UNIVERZA V LJUBLJANI

FAKULTETA ZA DRUŽBENE VEDE

Glory Mmasetjana Lekganyane

Prevencija najstniških nosečnosti in podpora najstniškim materam v podeželjskem okolju v Sloveniji in v provinci Limpopo v Južni Afriki

Prevention of teenage pregnancies and support for teenage mothers in rural areas in Slovenia and Limpopo Province of South Africa

Doktorska disertacija

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Mentorica: doc. dr. Mojca Urek

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Prevencija najstniških nosečnosti in podpora najstniškim materam v podeželjskem okolju v Sloveniji in v provinci Limpopo v Južni Afriki

Povzetek

Najstniška nosečnost in materinstvo sta še vedno globalni problem, ki vpliva na življenja najstniških mater in njihovih družin. Z reševanjem tega problema se ukvarjajo družba, vladne institucije in nevladne organizacije. Najstniške matere se soočajo z različnimi izzivi, povezanimi z zdravjem, izobraževanjem, kulturo, vero, spolom in socialno-ekonomskim položajem. Na vse to se najstniške matere odzivajo različno. Nekateri dejavniki negativno vplivajo na njihovo prihodnost, po drugi strani pa lahko nosečnost za njih predstavlja nov pogled na življenje in sprejemanje odgovornosti.

Pridobivanje podatkov je bilo izvedeno v želji raziskati problematiko najstniškega starševstva v ruralnih območjih v južnoafriški provinci Limpopo in v Sloveniji. Glavni namen študije je bilo oceniti politike na področju izobraževanja, zdravstva in socialne varnosti, ki zadevajo preprečevanje najstniških nosečnosti. Za zbiranje podatkov smo uporabili metodo intervjujev, vprašalnikov in pripovedovanja zgodb. V raziskavo je bilo vključenih enajst mladih mater v Južni Afriki in osem v Sloveniji. Vključenih je bilo tudi pet slovenskih in tri južnoafriške institucije. Za zbiranje podatkov je bila uporabljena kvalitativna metoda. V primeru institucij so bili uporabljeni vprašalniki. Vprašanja so se nanašala na socialno-ekonomski položaj najstniških mater, na njihovo šolanje, zdravje ter verske in kulturne vidike.

Uporabljene so bile štiri znanstvene teorije (Habermasova komunikacijska teorija o svetu življenja in svetu sistema, feministična teorija, konstruktivistična teorija in ekološki vidik), da bi utemeljili teoretični del z znanstvenimi dokazi. Habermasova teorija je bila uporabljena kot osnova skozi celoten potek raziskave.

Rezultati študije kažejo na vrzel v interakciji med institucijami in najstniškimi materami ter njihovimi družinami in družbo na splošno, v povezavi z skupno problematiko. Izsledki so pokazali, da so težave najstniških mater med seboj povezane. V Sloveniji so to najpogosteje finančne težave, razdor partnerske zveze, nasilje znotraj družine, nezmožnost odločanja o lastnem življenju, zloraba alkohola in drog ter slaba komunikacija s strokovnimi službami. V Južni Afriki je situacija podobna, še bolj se kaže problem revščine in pozna zdravniška potrditev nosečnosti.

Večina najstniških mater je nadaljevala šolanje (šest v Južni Afriki in tri v Sloveniji). Glavni vzroki za najstniške nosečnosti so bili eksperimentiranje v spolnosti, negativno okolje in slaba poučenost o reprodukciji.

Večina institucij nima specifičnih politik za najstniške nosečnosti in materinstvo. Obstajajo določene storitve in programi, a so pomanjkljivi z vidika nezadostnega vključevanja najstniških mater, njihovih družin in družbe na splošno v strateško načrtovanje in izvedbo takšnih programov v lokalnih skupnostih. Storitve, programi in politike, ki jih izvajajo strokovnjaki za pomoč najstniškim materam ne zadovoljujejo njihovih potreb v celoti. Še vedno torej obstaja prostor za izboljšave, pri tem pa je nujno povezati sistem (vladne

institucije) in uporabnike storitev (mladostniki, najstniške matere, njihove družine, družba in nevladne organizacije).

Ključne besede: najstniške matere, preventive, storitve, programi, politike, splav, najstniška nosečnost

Prevention of teenage pregnancies and support for teenage mothers in rural areas in Slovenia and Limpopo Province of South Africa

Abstract

Teenage pregnancy and teenage motherhood remain global issues that affect the lives of teenage mothers, the family, communities, governmental institutions and non-governmental organisations. Teenage mothers experience various challenges that may be found at the intersection of issues in terms of health, the economy, education, culture, religion, gender and social factors. Teenage mothers react differently to these challenges. Some of these challenges distort the future of teenage mothers. On the other hand, such challenges can represent a turning point in the lives of some teenage mothers in terms of teaching them responsibilities, as it was the case with some of the respondents. A fact-finding mission was carried out in rural areas of the Limpopo Province in South Africa as well as in Slovenia to test the feasibility of the study in relation to issues that affect teenagers in governmental institutions.

The main aim of the study was to assess educational, health, social security and welfare policies in relation to the prevention of teenage pregnancies and support services for teenage mothers. Narratives, interviews and questionnaires were applied to gather information. Eleven young mothers were targeted in South Africa, and another eight were also targeted in Slovenia. Five institutions were targeted in Slovenia and three in South Africa. A qualitative method was employed to gather data. Structured questionnaires and interviews were administered in the case of institutions. Questions for teenage mothers and institutional representatives mainly focussed on issues that affect teenage mothers regarding socio-economic, educational, health, gender, cultural and religious matters. Four theories (Habermas' theory of the communicative lifeworld and systemworld; ecological approach; feminist approach and constructivist approach) were applied in order to correlate theory with scientific evidence. Habermas' theory (1987) was applied as the main approach throughout the study. The results of the study reveal a gap in the way in which the systemworld (institutions) interacts with teenage mothers, the family and communities in relation tothe interconnectivity of issues.

The study results reveal problems that were interrelated in the lives of teenage mothers. Teenage mothers in Slovenia had experienced problems concerning finance, broken relationships with partners, violence within families, failure to make decisions on their lives, alcohol and drugs, and a lack of open communication with some professionals. Teenage mothers in South Africa had experienced the same problems. Alcohol and drugs were rarely mentioned in the case of teenage mothers in South Africa. Poverty was also found to have contributed negatively to the lives of some teenage mothers in the Limpopo Province of South Africa. There was a problem of late reporting of pregnancies by certain teenage mothers in Slovenia and South Africa. The majority of teenage mothers were committed to their studies (about six in South Africa and three in Slovenia). Experimentation with sexual activities, negative environments, and a lack of comprehensive knowledge about reproduction were regarded as the main factors contributing to teenage pregnancies.

The majority of the institutions did not have specific policies to deal with teenage pregnancies and teenage motherhood. Services and programmes that deal with teenage pregnancies and teenage mothers do exist, although the findings still reveal a gap in the way in which service users (teenage mothers, families and communities are involved in matters relating to strategic planning and the implementation of services in their localities. The services, programmes and policies that were implemented by professionals to assist teenagers and teenage mothers partially benefitted teenage mothers. Despite this, there still a need for the system (service providers/institutions) to work in partnership with the users of services (teenagers, teenage mothers, families, communities and non-government organisation engaged in matters concerning teenagers and teenage mothers.

Key words: teenage mothers, prevention, services, programmes, policies, abortion, teenage pregnancy

Contents

INTRODUCTION

The point of departure of this doctoral thesis is the prevention of teenage pregnancy and support for teenage mothers in rural areas of both South Africa and Slovenia.

Teenage pregnancy and support for teenage mothers are regarded as obstacles preventing young women and their children from having a better future. There is a growing public and professional debate based in public speech and scientific evidence on the problem of teenage pregnancy and teenage parenting (Brookes-Gunn and Chase-Landsdale 1995; Coley and Chase-Landsdale 1998). Researchers (Mebane et al. 2010; Ule et al. 2000) consider adolescence as a period of exploration in different areas of life. Young people indulge in risky behaviour for various reasons, among which is a lack of adequate knowledge about sex and sexuality (Lekganyane 2003; Chigona and Rajendry 2008; Bernik and Klavs 2011). The thesis encapsulates scientific evidence based on this impasse. The study presents a multi connection of variables that are linked with the problem of teenage pregnancy, support for teenage mothers and abortion. In other words, important aspects such as the environment (home atmosphere and institutional environments), family relations, educational qualification of teenagers, sex education and sexuality education, socio-economic, cultural and religious aspects, support services offered by teachers, social workers, nurses, medical practitioners and NGOs were assessed and analysed as cross-linked factors. The main aim was to identify gaps in the intersection of issues relating to prevention of teenage pregnancy and support for teenage mothers through the life stories of teenage mothers and investigation of policies, services, documents and programmes that are carried out by institutions to meet the needs of teenage mothers.

The literature does not indicate what effective intervention strategies are currently in place to deal with teenage mothers who are experiencing socio-economic-educational and gender-related problems. In patriarchal societies, unbalanced power relations between genders in the realm of human reproduction were and still are of great concern in feminist theories, which constitute part of this study (Dominelli 2002). The research findings also revealed an imbalance in terms of gender pertaining to teenage fathers and teenage mothers, when we take into consideration the issue of teenage girls in failing to make decisions in matters that affect their lives. Some teenage fathers were also found to have

dominant control in the lives of these teenage mothers. The problem is linked with educational, health, social and family support services and policies which researchers as well as the author of the current study consider indicate a gap (Featherstone and Hollway 1997; Sevenhuijsen and Svab 2004; Leskošek 2011).

A lot of literature presents comprehensive information about the problem of teenage pregnancy and teenage mothers and abortion issues, but little is available in terms of how the life stories of teenage mothers are considered in planning services and programmes, especially when we take into account the manner in which policies are formulated and implemented. This is one of the main reasons that prompted the researcher to explore the life stories of teenage mothers in South Africa and Slovenia, with further assessment of existing services and programmes rendered by selected institutions and NGOs to teenage mothers in both countries. The results of the study show there still is a need for an integrated multidisciplinary team of professionals to adopt a holistic approach utilising a bottom-up and top-down approach in engaging teenagers and teenage mothers to resolve the problem of teenage pregnancy and support services for teenage mothers. Habermas' theory of lifeworld and the systemworld was utilised as a conceptual framework in carrying out the research in South Africa and Slovenia. Feminist theory, constructivist theory and the ecological perspective theory were also applied along with Habermas' system theory (1987).

The thesis consists of seven chapters:

The first chapter presents the historical background of the two countries, which serves as a basic foundation to understand the existing situation of teenage pregnancy and support for teenage mothers, as well as abortion. The chapter also includes a general background to the notion of teenage pregnancy and teenage motherhood as perceived by researchers, based on the fact that it cuts across all nations in the world.

Chapter 2 covers the theoretical background based on the four theories selected as a framework for reporting the experiences of teenage mothers in relation to the intersection of issues. The theories are documented as follows: Habermas' lifeworld and systemworld theory, feminist theory, constructivist theory and ecological systems theory. Habermas' system theory was utilised as the umbrella body, as all these theories revolve around

communication and interaction techniques operating between people, professionals, institutions, communities and society at large.

