths, and thereby strengthen the survival rates and quality of life of HIV patients (Guinan et al., 1991). Therefore, the most effective measure to tackle most of the grievances of HIV pregnant teenagers is to provide proper counselling and increase the accessibility of HIV prevention health services.

Lastly, it is proposed that sexual education for both primary and high school pupils be featured in the school curriculum and be made mandatory. Additionally, mobile clinics should visit schools so that educators and pupils can be tested voluntarily for HIV and Sexually Transmitted Diseases (STDs); proper counselling should accompany these proposed initiatives. Pandemic response programmes that are tailored to their specific age demographic should also be implemented in order to sufficiently address teenage mothers' needs.

### **5.6.2 Recommendations for future training**

The findings of this study confirm that it is crucial to delve into, and create heightened awareness of mesosystem factors in supporting young HIV-positive mothers in education and training. Therefore, emphasis is placed on the necessity of comprehensive education and training for professionals in the fields of psychology, social work, community work, and nursing. This would allow them to effectively navigate and intervene within this complex ecological system.

Considering the aforementioned, students could be grouped into small groups, and sexuality education could be delivered in a dialogical and participative manner. When it comes to teaching about sexualities, where values and social norms have a greater influence on behaviour than information, 'chalk and talk' methods are especially inefficient. It is significantly more beneficial to use a dialogical group method where students are allowed to discuss and argue topics that are relevant to their own lives (Eloff & Swart, 2017). Moreover, for this strategy to be effective, the teacher must be able to set an example of respectfulness and non-judgment, and make sure that this culture

permeates the classroom throughout conversations. It is also advised to use a variety of interactive teaching techniques, such as role playing, theatre, and art.

In the broadest sense, sexuality education must be comprehensive and empowering, not limited to talks of reproductive concerns (such as abstinence, contraception, and pregnancy). Recognising the difficulties in teaching a subject as sensitive and value-laden as sexuality is important. This calls on educators to be self-aware, have excellent interpersonal skills, be knowledgeable about a variety of interactive teaching methods, and comprehend how gender is socially formed. Teachers who teach sexuality education must have specialised training in this area, therefore they could benefit greatly from outside aid. As such, it may be more effective to have an outside facilitator lead dialogical groups rather than having the Life Orientation instructor handle all aspects of sexuality education (Jearey-Graham & Macleod, 2017).

In addition, it is imperative that social workers, psychologists, and other healthcare professionals - including nurses - offer young mothers social and personal assistance. This could minimise any possible obstacles to their return to, and continuing of school attendance. This is consistent with the idea that every woman of reproductive age should have access to assistance in their jobs, or in this case, the classroom. This assistance can come in a variety of forms, such as: home visits to determine whether there is family support and to provide further help as needed; support in arranging daycare, including the potential for young ladies to have a designated area for nursing while at school; and systemic collaboration with other students to lessen stigma and create a welcoming atmosphere for young mothers.

The following recommendations offer a possible foundation for thorough training programmes aimed at professionals working in the community work, psychology, social work, and nursing professions. As recommended by Glover and Macleod (2016), it is important to emphasise the information and abilities required to successfully navigate and intervene in the mesosystem of young women living with HIV, particularly in view of the difficulties brought about by the COVID-19 epidemic.

## **1. Include the mesosystem framework in the educational programme**

- Incorporate the mesosystem framework into nursing, social work, psychology, and community work programmes. Case studies, simulations, and hands-on activities should all be part of this. This should specifically introduce trainees to the intricate interactions that young HIV-positive mothers have with their families, the healthcare system, educational institutions, and community organisations.

## **2. Stigma reduction and sensitivity training**

- Lead specialised training sessions aimed at lessening the stigma attached to being a mother and having HIV. Provide trainees with communication techniques that encourage compassion, comprehension, and non-judgmental relationships with young mothers living with HIV.

## **3. Family-focused assistance and care**

- Provide education on family-centred care, highlighting the critical position that family dynamics play in the lives of young HIV-positive teenage mothers. It is important for healthcare professionals and teachers to understand how to interact and work together with families to establish nurturing settings that promote the health of the teenage mother and her child.

## **4. Integration of technology and telehealth**

- In light of the COVID-19 pandemic's difficulties, including instruction on digital communication platforms and telehealth services. In order to enable access to healthcare services, conduct virtual counselling sessions, and offer remote assistance, trainees should be proficient in using technology.