Chapter 3 provides an evaluation of existing services and programmes researched in rural areas in the Limpopo Province of South Africa and in Slovenia. The main aim was to look at services and programmes existing in both countries to identify gaps and to make suggestions that can be implemented to improve the situation.

Chapter 4 reveals the intersection of issues based on previous scientific evidence of experiences of teenage mothers. The chapter shows how the problems of teenage pregnancy, teenage motherhood, and abortion are connected to culture, religion, family, education system, and socio-economic conditions.

Chapter 5 consists of three parts. Part one entails the methodology of the study, which covers the main research question, research questions, data collection, population and sampling, research instruments, the research process, data analysis, coding and systematic analysis of questionnaires. Part two consists of presentation of the life stories of teenage mothers in both countries, followed by part three, which consists of services and programmes rendered by selected institutions. The focus is basically on services and programmes as directed by policies.

Chapter 6 is divided into two parts. Part one consists of findings and discussions concerning South Africa. Part two consists of findings and discussions concerning Slovenia. The chapter deals with the interconnectivity of issues as investigated in the study in relation to experiences of teenage mothers and services and programmes offered by professionals.

Chapter 7 consists of two parts. Part one is centred on discussions and implications in South Africa and Slovenia, as well as the salient features in both countries, followed by recommendations, conclusions and the scientific contribution.

CHAPTER ONE

1.1 General Background of Teenage Pregnancy and Teenage Mothers in South Africa and Slovenia

The chapter will include a short historical background of Slovenia and South Africa, a general background to issues affecting teenagers and teenage mothers and a summary reflecting issues relating to teenagers, pregnant teenagers and teenage mothers in both countries, the value of the thesis, a synopsis of the main thesis, research questions and a brief outline of chapters.

1.2 A Short Historical Background of Slovenia

Slovenia became independent from Yugoslavia in 1991. The country has approximately 2 million inhabitants in an area of 20,256 km. The majority, around 88 percent, of the people are Slovenian. The country is whole-heartedly protective of its language-based identity and still has a quite homogenous population in terms of ethnicity and religion. Most of the people are Catholic by religion. The country is governed by a political system characterised by a parliamentary democracy. Slovenia, like its neighbouring countries Austria, Hungary, Croatia and Italy has been dominated by hierarchical social structure and patriarchy (Pahor 2008). There are significant developmental differences amongst the regions of the country in terms of economic setup, which is clearly manifested between the West and East regions of Slovenia. Inequality is not high due to the country's suitable institutional structure that is accompanied by a political stability. Compared to other ex-Yugoslav Republics, Slovenia is quite different in terms of its western-style modernisation trends developed in the 1970s and 1980s, when the country approached the Scandinavian level guaranteeing social prosperity. This also serves as one of the contributing factors for the Slovenians adapting smoothly to new conditions after independence at the beginning of the nineties. The situation is also validated by Rener and Ule (2005), who regard the notion of relegating women to the domestic atmosphere as an undesired fruitless system that does not cherish the meaning of democracy within the Balkans. After the breakdown of the

socialist regime and during the transition into a new economic order, the country managed to escape the crisis of the Balkan region and reached a stable, successful socio-economic situation (Ule and Kuhar in Du Bois-Reymond 2008; Leskošek and Dragoš 2014).

The public health system is currently at an advanced stage, especially regarding the availability of compulsory health insurance that promotes a healthy lifestyle although the country still has a shortage of doctors (Albrecht et al. 2006). After the global economic crisis which started in 2008, this situation worsened due to the government's decision to reduce employment in the public sector.

The country does not have a problem of teenage pregnancy although there is still a problem of abortions even though the number is gradually decreasing (Prenatal Information system of the Republic of Slovenia 2010). A fact finding mission was held with a gynaecologist in Gynaecological Clinic of Ljubljana about teenage pregnancy and teenage motherhood matters. The gynaecologist[1] mentioned that the country has a low rate of teenage mothers. Teenagers were reported to be utilising contraceptives effectively and the country was rated on the average in the last 15 years pertaining to the rate of teenage pregnancy. Every eight years research is conducted on sexual behavioural issues of youngsters. In 1995, the health institution increased the usage of contraceptives (like emergency contraception/abortion) to decrease unwanted pregnancy. In 1996 to 1998, workshops were organised with teachers to assist in disseminating information to teenagers. Boys and girls received information through booklets. Girls utilised a booklet called *That's Me* which talks about puberty, food, hygiene, teeth, menstruation, communication, behaviour, assertiveness and general health education. Boys also received booklets on issues pertaining to puberty, feeling good, sweating and erection (13- to 14-year age group). Parents received information through a book on healthy choices for responsible sexuality. The system benefitted teenagers and parents regarding sexuality matters. The system was discontinued due to lack of funding.

The country's system of service delivery regarding social and health issues appears to be good, although there may be a need for different structures that deal with health matters to restructure the manner of service delivery in terms of prevention of teenage pregnancy and support for teenage mothers in regions like Murska Sobota.

[1] Interview with Bojana Pinter (a gynaecologist) working at the Ljubljana Gynaecological Clinic (8 April 2013)

1.3 Short Historical Background of South Africa

South Africa became a democratic country in 1994 after several years of being governed through an oppressive apartheid system. The system ceased to exist when the late ex-President Nelson Rolihlahla Mandela was officially elected as the first black President of South Africa in 1994. The system had a tremendous negative impact on social justice and the economy of the African people. The country has an estimate mixed population of 50 million people in all provinces, with 20 ethnic groups with 11 official languages. South Africa is currently amongst the top countries in Africa in terms of socio-economic development. However, it is still battling to address certain important areas of social issues, particularly issues like teenage pregnancy, which appears to be problematic in other provinces of the country. The constituency has freedom of choice to religion as stipulated in the constitution (Gurtov 2007; South Africa at a Glance 2013–2014). Approximately 80 percent of the population in South Africa is Christian, about 15 percent have no religious affiliation, and 5 percent are Muslims, Jewish, Hindu and others.

Everybody has a right to basic education although the quality of education is different across the Provinces within South Africa The democratic government in South Africa has made an important achievement with regard to the massive increase in access to education for African youth and women (South African Demographic and Health Survey (2004–2008). The private health system is very efficient with standardised hospitals, skilled doctors and effective emergency services although there is a shortage of doctors, nurses and pharmacist. Primary health care is free in most health facilities. The government is proposing a plan for the provision of universal access to health care through a National Health Insurance (NHI) plan to be funded by the taxpayers and phased in from 2014 as well as a plan for the improvement of primary and secondary education standards.

About 2.5 million people benefitted from the state through an income support grant system, a system that is criticised by some because they believe that it creates a "culture of dependency". The income support grants are still in force because some poor people still live under conditions that are beyond their control (South Africa at a Glance 2013–2014).

The community development method is being employed as a strategy to reconstruct underdeveloped sections of the country (Powell 2001).

Adolescent pregnancy occurs globally, but child bearing statistics differ from one country to the next. Researchers (Mebane et al. 2010; Ule et al. 2000) regard adolescence as a period of exploration in different areas of life. Young people indulge in risky behaviour for various reasons among which there is a lack of adequate knowledge about sex and sexuality (Lekganyane 2003; Chigona and Rajendry 2008; Bernik and Klavs 2011). Therefore, it is important to educate youngsters about the risks and consequences of premature and unprotected sexual intercourse that may lead to sexually transmitted disease, unwanted pregnancy and early parenthood; as well as introduce ways to overcome systematic imbalance in social power between males and females which could result in gender-specific roles as well as in power abuse of the girls (Erikson and Rapkin 1991).

The literature does not indicate which good intervention measures are currently in place to deal with teenage pregnancy and teenage motherhood. For these reasons, we will assess existing preventative measures for teenage pregnancy as well as support for teenage mothers in both countries. Feminist theory, constructivist theory, ecological theory and Habermas' framework will be adopted in analysing the systemworld and the lifeworld in order to examine specific gender based factors at play in the phenomenon of teenage pregnancies; the extent to which these factors contribute to the social position of teenage mothers, shaping teenage mothers' (including their families) coping strategies and caring for children. Intersection of theories will be used to get deeper insight into the complex issues underlying the lives of teenage mothers and in thinking about prevention and support (Leskošek 2012).

Based on the high percentage of teenage mothers in the rural area of Limpopo Province in South Africa and the low percentage of teenage mothers with a continuous rate of abortions in Slovenia (although there is a decrease in certain regions in the last few years), it appears that South Africa is still having a problem of teenage pregnancies. In addition, the services provided appears to be insufficient in South Africa and Slovenia giving inadequate support to teenage mothers and their families of origin thus lacking in acting as teenagers' and teenage mothers' basic safety net. Our argument is that governmental policies (educational, health, social security and welfare) embodied in services and support

for teenagers and teenage mothers do not sufficiently take into account the lived experiences of female teenagers not just as individuals but as members of deprived social groups as well. It looks like there is a gap between a system view and a lifeworld view, a theoretical concept formulated by the phenomenological theory (Schutz 1966) and later developed by Jurgen Habermas in his famous thesis of the system colonisation of the life-world (Habermas 1987).

1.4 Teenage Pregnancies and Motherhood in Slovenia and South Africa

The main objective of the study in Slovenia was to investigate factors that have contributed to the low rates of teenage pregnancy compared to some provinces in South Africa where there are high rates (Kveder et al. 1999; Rajgelj 2005; Mkhwanazi 2006; Morake 2011). Although a comparative study seemed to be an attractive and useful research path at the beginning of the study, it was later abandoned since comparative research in *strictu sensu* would be almost impossible due to the different social, historical and organisational backgrounds of the two countries. That said, social contexts were examined in the two countries in order to identify concepts, strategies, measures and modes of implementation which, over time, dramatically lowered the rates in Slovenia, some of which may be relevant for the South African context.

Slovenia has a very long tradition of protecting women and children's health through public health services (Albrecht et al. 2006). Researchers indicate a decline of the fertility rate of adolescents (aged 15–19) from 37.2/1000 in 1981 to 7.8/1000 in 2008 (Pinter and Grebenc 2010). The figures show a significant drop in birth rate among teenagers due to effective dissemination of information containing reproductive health and sexuality education rendered by relevant institutions to teenagers. On the other hand, Slovenia (European Union Reproductive Health Report 2011) is rated average with regard to the rate of teenage pregnancies that end in abortion. The majority of adolescents opt for abortion while 43 percent choose to have a child. The rate of induced abortions for adolescents aged 15–19 years was 24.3/1000 in 2008 (Pinter and Grebenc 2010). The following table illustrates the statistics on birth and abortion rates in regions of Slovenia.

Table 1.1: Number of live births, abortion-to-birth ratio, birth less than 15 years, total abortions, and abortion rate for 15- to 19-year-old mothers: country and statistical regions, 2010

Statistical regions	Number of Live Births	Abortion birth ratio	Birth below 15 years old	Total Abortions	Abortion 15–19 years
Slovenija	22196	0.19	1	4328	300
Pomurska	1022	0.28			
Podravska	3123	0.29			
Koroška	708	0.20			
Savinjska	2846	0.19			
Zasavska	420	0.20			
Spodnjeposavska	721	0.22			
Jugovzhodna	1655	0.18			
Osrednjeslovenska	6317	0.18			
Gorenjska	2391	0.16			
Notranjskokraška	571	0.15			
Goriška	1302	0.12			
Obalno-kraška	1120	0.20			

Source: Prenatal information system of the Republic of Slovenia (2010), Zdravstveni statični letopis (2010).

The statistical table does not give a special rate for teenage birth rates per region in the country but it is evident from the table that there is a higher abortion and birth rate in regions like Pomurska and Podravska, with the Orednjeslovenska region taking the lead in birth rates only. Statistics (2012) on abortion for teenagers show a total number of 277 abortions were carried out in the regions of Slovenia (Pomurska – 10; Podravska – 56; Savinjska – 38; Zasavska – 8; Spodnjeposavska – 6; JV Slovenija – 33; Osrednjeslovenska – 72; Gorenjska – 19; Notranjsko-Kraška – 5; Goriška – 6 and Obalno-Kraška – 13). The statistical rate of teenage abortion still poses a challenge to different service providers in terms of strategising service delivery to deal with the problem of abortion.

Discussions were held with one of the regional service providers who had indicated that some teenage abortion cases are not reported officially as family members prefer not to disclose such incidences. Based on this, it is our understanding that the current statistics on abortion may be misleading. Even though half of reproductive health issues attended pertain to teenagers in Slovenia, it appears that there still is a need for comprehensive

holistic strategic educational services by a network of service providers to reduce the rate of teenage pregnancies that end in abortion (Sales et al. 2009).

Research programmes (Pinter and Grebenc 2010; Šinkovec et al. 2010) conducted in Slovenia reflect a significant percentage of pupils who were sexually active and had their first sexual intercourse without protective measures, with little information about protective measures and sexually transmitted infections at secondary schools (39% of pupils in second grade and 48% of pupils in final classes). Based on this information, one may argue that such situations raise concern regarding protective measures that are currently in place for these teenagers.

Most of the respondents from Rajgelj's study on teenage pregnancy in Slovenia came from big, poor and de-privileged families (2005, 71) with limited education in comparison to other girls (ibid. 54). The Roma community in Slovenia is considered as having a high rate of teenage pregnancy as reported by Simona Fajfar (2014) who wrote about 19 girls under the age of 15 who delivered babies in the last decade. A decade before there were 25 girls under the age of 15 as well as 44 of them between 1984 and 1993, and in the 1970s there were 98 of them. The police had also investigated 65 reports of alleged abuse of persons under 19 years that were reported in 2013. The issue of teenage mothers within the Roma community is investigated by the People's University of Kočevje (Ljudska univerza Kočevje) under the leadership of Lili Štefanić. Their project named Early Marriages – Tradition or Abuse? is aimed at collecting information among the Roma community regarding early marriages and plans for prevention programmes based on that. The Roma representative Mr Darko Rudaš and anti-activists like Katja Bašic regard the issue as a serious problem and claim that no sexual abuse and violence against girls should be justified on the basis of tradition or culture. It is my understanding that such circumstances usually have a link with patriarchal traditions and deprivation and are coupled with poverty. Such practices may put teenagers in risky situations even though they are legally protected by the State. Poverty and violence may also be linked with the issue of early marriages or conditional marriages which may also contribute to potential dependency on welfare grants if teenagers are not capacitated to be educated and self-reliant. Existing patriarchal cultures and traditions may be challenged by the systemworld as reflected in the newspaper (Delo, November, 12: 11– Statistical Office of Slovenia 2014) to protect the life spheres of teenagers.

The alarming figures released by Morake (2011) for the South African Limpopo Provincial Education Department indicates that schoolgirl pregnancies have doubled in the past few years despite a decade of spending on sex education and Human Immunodeficiency Virus (HIV) and aids awareness. Reproductive health services are offered to teenagers with the assistance of nurses in the different districts but the problem of teenage pregnancy and teenage motherhood appears to be escalating on an annual basis despite these interventions (Kaufman et al. 2001; Varga 2002; Panday et al. 2009; Limpopo Department of Social Development 2011). It appears that services currently in place are not making a major impact in addressing the problem of teenage pregnancy and teenage mothers. One of the objectives and scope of this dissertation was to establish scientifically sound answers as to why the situation is such.

A fact-finding mission was done with one of the Professional Health practitioners[2] in Limpopo Province on services rendered by health section to teenagers, pregnant teenagers and teenage mothers. The following important issues were highlighted during the conversation:

- Health professionals are engaged in school health services through health talks as well as promoting abstinence by motivating students to delay engagement in sexual relationships.
- Motivating the youth to form abstinence groups.
- Encouraging the youth to use contraceptives.
- Dissemination of information on HIV/AIDS.
- Giving information on Tuberculosis.
- Running services in an integrated manner in line with other structures and NGO programmes pertaining to love life, coming together, youth organisations, HIV and nutrition visits. Services also include prenatal, clinical, antenatal, abortion, prevention, and crisis, support services, as well as support for teenage mothers, but are not available on an intensive basis.
- Running research interviews on teenage pregnancies, although not all the teenage mothers are targeted. Research input is utilised to improve the situation.

[2] Interview with Alice Nkoana (health practitioner) stationed at the Limpopo Provincial Department of Health in Polokwane (19 December 2013)

- Clinics are incorporated through involving supervisors to give input on what is happening in the districts.
- Teenagers have access to contraception as well termination of pregnancy as guided by Children's Act 12.
- Information to teenagers is given in the school premises and the policy of Department of Education does not allow contraception to be offered in the school premises.
- Assessment of needs is only done when the teenager or teenage mother comes to the clinic. For instance, to give advice on the important of breastfeeding; to run sessions in order to advise teenagers and teenage mothers to utilise prevention measures regularly; issues affecting teenagers and the target group is 25 years down (about the challenges they have and to strategise on how to resolve such problems).
- They used to run an "Indaba" programme once per annum. The programme was basically focussing on important aspects of life and it was represented in the districts. The programme currently in operation due to financial problems.
- They do not have a hotline for reporting unethical issues but they have emergency services. They believe that the people must not be judged in order to feel accepted when they come to the clinics. The primary health service system cherish the notion that people should be treated fairly although there are some barriers as some of the youngsters are not being assisted immediately if they come to the clinics during school breaks despite the health motto of first being a service for students .
- They just started integrated school health programme based on youth friendly services which is operating well.
- They were running peer education programme supporting the youth at their centres, but the programme did not operate in 2014.

She had suggested that there should be a programme to support and motivate young people to maintain virginity until grade 12 as well as to encourage them not to be sexually active especially to target those that are not having children. She had also indicated that the institution foresees a need for a multidisciplinary team to address the issue of teenage pregnancy and teenage mothers.

From the data gathered it appears as if a lot of issues are attended to, although the problem of teenage pregnancy still exists in the Province. The table below also validates the problem of teenage pregnancy in the Provinces.

Table 1.2: Learner pregnancy rates 2004–2008 (Number of pregnancies per 1000 learners)

Province	Number of pregnant learners/1000	Number of learners captured
Eastern Cape	68.81	11852
Free State	53.64	2837
Gauteng	35.15	4866
KwaZulu-Natal	62.24	15027
Limpopo	60.36	12848
Mpumalanga	55.70	5015
Northern Cape	59.37	1070
North West	55.89	3211
Western Cape	34.40	2710
Total	58.22	59437

Source: South African Demographic Health Survey 2004–2008

The table displays a breakdown of pregnancies per 1,000 students in all the provinces of South Africa. It is clear from this information that high pregnancy rates are constantly reported in provinces that are mostly rural (Eastern Cape, KwaZulu-Natal, followed by Limpopo).

Based on the existing statistics of these teenage mothers it appears that a lot has to be done in terms of incorporating the views of teenagers as well as structuring the delivery of services especially with the issue of teamwork with other structures that deal with the issue of teenage pregnancy and support for teenage mothers.

Premature sexual intercourse results in high rates of sexually transmitted diseases, HIV transmission, adolescent pregnancy and abortions (Mkhwanazi 2006). In the reports of Limpopo Province Department of Health, adolescents were repeatedly found to be deficient contraceptive users as they could not admit to be sexually active. This appears to be a strong incentive to investigate their social and cultural environment (Morake 2011; Limpopo Provincial Government 2010). Most adolescents lack information on sexuality

and contraception as the education that is presented on this matter is limited (Arai 2003; Bankole et al. 2007). Some teenagers (Limpopo Provincial Government 2010) were reported as saying they are afraid to visit the clinics because if they could be seen by neighbours they would report them to their parents (ibid). Based on these findings, it appears that there is lack of communication amongst teenagers, parents of teenagers and service providers that are rendering services.

Research on the dynamics of young people's relationship in these communities found that peer pressure was a significant factor in the decisions young people made in relation to sexual behaviour and reproductive health (Varga and Makubalo 1996; Wood and Jewskes 1997; Varga 1998; Vundule et al. 1998). According to Harrison (2008) the problem of teenage pregnancy and teenage motherhood in South Africa is not uniform throughout the nine provinces. There are hotspots were things are horribly wrong as is the case with the rate of registered school going teenage mothers in Limpopo Province. The present research that was undertaken emphasised the importance of capturing teenage mothers' perspective in order to tackle better systemic responses and programmes of prevention of teen pregnancies and support for teenage mothers.

1. 5 The Main Thesis and Research Questions

The main aim of the dissertation is to assess whether targeted governmental instruments and NGOs are incorporating the life perspective of these teenagers in addressing the impasse of teenage pregnancy and support for teenage mothers in terms of policies, services and programmes. Habermas' theory (1987) of communication action lifeworld and systemworld was utilised to identify gaps in this regard.

The research interest was to explore how the two countries operate their services and programmes as directed by policies in relation to the issue of teenage pregnancy and support for teenage mothers. The study focused mainly on the empirical assessment on the life experiences of teenage mothers and support services from professionals especially on the issue of a high rate of teenage pregnancy in South Africa, as well as the rate of abortion for teenage mothers in Slovenia although the rates are declining. The research argument is based on the assumption that existing services, programmes and policies do not fairly

incorporate the views of teenagers and teenage mothers in dealing with teenage pregnancy and support for teenage mothers.

The main research question has three sub-questions which basically focus on institutions and policies that deal with the notion of teenage pregnancy prevention and support for teenage mothers in South Africa and Slovenia. The research questions are as follows:

- Which institutions and policies tackle the issue of teenage pregnancy prevention and support in both countries?
- How is sex education being offered to teenagers and what are the challenges faced by the education sector in terms of support services to teenage mothers?
- How are Health, Welfare and Social Security dealing with teenage pregnancy and teenage motherhood in terms of service delivery?