## **5. Advocacy and resource mobilisation**

- Offer training on advocacy skills to empower professionals to be effective advocates for young HIV-positive mothers within healthcare systems, educational institutions, and community organisations. This should include techniques for

mobilising resources, securing grants, and leveraging partnerships to enhance support services.

## **6. Cultural competence and diversity training**

- Implement cultural competence training to ensure that professionals are sensitive to the diverse backgrounds, traditions, and belief systems of young HIV-positive mothers. This training should foster an inclusive approach that respects and values cultural diversity.

## **7. Trauma-informed care**

- Provide comprehensive training on trauma-informed care, recognising the potential trauma experienced by young HIV-positive mothers. Equip professionals with skills to create safe, supportive, and empowering spaces that promote healing and resilience.

## **8. Continued professional development and networking**

- Encourage ongoing learning and professional development through workshops, seminars, and conferences. Facilitate networking opportunities for professionals to connect with peers, experts, and community organisations working in the field of HIV and maternal health.

These recommendations serve as a foundation for designing and implementing training programmes that address the unique challenges faced by young HIV-positive mothers, particularly in the context of the COVID-19 pandemic. By equipping professionals with the knowledge, skills, and empathy needed to navigate the mesosystem, we can create a more supportive and empowering environment for these mothers, ultimately enhancing their well-being and that of their children.

### **5.6.3 Recommendations for future research**

There are three potential avenues suggested for future research. The first suggestion is that future research should be conducted at a national level. This will allow for the

exploration of the true measure of HIV-positive teenage mothers' experiences during COVID-19 as it was noted in this study that the sample size was very small and only conducted in one region. A large scale study could provide curriculum developers with a certain amount of guidance to develop critical sexuality education curricula.

Secondly, there are a number of gaps in our knowledge regarding the long-term influence of the COVID-19 pandemic on the mental health of HIV-positive teenage mothers. This kind of study can only be undertaken in the near future as we are slowly moving further away from the direct impacts of this pandemic. Further research on this topic will shed light on how the pandemic has affected pregnant teenagers' mental health and well-being in various ways.

Lastly, comprehensive research is required for the inclusion of different provinces with different geographical statuses, cultures, socio-economic backgrounds, and environmental conditions.

## **5.7 Conclusion**

This study found that these HIV-positive teenagers who were pregnant during the COVID-19 pandemic faced stigmatisation from their communities and schools, had financial difficulties, and, to some extent, lacked support. Although the participants' attitudes were mainly positive, this study identified factors such as internalised fear of the COVID-19 pandemic, social stigma, a possible lack of sex education, and a lack of coping skills to be influencers of the way in which care is provided to pregnant teenage girls. Recommendations have therefore been made that may improve the provision of care for these girls and others like them in cases of crisis, such as global pandemics.

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## APPENDICES

### APPENDIX A: Copy of Letter of Consent



Participant Assent for participating in a Research Study

A research project of the University of Pretoria

**Project Title:** HIV-positive mothers' experiences of teenage pregnancy during a pandemic

To be read to/by children under the age of 18

Why am I here?

We would like to invite you to participate in a research project. To decide whether or not to participate in this study, you should know enough about the study and its risks and benefits to be able to make an informed decision. Once you understand what the study is about, you can decide if you want to take part in the study. If so, please sign this form indicating your assent to be in the study.

The purpose of this project is to contribute to the existing research on factors that contribute to the high teenage pregnancy rates in South Africa. The research will focus on the experiences of young and vulnerable mothers who are faced with adversity. This could be of value to parents, teachers, health professionals, practitioners, school leaders, and policymakers to implement youth intervention and support programmes. The study also aims to understand and explore the experiences of teenage pregnancy at the individual, social, and structural levels. Additionally, this study seeks to generate descriptions of teenage pregnancy that could inform intervention and awareness programs that may prevent teenage pregnancies. Furthermore, the study will identify the

barriers or contributing factors to discontinuing/continuing school following childbirth, and how school attendance is affected.

What will happen to me?

If you want to be part of the study, you will spend some time with us answering a few questions. This will be done twice when the researcher comes to the support group venue to present the research. Thereafter, this will be done again later in the year for the final research interview. The questions will be about you as a teenage mother and your experiences of teenage pregnancy during a pandemic. There are no right or wrong answers, only what you feel is best and what you are comfortable sharing. The interviews will take no longer than an hour each. The interviews will be audio-recorded, and then transcribed. A copy of the transcript of each interview will be given to you to confirm that all the information captured is correct and accurately represents your answers.

Will the project hurt?