The main investigation was based on whether existing policies fully incorporate teenage mothers and the extent to which these policies are useful in terms of support for teenage mothers. Cultural variables including the social environment and economic realities were scrutinised as an attempt to find out to what extent they have an impact on the birth rate of teenage mothers as well as development of services affecting teenagers and teenage mothers in both countries.

An extensive investigation was also done on how sex education is being offered to teenagers in schools as well as challenges faced by the education sector in terms of support services to teenage mothers. The main issue was to assess how the school system relates to other sources of information and education such as family, peers, media, including technologies. More emphasis was laid on how the system capacitates the life perspective of these teenage girls when they disengaged from schooling.

The last research question basically focused on the role of health, welfare and social security in stimulating the life perspective of these teenagers in terms of service delivery on teenage pregnancy and teenage motherhood. The focus was centred around primary health care services, capacity building, counselling, empowerment as well as social security benefits (Chigona and Chetty 2005; United State Department of Health and Human Services 2000; South African Social Security 2005).

The initial proposal of the research was to employ both quantitative (in the case of professionals) and qualitative design (in the case of teenage mothers) targeting 20 young women (10 in each country) in South Africa and Slovenia as well as 16 participants from four institutions in each country. However the idea was later abandoned due to circumstances that were beyond the researcher's control. The sample size was then reduced to 8 participants per country and the selection of institutional participants was directed by the life stories of teenage mothers in both countries. Institutions were selected based on what teenage mothers were saying regarding their personal experiences and service delivery from institutions. A qualitative method was also applied in the case of professionals too.

The theoretical foundation and previous empirical findings were applied in the formulation of the research questions. In other words, semi-comparative analysis of selected documents and acts which regulate social economic, health, educational and welfare issues regarding teenage pregnancies and teenage mothers in Slovenia and South Africa were perused to lay a basic foundation for the research questions.

1. 6 The Value of the Thesis

The questionnaires and interviews that were conducted served as valuable tools to some of the institutions as some of them recently started to involve the life perspective of teenagers in their strategic planning. The thesis identified problematic areas pertaining to the existing support interventions in the area of reproduction particularly in terms of socio-economic, education, health as well as policies on teenage pregnancy, abortion and teenage motherhood matters. The outcomes of the study will assist affected institutions and NGOs in revising their intervention practices in the manner in which the problem of teenage pregnancy, abortion and teenage motherhood can be dealt and minimised from the grass roots level (Berrington 2005). The research outcomes will serve as an eye opener for some existing patriarchal districts, regions and provinces that contributes for acts such as violence, rapes, vulnerability as well as putting girls at risks (Wellings 1988; Ernisch 2003; Pevalin 2003; Letourneau et al. 2004).

1. 7 Conclusion

Slovenia has a good health system that protects the health of women and children through public health services. The problem of teenage pregnancy and teenage motherhood is not a major issue even though teenagers who become pregnant resort to terminate the pregnancy rather than to carry it to term. The rate of teenage pregnancy is very high in Roma community due to religious and cultural norms. Research shows a significant percentage of students who did not utilise protective measures when they had their first sexual intercourse and they were also sexually active during that time. Our basic argument here is based on the manner in which knowledge is being disseminated to teenagers and teenage mothers.

South Africa, on the other hand, is having a high rate of teenage pregnancy and teenage motherhood especially in rural areas like Limpopo Province. Most of these teenagers are carrying the pregnancy to term due to the traditional culture, influence of parents and the church. In other words, abortion is not usually acceptable in most communities even though it is legally approved. Teenagers are receiving a lot of integrated services from various professionals and NGOs. Despite these services, teenagers still fall pregnant.

The two countries have different historical backgrounds although some of issues complement each other, particularly the problem of inequality in terms of service delivery which still exists in certain regions of Slovenia and some provinces of South Africa. South Africa is still battling the problem of teenage pregnancy whereas Slovenia is having a problem of teenage pregnancies that end in abortion. Studies (Sedgh et al. 2015) indicate that Slovenia is on the average with teenage pregnancies that end in abortion (48%).

The literature regards teenage pregnancy and abortion as problems that are caused by interrelated or multifaceted variables. Services are made available effectively although there are interrelated variables that create stumbling blocks in rendering qualitative services in certain regions, districts and provinces.

CHAPTER TWO

2.1 Theoretical Framework

2.1.1 Introduction

The dynamic model will be utilised in this study with four interrelated theoretical frameworks pertaining to teenage mothers' phenomena: Habermas' lifeworld and systemworld theory, feminist theory, construction theory and ecological systems theory.

2.2 Habermas' Theory of Communicative Action Lifeworld and Systemworld

In this theory, Habermas (1984, 1987) puts more emphasis on communication between the lifeworld and the systemworld. His argument was based on the fact that the main problem of contemporary societies is how to create »communicative action« rather than to maintain order. Habermas emphasises the integration of society although he sees societies in a crisis situation like the neo-Marxists (1980). Habermas (1987) talks about the lifeworld referring to common beliefs, values and norms that emanate through direct contacts in everyday life in different social groups that include families and communities. This lifeworld as observed by Habermas is being colonised by the system due to the fact that community members have little room for communication. The systemworld which represents power and money is locally reducing the cohesiveness of these relationships and this lead to a crisis situation. However, open communication may be needed between the systemworld and the lifeworld in order to provide a nurturing environment and to maintain order in the society. Open communication simply refers to full expression of thoughts which is maintained through a solid foundation of trust amongst concerned parties. Good relationships are usually built upon continuous open and honest communication (American Heritage Dictionary of the English Language 2011). When we look at the issue of teenage mothers within this context, there may be a need for open communication amongst the family, teenagers, professionals and societies in order to nurture good relationships that will ultimately pave the way for teenagers and teenage mothers to thrive.

Habermas (1987) regards the lifeworld as the poor context in controlling the process of communication. We find Habermas' notion of tension and conflict between everyday practices and experiences. In other words, teenagers and teenage mothers often find themselves in a crisis situation due to lack of proper communication between themselves and the system that imposes order, in terms of services and programmes. Most of these teenagers and teenage mothers appear to be not well integrated into the society in terms of receiving proper information that will assist them to be knowledgeable in order to achieve their future objectives and to avoid risky situations. For example, the moment they become pregnant they are disintegrated from society as there is not enough flow of communication amongst them and the society in general. Such a situation leaves them in a crisis scenario.

2. 2. 1 Three Genetic Domains of Human Interest

According to Habermas, cited in McCarthy (1979), human interest uses communication to acquire knowledge through work knowledge, practical knowledge and emancipatory knowledge:

Work generally refers to the manner in which an individual manipulates and takes control of his/her environment. Here knowledge is ruled by technical systems and empirical findings. Hence the situation is known as instrumental. When teenagers and teenage mothers are placed within this context, they are viewed in terms of the knowledge that they acquired from the system regarding the manner in which they control their lifeworld perspective. That said, proper knowledge based on theory, practice and scientific evidence is needed to lay a proper foundation for teenagers and teenage mothers' future. In other words, without effective guidance that is practically and theoretically supported with empirical evidence, the lives of these teenagers and teenage mothers will remain a complicated issue.

Social interaction is identified by the practical domain. Social knowledge is led by norms which give a clear explanation of reciprocal expectations concerning behaviour between individuals. Habermas' (1990) argument is based on a normative world which has determined values and norms that are intersubjective and an internal world of emotions, ideas and thoughts, as well as the external world of objects and affairs. Like Habermas

(1990), Durkheim in Heath (2001) believes that collective consciousness is formed by norms, values and beliefs through social interaction. Based on this literature, one might argue that the internal and external worlds of teenagers and teenage mothers can be interrelated and led by societal values and norms that are transformative based on their life experiences. In other words the system and society cannot control the lifeworld of teenagers through a powerful force of the »system representative« but there should be mutual understanding based on a two-way process transformation on the lifeworld of these teenagers and the systemworld.

According to Habermas (1968), emancipatory knowledge deals with self-reflection and self-knowledge. This simply refers to the biographical and historical events that shape the way individuals observe themselves, their social expectations and roles. Putting teenagers and teenage mothers in this context, a question arises as to whether they are able to understand themselves through a critical self-awareness in order to establish the right reasons for their problems. These teenagers and teenage mothers are able to reflect on their lives perspective by gaining knowledge through self-emancipation?

Paulo Freire's pedagogy of the oppressed (1970) shares the same sentiment of a transformed consciousness, but is more concerned with empowering the oppressed through various methods that cover self-directed, appropriate education. The oppressor should also be able to deal with his false consciousness and be able to see how 'reification' distorts the oppressed and the oppressor. That said, there is a need to educate both the oppressor and the oppressed through self-reflection. In other words, the system perspective can be taught to be self-reflexive and capable of meeting the life perspective of these teenagers and teenage mothers. At the same time, teenagers and the teenage mothers can be educated and be heard to have a clear picture of who they are, what they do, where are they going in terms of their future lives. However, all the different structures that are dealing with teenagers, teenage pregnancy and teenage motherhood can work in consort in order to promote headway in the current problem.

According to Habermas (1987), the lifeworld should exist as it is to accomplish the sense of 'who we are and who we value. Based on his argument, the same scenario can be applied to teenagers', pregnant teenagers' and teenage mothers' life perspectives. Their

existence can be shared with the systemworld which represents service providers, professionals, practitioners, and other structures. In other words, the views of these youngsters can be incorporated in the existing programmes, services and policies that deal with the social, economic, health and welfare perspectives of teenagers and teenage mothers.

Habermas (1987) further regards family institutions as a key factor in promoting a socialisation process. Practically speaking, the family is always seen as playing an effective role throughout the process of socialisation. He suggests that the more polarisations occur between the structured lifeworld and the formally organised systemworld, the more dangerous the different type of socialisation will occur. The fact of the matter here is that adolescents are unable to adjust to adult social roles if there are significant differences between »socialisation messages« coming from the direct environment of their lifeworld as opposed to those coming from the systemworld.

Habermas' theory is very important as it encourages a coordinated system of various sectors and it also opens the gates for a two-way communication process between the systemworld and the lifeworld. However, the theory is incomplete as it only dealt with ill-effects or gaps and does not provide solutions to such gaps. While it is important for the system to rely on the life perspectives of these teenagers, it is also important for the system to weigh the pros and cons of both the lifeworld and systemworld. When teenagers and teenage mothers are placed within this context, one might argue that positive results may be achieved if the system and the lifeworld function as a unit to resolve the problems of teenage pregnancy and support services for teenage mothers.

2. 3 Feminist Theory

Feminists regard a multicultural framework approach of incorporating discussions on the needs of women who are socially disadvantaged and the ability to bear and raise children in a supportive healthy environment as a key approach. This means that the extension of services to teenagers, pregnant teenagers and teenage mothers is needed beyond prevention issues and reproductive rights. Studies in the United States followed women who became teenage mothers over years. They disputed the stereotype that teenage mothers are chronic

welfare recipients (Furstenberg et al. 1987; Harris 1997). Many of these women observed in longitudinal studies achieved education, obtained paid work and increased their employment levels. However, they were often disturbed by the lack of affordable child care services (Harris 1997).

In putting feminist theory into practice, there is an assumption that inequities and disparities in terms of cultural expectations arising from individual, interpersonal and structural components result with different risk factors. Such risk factors contribute for teenage risk with unintended sexual transmitted infectious diseases and unintended pregnancy. Based on these assumptions, these structures appear to be intertwined and can be assessed on a par with each other as they consist of risk factors that are different and exposures that contribute to the young women's vulnerability. Teenage mothers are seen as being oppressed as they always carry the burden of child-rearing financially, socially and emotionally as compared to teenage fathers who in most instances are gender-favoured in every culture. The Social Work Dictionary (Barker 2003) refers to oppression as an act of putting strict measures on individuals, groups or institutions through power that exploits the oppressed. The Blackwell Dictionary of Sociology defines social oppression as a relationship between groups and categories of people in which the dominant group gains at the expense of the subordinate group through systematic abuse, unfairness and exploitation. Basically, oppression refers to unfair treatment. Men have been privileged at the cost of women in terms of several dimensions of social existence. For example, some of the teenage mothers became pregnant due to social control exerted by men or teenage fathers through the practice of physical, emotional and sexual forms of violence. Such privileges depict a clear form of patriarchy which should be dealt with in order to promote equity, equality, freedom and fairness for both genders (Dominelli 2002).

The analytic concept of intersectionality that has been much used in feminist theories since the mid-1990s is very significant here as it serves as a descriptive tool to analyse power structures that contribute to teenagers' vulnerability, as well as defining the situation for these teenagers which is caused by limited tools (Melveaux 2002). Environmental/ structural factors that influence behaviour and accessibility to structural support (such as access to resources, standardised schools, poverty alleviation and community development) can be highly considered in line with the existing policies, services and

programmes to be equally gender friendly in dealing with teenagers and teenage mothers. In other words, gender-based factors play a contributory role in the phenomena of teenage pregnancies as well as the social position of teenage mothers and their families' coping strategies and caring for children. The possible intersection of particular categories such as gender, teenage pregnancy, teenage motherhood, poverty and ethnicity has an effect on the prevention of teenage pregnancy and support for teenage mothers. A deeper understanding of such complex issues underlying the lives of teenage mothers will help to think about adequate prevention and support (Leskošek 2012). The linkage with other programmes can assist with interventions that deal with personal characteristics (such as skills, knowledge, attitudes and values) and the interpersonal environment of the adolescents such as peers, cultures, family relationships and mentoring, especially in disadvantaged communities where some of these teenagers are still oppressed and discriminated against (cultural issues).

The feminist perspective is very important in understanding pregnant teenagers and teenage mothers as girls in patriarchal societies, and in planning and delivering support services for them. The strength perspective is the main orientation here underlying different social work methods such as individual or collective forms of advocacy and empowerment of both teenage mothers and their support network.

2. 3. 1 Reproductive Rights for All Women, Regardless of Class, Race and Age

Feminists postulate that a woman has a right to decide when, how, where and with whom to bear a child. The struggle for reproductive rights among mainstream feminists has focused on increasing the availability and safety of contraception and abortion services and reducing stigmatisation. Feminists also stress the importance of improving sexuality education in respect of the adolescents to explore what is bad and good, desirable as well as undesirable grounded in experiences, needs and limits (Fine 1988, 33). Based on this information, we assume that there is a need for various sectors to be educated and trained on how to deliver services and programmes to these teenagers without stigmatising them. In other words, teenagers should feel free about their right to obtain contraception and abortion services with no stigma attached to such services by the various institutions responsible for offering services.

2. 3. 2 Nurturing Agency, Promoting Social Responsibility

Feminists adhere to the notion of not creating more shame-ridden subjects by encouraging agencies to nurture young people, partly by resorting to collective action in order to change the current context that limits their reproductive and sexual choices, and partly by offering support as they endeavour to do the right things under difficult circumstances. Feminists have noted complication in negotiating for contraceptive usage due to inequality of power relations between women and men (Kelly 1999). It appears that cultural conditions and resources leave adolescents with limited choices. Such choices may be hampered by the historical and social context of teenagers and teenage mothers. However, such practices may lead to the existing policies being amended on par with the current situation and the needs of these teenagers, as well as challenge existing patriarchal cultures.

2. 3. 3 Challenging the Dependence-Independence Dichotomy

Critical feminists avoid and refute discussions about welfare dependency. This discourse puts blame on the poor for being impoverished and the consequences of being poor and this perpetuates a false impression between independence and dependency. This discourse on dependency has two main tensions.

First, pregnant teenagers are perceived as children when considered under the subject of teenage pregnancy. They are cast as adults (when placed under the welfare subjects) who should take responsibility for supporting themselves when the subject is considered to be a welfare problem (Fraser and Gordon 1994, 329). Second, they are viewed as 'bad dependants' when they gain a sense of personal autonomy through state aid. They are considered as 'good dependants' when they are forced to be dependent on individual men for survival or material support (sometimes they stay with abusive men). Women, particularly those from poverty backgrounds (often members of ethnic minorities), do not enjoy privileges in terms of equal pay, accessibility to on-the-job training and different competitive labour markets (Kelly 1999; Research Health Reproductive Unit 2003).

In putting policy matters pertaining to teenagers and teenage mothers into practice, critical feminists support the full integration of teenage parents and their children by regarding the

school as a public place and part of the larger community. Critical feminists would support policies that are flexible in terms of attendance for teenage parents, particularly with regard to absenteeism due to taking care of sick children. If more flexible hours are introduced in workplaces and schools, women and men, staff and students, would be able to perform family, school and work matters in a satisfactory manner (Fine 1988).

Researchers suggest that empirical evidence is not regarded by policymakers, advocacy groups and professionals for a variety of reasons (Duncan et al. 2010; Furstenberg 2007). Teenage mothers are often stigmatised as being poor; too young, single and viewed as draining public welfare. Clinicians also attend to teen mothers' flaws selectively, not considering their hardship and adverse effects of childhood disadvantage and bureaucratic problems that combine with their struggles (Breheny and Stephens 2010; Cassata and Dallas 2005). However, such situations lead to vulnerability in the lifeworld of these teenagers and teenage mothers, and this vulnerability is exaggerated by social inequality/ inequities and bad childhood experiences (Sisson 2012, Smithbattle 2012).

With the transformation process pertaining to knowledge, availability of universities, consumer economy and birth control legalisation, teens are able to maintain fertility and obtain birth control that is currently on the market. Middle-class girls are using contraceptives effectively and are willing to abort pregnancy that is ill-timed (Centers For Disease Control and Prevention 2012). Although a transformation process appears to be shaping the lifeworld of these teenagers, it might not yield positive results in situations where patriarchy is still dominating in terms of the religious norms and socio-cultural and historical background of these teenagers. In other words, it might not be easy for an educated pregnant teenager who comes from an anti-abortion religious family to have an abortion, even though she is legally entitled to do that.

The feminist perspective is very significant for encouraging young people to fight for their rights but it does not offer intervention strategies that can be implemented in challenging patriarchal societies that still make the life experiences of these teenagers miserable. For example, the systemworld (institutions) can restructure the manner in which it operates in practical, theoretical and scientific ways in order to shift away from the old autocratic way of dealing with teenagers' problems.

2. 4 Social Constructivist Theory

The social constructivist perspective focuses on how human beings learn through their daily interactions with one another to classify their place within the world in order to understand behaviour (Hutchison and Charlesworth 2007).

Young people are viewed as social actors in a social environment. How they perceive the environment depends on where they live and which paths they take. Their journey depends on what they choose, perceive, come across and the stumbling blocks they deal with in life (Hutchison and Charlesworth 2007). In other words, teenage mothers from this perspective are viewed as social beings who interact with one another in a physical world based on their understanding of the world. That said, social workers are faced with the massive role of understanding the underlying factors for these teenagers and teenage mothers as they interact with the family, peers, individuals, groups and communities on their socio-economic-educational level. This simply means that the more social workers are aware of the factors underlying teenage pregnancy, the more they will be able to understand their subsequent social interactions when they apply intervention measures.

Social constructivists believe that reality, much less social reality, does not exist *per se* in the world. Thus, people share meaning in interacting with each other through the existence of cultural and social realities. The lifeworld of teenagers and teenage mothers in this context can be understood in terms of their social environments and their history. For example, the cultural historical background of these teenagers serves as a basic foundation in terms of selecting suitable services, programmes and strategic intervention measures that will suit their social environments.

Practitioners need to engage professionally on the basis of scientific and theoretical information in order to have a critical in-depth constructive reflection about their practice (Eraut 1995). This poses a challenge, especially for social workers dealing with young people who are at risk. Existing self-reflection appears to be practically little developed. Moreover, it seems as if a lot of effort needs to be invested in incorporating the views of teenagers and teenage mothers in the design of policies and programmes that will suit the lifeworld of such teenage mothers.

Constructivists view the self as a product of interpretation of social interactions (Coley 1964; Mead 1934). Cooley (1902) talks of the concept of the looking glass self, succinctly explained as "I am what I think you think I am". This looking glass self has three components: I imagine how I appear to others; I imagine their judgement of me; I develop some feelings about myself as a result of imagining their judgement.

Clearly put in the context of teenagers and teenage mothers, this simply refers to the manner in which they look at their own appearance in the eyes of people; how people judge them as pregnant teenagers and teenage mothers as well as the way they develop feelings of inferiority due to people's judgement about their status.

Social construction theory transforms the old social work adage, "Begin where the client is". Instead, the social worker starts by developing an understanding of the client's reflective situation and what the client would wish to see happening. Current narrative storytelling therapists focus their solution on a social constructionist perspective. Story telling is a big component of human activity that helps people understand each other in a society. Story telling is regarded as a basic method that people utilise for the creation, sustainability and conveying of meaning pertaining to their lives (McCall 1989 in Urek 2006). The future of people is usually determined by the way they construct themselves. In addition, the past has an influence on determining the way we interpret future current events. In other words, the manner in which we view ourselves has an effect on the way our future looks and the past has a significant role in shaping our future (Urek 2006). Taking teenagers, pregnant teenagers and teenage mothers into consideration here, they could be seen as clients who need change and are capable of dreaming the change they anticipate. As teenage mothers narrate their stories about their lifeworld, they develop storylines that are very dominant and do away with material that is irrelevant for addressing their problem. Teenage mothers in this regard will narrate their stories. The manner in which teenage mothers construct their stories from their different social environments, particularly their interpersonal, intrapersonal and institutional situations, will be assessed and interpreted as a way to arrive at possible solutions. In other words, their stories will be interpreted and constructed meaningfully in order to assess the way the services could operate and be modified in order to meet the lifeworld of these teenagers.

Social workers face the challenge of assisting teenagers and teenage mothers to be transparent and to see the reality and the possibility of other interpretations of events in their storylines (Walsh 2010). Namely, teenagers should be engaged in brainstorming about their cultural, social and historical environments in which their version of reality was constructed. In the case of teenagers who are or have been oppressed, social workers can empower them by restoring or envisioning their story line (Greene and Cohen 2005; Laird 1994; Saleebey 1994).