There is a risk that psychological distress may be brought on by the types of questions asked in this study. If any problems do arise, or if you become upset or emotional during the interview, we will first speak to you to make sure that you understand what is going on and that you feel comfortable continuing with the interview, and with participating in this study as a whole. Your identity will not be revealed to anyone, and any information that we get from the study will be kept private. Should psychological distress occur, you can contact the **AidforAids** helpline at 0860 100 646 or **Lifeline South Africa** (0861) 322 322, or speak to the researcher about other counselling avenues. The researcher is in a position to advise you on, and/or refer you to the appropriate medical and psychological professionals should the need arise.

Confidentiality

All of the information that we get from this study will be kept strictly confidential and will only be available to the research team. No information will be shared with anyone else. The only exception is if there is a serious problem regarding you or any other person involved, in which case we are required to report it the appropriate agency. If such a concern arises, we will make every effort to discuss the matter with you before taking any action. Please note that none of the questions in this study are designed to collect

information that will require us to contact anyone. All of the information we get from the study will be stored in locked cabinets at the University of Pretoria.

Because confidentiality is important, we would expect that any information you provide is also private and that you would not discuss this information with anyone.

Will the study help me?

We hope this study will benefit your learning at school and contribute to the development of your career one day, but we cannot guarantee this. The results of this study may bring information to light that can help you to cope better at school with your status as an HIV-positive, teenage mother. The results will also be shared with the clinic/centre, with the participants being kept anonymous, which could assist the clinic/centre to better help you. There are no financial benefits to this study.

What are the rights of the participants in this study?

Participation in this study is purely voluntary and both you and your parents/guardians may refuse to take part in the study or stop at any time without giving any reason. If you decide not to participate or want to stop taking part in the study after saying yes, this will not affect you in any way.

What if I have any questions?

Please feel free to ask about anything you do not understand, and take as long as you feel necessary before you decide whether or not you want to take part in the study. If you have questions later, you can phone Ms. Lethabo Mbatha at 073 829 6353 or you can ask Ms. Mbatha next time she comes to visit the support group.

Do my parents/guardians know about this project?

This study was explained to your parents/guardians, and they have also been given a consent form. You can talk this over with them before you decide if you want to take part in the study or not. Please note that you will not be allowed to partake in the study without their written consent. In cases where no parent is reachable, or your parents are not involved in your life, some other adult in a guardian/supervisory role will be required to complete the consent form before you can participate in this study.

Do I have to be in the project?

You do not have to be in this project, and no one will be upset if you decide not to do this. If you don't want to be in the project, all you have to do is tell us. You can say yes now

and if you change your mind later, you don't have to be part of the project anymore and any data collected from you will be left out of the final research report. It's up to you.

#### Secondary data clause

We would also like to request your permission to use your data, confidentially and anonymously, for further research purposes. The data sets are the intellectual property of the University of Pretoria and, where relevant, project funders. Further research may include secondary data analysis and using the data for teaching purposes. The confidentiality and privacy applicable to this study will be binding for future research.

#### Covid clause

Due to the COVID-19 pandemic, there is a likelihood that I may not be able to conduct face-to-face interviews. I therefore propose alternate forms of interviews such as video calling and online interviews. These interviews will be agreed upon with you, and will depend on your availability and access to technology. However, in the case of the interviews being conducted face to face, all COVID-19 regulations will be adhered to such as social distancing and the wearing of masks.

#### Informed consent

I hereby confirm that I have been informed about the nature, conduct, risks, and benefits of this study. I have also read or have had someone read to me the above information regarding this study, and I declare that I understand the information that has been given to me. I am aware that the results and information generated in this study will be processed anonymously. I may, at any stage and without prejudice, withdraw my consent to participate in this study. I have had sufficient opportunity to ask questions and (of my own free will) declare that I would like to participate in this study.

- (a) Writing your name on this page means that you agree to be in the project and that you know what will happen in this study. If you decide to quit the project, all you have to do is tell the person in charge.

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Signature of learner Date

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Signature of Student Date

(b) Writing your name here means that you agree that we can take photographs and audiovisual footage of you during the project and share these images during discussions, as well as reports we write about the project.

(c) We will not share your name with the people who see the images. If you decide that we should rather not take photographs or audiovisual footage of you in the project, all you have to do is tell the person in charge.

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Signature of learner

Date

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Signature of Student

Date

If you have any further questions about this study, you can phone the investigator, Ms. Lethabo Mbatha at 0738296353. If you have a question about your rights as a participant, you can contact the University of Pretoria's Ethics Committee at the Faculty of Education.