The theory is very good in restoring the life perspective of these teenagers, but the question arises as to how social workers, service providers, teachers, practitioners, communities and important others can be trained and empowered to deal with teenagers' issues in line with the transformative perspective pertaining to the life experiences of these teenagers. In other words, all of the institutions dealing with teenagers' problems can be helped by experts to have a clear vision of who they are, how they are engaging these teenagers in restoring their lifeworld and which strategic intervention measures are tailored to restore the life perspectives of these teenagers.

2. 5 Ecological Perspective

Bronfenbrenner's theory has been adopted by the field of social work as a basic practice in ecology (Higham 2006, 129). The life model bases its principles on the fact that people are interacting with each other in the environment since nobody exists in a vacuum. The Cambridge Dictionary defines the environment in terms of the surroundings one lives in and the manner in which those surroundings have an influence on how you operate or feel. UNICEF (2011) regards a positive environment as one that is suitable for carrying out legislation, policies and programmes. Therefore, teenagers and teenage mothers may also need improvements in their fitness in terms of their capacities, aspirations, needs and environmental resources (Nash et al. 2005, 35). Based on this, one may argue that a poor fit between the environment, teenagers and teenage mothers may hamper their developmental functioning as well as that of their siblings.

With regard to this theory, teenage mothers will be placed in the context and quality of the environment within which they exist. Important aspects for teenagers and teenage mothers such as personal relationships, friends, family matters, households, schools, work, the

environment, community norms, beliefs, practices, and service delivery are all essential for the survival of the individual. Accordingly, more emphasis in this perspective will be placed on aspects such as policies, legislation services and programmes with specific reference to beliefs and values within their environments.

The theory of Bronfenbrenner is embracive of the context and quality of the environment within which the child exists. Beck (2000) noted that the child undergoes developmental stages in terms of physical and cognitive structures as she/he interacts with these environments in a complex manner. The same situation is applicable to the pregnant teenager and the teenage mother who also go through difficult developmental stages in facing and dealing with the discourse of being pregnant and a teenage mother. For her to succeed through these stages, she has to interact with the different systems in the environment. Empirical research shows that teenage pregnancy and teenage motherhood are multidimensional phenomena which need interaction relations among the individual, the family and broader social and cultural environment. Bronfenbrenner (1979) views human development in terms of macrosystem, microsystem, mesosystem, exosystem and chronosystem. All of these different levels of systems overlap (Franklin 1988, 340) and these systems facilitate interactions which result in complex experience in the lives of teenagers, pregnant teenagers and unmarried mothers.

The microsystem represents patterns of roles, interpersonal relations and activities experienced by the individual within his/her surroundings. Teenagers, pregnant teenagers and teenage mothers can in this regard be viewed in terms of their socialisation process that incorporates variables such as personal relationships, friends, family matters and household aspects. These variables have a serious influence on teenagers' behaviour.

The macrosystem involves cultural variables that influence the individual. Emphasis here can be placed on policies, legislation and programmes, and with specific reference to beliefs and values which contribute significantly to the ways in which teenagers grow and plan their future perspectives.

The mesosystem deals with interactions amongst the settings. Here focus can be placed on the type of education these teenagers receive in schools; the opportunities they have in

terms of the work environment; practices, beliefs and norms of the community in dealing with these youngsters as well as the quality and quantity of service delivery.

The exosystem involves the indirect setting that affects the individual. It covers contextual issues that are educational, economic and public health related and does not deal directly with teenagers. The chronosystem is naturally global and is regarded as the structure that arches over the systems that are beneath it. There is no mode of communication system for teenagers and teenage mothers in these two systems, although they overlap with the other systems.

The ecological perspective indicates an effective way to organise factors that relate to complex social problems like teenage pregnancy (Cocoran 1999). This perspective encapsulates a multilevel approach for dealing with personal, social, economic and cultural factors that influence the life trajectory of teenagers as well as their behaviour (Cassell 2002). The norms, values and beliefs of people from different cultures have an impact on the problem of teenage pregnancy and teenage motherhood.

The interpersonal factors, intrapersonal-related factors, institutional factors, structural factors as well as public factors revolve within the systems and have an influence on the manner in which teenagers and teenage mothers are viewed. In addition, the ecological levels have risk factors that are organised on a par with these three main levels (Van Horne et al. 2009).

2. 5. 1 Interpersonal Level, Intrapersonal Level and Institutional Level

Peers, families and other social relationships are included on the interpersonal level. Teenagers and teenage mothers can in this context be understood as being influenced by factors such as partners, peers, teachers and significant others. For instance, teenagers' partners might also have a different opinion for not using contraception, regarding it as mistrust based on the fact that partners should trust each other. At the individual level, prevention programmes are likely to include intervention practices that aim to change behavioural, cognitive and psychosocial characteristics that exert a direct impact on sexual antecedents, such as the beginning of sexual activity, multiple sexual partners and contraceptive usage level. Accordingly, it is important to involve teenagers at the

individual level in terms of promoting health and the focus could be on behavioural factors such as attitudes, a sense of future, contraception and pregnancy, sexual activity, knowledge, skills and beliefs, or academic success relating to past experiences.

The intrapersonal level consists of individual factors such as attitudes, knowledge, behaviour, skills, self-concepts and developmental history. At this level, teenagers, pregnant teenagers and teenage mothers might have inadequate information or knowledge concerning the usage of contraceptives if affected institutions do not consider the sociological variables listed above when they apply intervention strategies. In other words, issues such as gender, sexual orientation, values, status, ethnic identity, goals, age, coping skills, time management skills, access to health care as well as the stigma of counselling and accessibility services are crucial issues that need to be taken into consideration by the systemworld in assisting the lifeworld of these teenagers (McLeroy et al. 1988).

Teenagers also face a dilemma (at the institutional level) of accessing contraception at public clinics due to the negative attitude of some health staff members. In most cases, these teenagers come from a poor socio-economic background. Analysis of programmes at this level includes accessibility to caring, cultural norms, educational inequalities as well as other resources in the community. However, social workers or professionals that assist are encouraged to create conducive environments that enhance growth, social and health functioning, while on the other hand they assist these teenagers to become capacitated in terms of developing resources that will assist them to cope with stressful situations (Nash et al. 2005, 34). Based on this, poor implementation of or a lack of policies on friendly youth services may also contribute to a lack of access to contraception.

Although there are several strategies that deal with minimising and preventing teenage pregnancy, very few policies and strategies are in place to assist a teenager when she realises she is pregnant (Department of Education 2007).

The ecological perspective can be seen as a way to organise factors associated with complex social problems in order to build knowledge for an intervention to be appropriately undertaken. The theory does not clearly define strategic intervention

measures that can be put in place to deal with the impasse of teenage pregnancy and support for teenage mothers.

2. 6 Conclusion

Habermas' approach, the feminist, constructivist, and ecological theories correlate with each other in dealing with the notion of the prevention of teenage pregnancies and support for teenage mothers. Habermas' theory of communicative action is based on the fact that the manner in which societies convey messages to one another is very important and influential. Habermas' theory regards the system as the contributory factor for dismantling the communication patterns of the lifeworld. This communication breakdown leads to a crisis as there is a gap that needs to be filled between teenage mothers and the system that maintains order in terms of services and programmes.

Feminists emphasise the need to deal with women who are disadvantaged in several respects as well as the creation of a supportive environment that will nurture the life existence of these teenagers. Feminists postulate that inequities and disparities pertaining to cultural expectations from both systems, the client perspective and the system perspective, may make women vulnerable. Such situations will serve as stumbling blocks with regard to future possible life goals. The issue of intersectionality in terms of gender, poverty, ethnicity, adolescent pregnancy and early motherhood thus needs to be highly scrutinised to arrive at possible multi effective solutions. Feminists cherish the notion of the »independency dichotomy« to say that teenagers need to be assisted to know their rights especially in terms of reproductive rights, regardless of class, race and age. Further, the system can provide an environment that promotes social responsibility and be user-friendly as well.

The constructivist perspective emphasises the interaction of people. As people interact with each other, they share meaning through the existence of cultural and social realities. The social environment and the historical background of teenagers in this regard will serve as key factors in understanding the underlying factors that will help to select affordable, suitable services and programmes that can change the life perspective of these teenagers. The storytelling method in this regard will help professionals and service providers to interact with these teenagers and be able to incorporate some important issues in the

intervention strategies. While it is important to suggest effective strategies, social workers, service providers, teachers, nurses, practitioners, communities and important others can also be trained in how to deal with teenagers, in order to minimise the problem of teenage pregnancies as well as to offer support for those who carry the pregnancy to term.

The ecological perspective emphasises that the environment has a significant impact on the lives of people. When teenagers are placed within this context, one may argue that a user-friendly environment can assist teenagers to attain their anticipated goals. In other words, negative environments can retard progress and destroy a teenager's future prospects. The theory regards personal relationships, friends, family matters, households, schools, work, the environment, community norms, beliefs, practices, services delivery as aspects that have a link with each other and are further regarded as very important for the existence of the individual. Namely, services, programmes, policies and legislation pertaining to teenagers will be considered in terms of beliefs, values and norms within the environment.

Finally, different levels of society can function effectively if they are inseparable in dealing with the discourse of teenage pregnancy and teenage motherhood. The systemworld can also incorporate the lifeworld views of these teenagers and teenage mothers when applying intervention strategies. The family is always regarded as pivotal in facilitating all of these systems to interact in a multidimensional as well as circular process in the ecosystem spheres. All four theories will be taken into account in this thesis when the data are being interpreted.

CHAPTER THREE

3. 1. Services and Programmes in South Africa and Slovenia

3. 1. 1 Introduction

This chapter will analyse current services and programmes dealing with the prevention of teenage pregnancies and the teenage motherhood notion in South Africa and Slovenia. The situation in both countries will be examined and the main problems in both cases will be presented, allowing changes to be proposed based on what is known about the two countries. Namely, the chapter will describe the situation, identify problems and therefore suggest alternative solutions. Teenage pregnancy and teenage motherhood are always viewed as inseparable and as a discourse that exists due to a variety of social and sociological variables. The notion of teenage pregnancy and teenage motherhood is assessed against related theories and scholarly (secondary) evidence.

"Effective strategies of prevention of teenage pregnancies and parenthood need to include sexual education, contraceptive access programmes and alternatives to pregnancy and parenthood, with a focus on education, vocational training, academic tutoring and support, career counselling, employment and involvement in community" (Slowinski 2001:3).

Practitioners and professionals need to be scientifically and theoretically informed, and to have a critical in-depth constructive reflection about what influence their practice has when they deal with the notions of teenage pregnancy and teenage motherhood (Eraut 1995). The future of people is usually determined by the way they construct themselves (Urek 2006). The stories of teenage mothers may in this connection have an effect by way of shaping their future. These stories are interpreted and constructed meaningfully by professionals in order to develop effective strategies that will be utilised to prevent teenage pregnancies and provide support for teenage mothers. The same argument is applicable to Habermas' theory of communicative action where the lifeworld and systemworld approaches are stressed in order to show how they might be completely different. The argument also shows how frequently the systemworld colonises the lifeworld of ordinary people. Arguing from inductive and deductive points of reasoning, more pregnant teenagers and teenage mothers are in a crisis which contributes to social exclusion in society. Failure to receive

proper information puts pregnant teenagers and teenage mothers in a crisis, which contributes to their social exclusion. These teenagers are a vulnerable group that needs support as they are often forced to leave school due to child-rearing issues.

Research in this area shows that teenage pregnancy and teenage motherhood are multidimensional and complex phenomena which require interactions among the individual, the family, the society as well as the system context. The family system is regarded as a significant aspect and an indispensable resource in the primary prevention of teenage pregnancy and subsequent adjustment (Benson 2004; Casper 1990; East et al. 2006; Olson et al. 1984; Quinlivan et al. 2003) and preferably focuses on the promotion of greater adjustment to the developmental trajectories of teenagers who fall pregnant and choose motherhood (Shanok and Miller 2007). These findings are in line with recent general health findings that suggest a need for intervention approaches that are multilevel to elicit behavioural changes (Glanz et al. 2002). That said, this may ultimately lead to a need for interventions that are psychosocial and specifically tailored to prevent teenage pregnancy, and also support its after effects for those who carry the pregnancy to term as well as address a different life context rather than focussing only on the individual (Quinlivan et al. 2003). According to the feminist view (Reproductive Health and HIV Research Unit 2003, Jewkes et al. 2001), inequities in terms of gender power contribute to women's vulnerability in early unprotected sex and teenage pregnancy. Teenage mothers are portrayed as irresponsible by media stories, advocacy organisations, and professional discourse (Lewis et al. 2007). Some studies regarded family counselling or therapy as very important when dealing with multifaceted problematic families such as those linked with teenage pregnancy (Micucci 1998), although there is a dearth of scholarship pertaining to therapy and family counselling especially in the area of support for these pregnant teenagers and teenage mothers. Social workers or other professionals may be encouraged to create conducive environments that enhance growth, social and health functioning, as well as capacitating these teenagers to develop resources that will assist them to cope with stressful situations (Nash et al. 2005:34).

The behaviour of family members and the individual are significantly interdependent so a focus on the whole family system may increase the impact of an intervention (Chermiss and Herzog 1996). However, this chapter seeks to present a holistic view of intervention

services and programmes that deal with the prevention of teenage pregnancy and provision of teenage motherhood support in rural areas.

The investigation here will encapsulate a multidisciplinary mode based on relevant theories and secondary scientific evidence on intervention services for teenage pregnancies and support services for teenage mothers. The research method is based on the scrutiny of theoretical and scientific texts. Namely, this chapter will evaluate the current situation in both South Africa and Slovenia through theoretical and secondary scientific evidence.

3. 2 Intervention Services in Rural Areas of South Africa

South Africa has a lower rate of teenage pregnancies compared to the general rate in Sub-Saharan Africa (Makiwane and Udjo 2006). The country has a general population of 51.77 million people (www.statssa.gov.za/census 2011). South Africa is on the same level as many middle-income countries but higher than many European countries. When we look at the South African situation statistically, the data show that the country has a prevailing situation of teenage motherhood that in most instances occurs outside marriage when compared to other Sub-Saharan countries (Makiwane and Udjo 2006).

The current South African plans and policy identify reproductive and sexual health as main priority issues for intervention based on health. The prevention of teenage pregnancies and provision of support to pregnant teenagers and teenage mothers contribute to the main aim of increasing reproductive health (Macleod and Tracey 2001). This poses a challenge for policymakers to revise their strategic plans in line with the intersectionality of gender, values, norms and beliefs as well as the engagement of the client perspective of these teenagers.

The Department of Education Health's policy guidelines for youth and adolescent health strategies for interventions embrace the following issues: promotion of a supportive and safe environment; transforming the health system; provision of counselling; and skills development to assist teenagers to attain their future goals.

The provision of services and education represents key variables in accomplishing the goals of these intervention strategies. Implementation of such reproductive health services

is hampered by a shortage of staff, insufficient time to deal with or counsel young teenagers in relation to contraceptives.

According to Mqhayi et al. (2004), 17 percent of young women who were interviewed in rural and urban health clinics indicated that they had heard about emergency contraception. More women from urban areas knew about emergency contraception than rurally-based women (Smith et al. 2001).

Studies on contraception also found that teenagers' knowledge varies, with misassumptions abounding (Ritcher and Mlambo 2005; Oni et al. 2005). For example, Rutenberg et al.'s (2001) survey indicates that only a few participants (8%) had knowledge about menstrual cycles and the period in which a woman is at risk of becoming pregnant. Research on the dynamics of young people's education on sexuality and contraception in these communities found that young people's sexual relationships include poor communication, unequal decision-making, inadequate knowledge concerning reproductive health, sexual issues, the legality of abortion, and the cost of abortion. Limited education on sexuality and peer pressure were significant factors affecting the decisions young people make in relation to sexual behaviour and reproductive health (Arai 2003; Bankole et al. 2007; Leclerc-Madlala 2002; Varga and Makubalo 1996; Varga 1998, 2003; Vundule et al. 1998; Wood and Jewkes 1997).

Notwithstanding this, we are left with a question about the quality of the current intervention services and programmes and whether are they designed in line with the lifeworld of these teenagers. Further, a lot of scholarship does not indicate whether the service providers, trainers and counsellors who deal with reproductive health services have received quality training that will benefit teenagers and teenage mothers in terms of their different cultural and socio-economic backgrounds. In other words, even if these trainers are well equipped with valuable information, such information may be unproductive for these teenagers if it does not incorporate their cultural existence. In addition, Macleod (1999) discovered a serious gap between reproductive ignorance and adolescent pregnancy that is not fully addressed by a number of scholars who deal with the reproductive ignorance hypothesis. His argument is also based on the fact that a lack of sexual knowledge cannot be regarded as a valid reason for conception since there are various

reasons that are interrelated and further contribute to teenage pregnancy and its after effects.

The main element of health care services includes the widespread distribution and development of educational material that covers key issues such as emergency contraception, information on contraception, pregnancy signs, the importance of early presentation, young people's rights pertaining to the termination of pregnancy act, early access to contraception, termination of the benefits for early presentation of a pregnancy, the solution to teenage pregnancy based on non-judgemental counselling, assisting those who opt for adoption after delivery and those who keep the baby to access appropriate services such as a child-support grant where necessary. Community health nurses provide sensitive, accurate information on prenatal and post-natal care for the child and mother and also provide counselling for young women to return to school. A study with a nationally representive sample shows that 86 percent of adolescent mothers regarded nurses as playing a positive role at a family clinic. In addition, the majority of these teenage mothers indicated that they had only waited 30 minutes to receive help at a family clinic (Ehlers 2003b). Teenagers do not want to wait for many hours to receive contraceptive services. The long waiting system might be seen as a stumbling block to some teenagers' access to contraceptives as reported by Jones in Limpopo Department of Social Development (2011).

Intervention services in other provinces of South Africa yield positive results on the lifeworld of these teenagers, although a lack of staff members tends to hamper progress, especially in rural areas where resources are still scarce compared to urban areas.

Researchers suggest that scientific knowledge and empirical evidence are not regarded by policymakers, advocacy groups and professionals for a variety of reasons (Duncan et al. 2010; Furstenberg 2007). Namely, scientific knowledge and empirical evidence is not constantly applied by policymakers, professionals and advocates when they seek to resolve social problems. For instance, when teenage mothers are put in this context, they are often stigmatised as being poor, too young, single and draining public welfare (Breheny and Stephens 2010; Cassata and Dallas 2005). Based on this, one may argue that the empirical evidence based on this impasse is rarely used by the institutions that are affected to reach a consensus.

Generally, the child-support grant (CSG) is improving nutrition and child health and has a positive impact on increasing teenagers' school attendance. The CSG is regarded as the biggest social cash transfer system and the government's most successful protective intervention programme in South Africa in terms of reaching out to a large number of participants, including teenage mothers (Department of Social Development 2008). It also enables the parents of these teenagers to prepare their children to be ready to go to school as well as to buy school uniforms and pay for school funds (Case et al. 2005), although other studies perceived the CSG as the leading "perverse incentive"[3] to conceive (Planned Parenthood Association of South Africa 2003).

Based on these views, one may argue that the CSG is very important to protect the lives of both the teenager and the child, although the teenage father is often left out of the picture in terms of showing responsibility even when he could afford to contribute financial and socially. In other words, certain cultural backgrounds are still giving teenage fathers the latitude of not taking responsibility for the upbringing of their children. Teenage mothers are seen as being oppressed as they always carry the child-rearing burden financially, socially and emotionally as compared to teenage fathers who in most instances are gender-favoured. In the end, many children of these teenage mothers are raised without a father figure, a situation that could expose them to risk factors due to the absence of the traditional script of a father to play a role in the upbringing of these teenagers. It thus may be best if teenage fathers are taught responsibility in the upbringing of their children. Therefore, environmental factors that influence behaviours and accessibility to structural support such as access to resources, standardised schools, poverty alleviation and community development can be considered together with the gender issue, in harmony with the teenager's lifeworld.

The termination of pregnancy is taking place in South Africa, although the statistics show that only a minority group of young women opt for such a practice. This low level of termination of pregnancy is associated with the stigma of abortion (Bushman et al. 2002; Pettifar et al. 2005). Abortion is still not accepted in most cultures even though it has been legalised and such practices influence some pregnant teenagers to not have an abortion.

[3] A perverse incentive is an incentive related with undesirable consequences. It is usually created by an event brought by a change that is not anticipated and generally negative (Leverkuhn 2014).

3. 2. 1 School Clinic Based Approaches

Many clinics in rural areas of the Limpopo Province are integrated, applying a multifaceted approach. The province has an average population of 5,404,868. Healthcare providers, especially nurses, render services to clients on a daily basis. Some clinics still have insufficient staff members in terms of health care workers and this means that clients must wait before they can receive help (Limpopo Department of Social Development 2011). Most of these programmes operate mainly in Kwa-Zulu-Natal. An evaluation of such programmes indicates that students exposed to Dram Aide programmes had sufficient knowledge and attitudes regarding HIV and had increased condom usage compared to participants in programmes that only have information (Macleod and Tracey 2009). Based on this, we will argue that the extension of such programmes to areas that are still disadvantaged in the Limpopo Province may hold positive prospects for teenagers. There is still a dearth of scientific evidence arising from the exploration and evaluation of intervention services and programmes for teenage pregnancies and support for teenage mothers in deep rural areas of South Africa. The more such services and programmes are identified and evaluated scientifically, the more services will be in line with the lifeworld of teenagers and teenage mothers.

While relevant institutions are providing services to teenagers and teenage mothers, researchers indicate that emergency contraception knowledge is generally poor (Mqhayi et al. 2004). The intervention strategies currently in place can be perused in terms of the lifeworld of these teenagers and teenage mothers. In other words, a more holistic assessment can be made concerning these teenagers and teenage mothers to gain a deeper understanding of who they are, how they survive, what their challenges are and how they think relevant service providers can intervene to promote a future healthy lifestyle. Such intervention strategies may be informed by social and sociological variables such as socio-economic and health-related factors as well as the influence of culture in general and local characteristics in particular. Based on this, it appears that there is a need for adults and elderly people to receive thorough training on how to equip these teenagers with life skills. Such training may bring positive results for the client perspective of these teenagers if they are facilitated in collaboration with relevant affected departmental sections and non-governmental sections.

The intervention strategies disclose a gap in the lifeworld of these teenagers and the manner in which the systemworld is dealing with the notion of teenage pregnancy and support for teenage mothers. A look at the South African perspective, particularly in rural areas, provides a clear picture of exclusion in certain rural areas regarding the mode of service delivery as validated by approximately 11 percent of service providers who reported that insufficient information on reproductive health and sexual issues leads to teenage pregnancy (Limpopo Provincial Government 2011). Such situations call for a review of policies that impact teenage life and culture in order to deal with the past and present situation of these teenagers.

A number of intervention programmes have been institutionalised in South Africa in keeping with many influential spheres touching on adolescent sexual behaviour. These include adolescent peer education programmes, life skills education programmes, school-based sex education, mass media campaigns, adolescent-friendly clinic initiatives as well as community programmes. Many interventions are also carried out by non-governmental organisations[4] that are not officially attached to governmental departments. For instance, Soul City is an awareness campaign programme that deals with health generally through a multimedia system. It reaches an estimated 12 million South Africans through health booklets, a publicity awareness campaign, a radio drama played on a daily basis, a slot time programme on television as well as youth life skills programmes and adult education. Although the focus of these interventions has basically been the prevention of HIV, they also benefit teenagers on the issue of teenage pregnancy due to the programme's impact on sexual behaviour (Department of Basic Education (www.education.gov.za; Macleod 1999).

The quality of these programme interventions is governed by their scale, range, accessibility, and manner of operation and also entails some limitation on the impact of adolescent sexuality.

[4] The Young Men's Christian Association is responsible for running peer education programmes. The programmes address sexual health issues among teenagers in general, and also focus specifically on HIV. Its target group are girls and young women aged 13-19 years through trained 'HIV activist' peer educators. The Old Mutual is running a programme called "I Have Hope Aids Peer Group Project". The programme's focus is to implement peer education groups in secondary schools, especially for youth aged 15 to 18 years. Teachers are also targeted. Teenagers are challenged to be aware of and to take responsibility in terms of preserving their reproductive and sexual behaviour.

It serves no point to empower women on sexuality issues without involving men in gender relations that are equitable. The marginalisation[5] of most young people across the country provides a platform for a focus on a systematic intervention that will address care, treatment and support (update report on teen pregnancy prevention www.beststart.org/resources/rep-health/pdf/teen-pregnancy.pdf).

3. 2. 2 The South African Health System

The South African health system is good and is very protective of the people who are insured. Those who are not insured are less likely to receive regular care from private doctors and are more likely to receive care from doctors, a midwife, and a nurse in a hospital setting due to a lack of money and unemployment issues. Although teenagers do receive services, some of them are not fully equipped with information regarding the signs of pregnancy complications, measurement of height, blood pressure and weight, taking of blood and urine samples or the receipt of iron supplements. Most young women usually do antenatal tests very late in their second and third trimester. South Africa has a general and continuous problem of late reporting for pregnancy care (Myer and Harrison 2003). Further, issues such as a lack of knowledge pertaining to the significance of antenatal consultations, the male partner's denial of paternity, and taboos related to adolescent sexual activity may contribute to teenagers seeking late consultations (Phafoli et al. 2007). Based on this information, professionals and service providers still have the challenge of dealing with different cultural, historical situations that may need thorough training of service providers and professionals to accept the current situations of teenagers and teenage mothers and to also be able to transform such situations to benefit the life perspective of these teenagers and teenage mothers.

3. 3 Slovenia

[5] Marginalisation differs according to the context and manner in which it is perceived. Marginalisation refers to a process whereby individuals and groups are excluded or ignored vis-à-vis social negotiation and economic bargaining (International Encyclopedia of the Social Sciences. 2008). Marginalisation in this regard relates to economic success, empowerment of young girls to take control in decision making with issues affecting their lifeworld and the accessibility of health care facilities.

Abortions and adolescent birth rates in Europe are key variables indicating which family-oriented planning programmes should be designed in order to meet the needs of people. Further, these also articulate the issue of unmet needs in terms of adolescent contraception. Strategies to improve the use of effective contraceptive forms consist of comprehensive sexuality education programmes in local schools, communities, promoting open discussions on sexuality issues such as in educational campaigns and the mass media, but also safe abortion legislation, equal and easy accessibility contraception, youth-friendly services and education (Albreht et al. 2006).

In this respect, the World Health Organisation (WHO 2005:1) states that:

"Children are our investment in tomorrow's society. Their health and the way in which we nurture them through adolescence into adulthood will affect the prosperity and stability of countries in the European region over the coming decades".

The above quotation clearly underlines the fact that a healthy lifestyle from prenatal life through to adolescence serves as a resource for good economic and social development.

The Slovenian health reform of 1992 identified the following five main goals:

- co-payment for several health care services;
- the emergence of social health insurance;
- the introduction of private health care practice; and
- the handing over of governmental responsibility for planning and central functions to municipalities and professional associations and introducing licence and re-certification for health professionals (Albreht and Klazinga 2009).

Research indicates that it is the responsibility of Slovenian citizens and inhabitants, employers and the state to actively contribute to the payment of health care costs through a Care Health Insurance scheme based on social health insurance principles. The health insurance and health care system is a public, non-profit service which is compulsory according to the legislation and covers the whole population. Health service programmes at all levels are determined through negotiation processes among partners that are equally represented (Leskošek 2012). Based on this information, it is clear that the availability of health insurance and the health care system is very significant in promoting a healthy lifestyle among teenagers and the population at large.

3. 3. 1 Gender Impacts on Adolescents' Health with a Focus on Safe Motherhood and Safe Abortion

The health of a teenager and their sexual activity are impacted by the adolescent's environmental socio-economic status, cultural and religious beliefs, accessibility to education, gender as well as ethnic background. The gender perspective plays a crucial role in shaping an adolescent's view on sexuality and, in turn, affects their sexual behaviour, accessibility to information and services, attitudes to risk-taking. Both reproductive health needs and reproductive health status are also influenced by the gender perspective (Joshi 2005; WHO 2007).

The usage of teenage contraception and its prevalence differs across Europe. Adolescent pregnancy has declined over the past 20 years in Europe. The reduction of these teenage pregnancies is associated with a combination of variables such as higher education levels that are on the increase, the accessibility of contraception, an improvement in knowledge, freedom from the pressure of childbearing and early marriage and the sexuality education lessons introduced in school (Haldre et al. 2005; Singh and Darroch 2000). Slovenia is one of the European countries with moderate rates (40–69) of teenage pregnancy. Interestingly, more teenagers opted to terminate their pregnancy than for delivery in the Russian Federation, Sweden, Denmark, Finland, France, Estonia, the Netherlands, Norway, Iceland and Slovenia (Avery and Lazdane 2008).

In a study conducted by Pinter and Tomori (2000), about 60 percent of students who were sexually active often used condoms and less often the pill (14%). Approximately one-fifth (19%) of the students had used no method at all, and only a few used *coitus interruptus* (4%) or other methods (3%). The condom was regarded as the most important method of contraception. The research shows a different rate of contraceptive use among sexually active adolescents from other countries.[6] Slovenia was rated amongst the highest in condom usage, which is even higher than in Finland, at 50 percent. About 19 percent of teenagers in Slovenia were found to not use any contraception which is comparable to the rates in other European countries. Slovenia began to experience positive changes in teenage reproductive health in the 1980s, resulting in a significant drop in the pregnancy

[6] Denmark had 64% of teenage girls; the Netherlands 56%; Belgium 61%; the UK 43%, Germany 40%; Greece 40%; Hungary 35%; Finland 32%; France 17% and Italy with just 8%.

rate. According to a European Union Health Report (2011), Slovenia is in the middle with regard to the rate of teenage pregnancies that end in abortion (the majority of adolescents opt for abortion and 43 percent choose to have a child) when compared to other European countries. The country has a general population of 2,061,403 (www.stat.si/eng/). Statistics from 2010 show that the abortion ratio among teenagers represented about 7 percent of the total number of all abortions in that year. In addition, regions like Pomurska and Podravska are seen as taking the lead in high abortion rates (Albreht and Klazinga 2009; Zdrastveni statistični letopis 2010). Poor accessibility to abortion services in some rural areas in Slovenia with regard to gynaecologists is mentioned as a serious problem in Antolič's study (2005), although the state has been the main provider of abortion services and main co-ordinator of the health sector in general (Seamark 2004). One regional service provider in Slovenia indicated that some teenage abortion cases are not officially reported by family members since family members prefer not to disclose such incidences.[7] Based on this, it appears that the current statistics on abortion may be misleading. Further, it may be difficult for teenagers to have legal abortions especially in situations where patriarchy is still dominating in terms of the religious norms, socio-cultural and historical background. This is a challenge for the affected structures to come up with intervention strategies that can be implemented to challenge some features of patriarchal societies in order to make services accessible through comprehensive information with regard to the prevention methods as well as support services.

Effective strategies for improving the use of forms of contraception include comprehensive [8] sexuality education programmes in local communities, schools, the promotion of open discussions about sexuality in the mass media, education along with legislation that deals with equal access to contraceptives, education, safe abortion and youth-friendly services (Pinter and Tomori 2000).

The popularity of condom usage and the AIDS prevention programme may be regarded as the main factors contributing to the decline in pregnancy rates. Even though half of reproductive health issues pertain to teenagers in Slovenia, it appears that there is still a need for holistic, strategic, educational and comprehensive services from a network of

[7]Interview with Alenka Hafner, GP (specialist in social medicine) working at the Institute for Public Health in Kranj (2 April 2013).

[8]Comprehensive sexuality education is sex education that includes topics such as contraception, sexually transmitted diseases, HIV/AIDS and disease-prevention methods as well as the benefits of abstinence.

service providers to reduce the rate of teenage pregnancies that end up with abortion (Sales et al. 2009). Research conducted in Slovenia on the consequences of teenage pregnancies revealed the following issues:

- Participants did not receive enough assistance for social and financial help; they experienced social and health complications during the pregnancy; they had feelings of denial as they could not figure out exactly how they had become pregnant and still could not accept their status as teenage mothers (one participant never thought she would fall pregnant because she had considered herself too young at the age of 15); the participants also revealed that, although they had received information on sex education and sexuality education, it was not done on a sufficiently regular basis to enable them to understand various important issues that need to be considered in order to have options in life; they were disappointed as their partners had left them on their own and were very lonely as such; they had lost contact with their schoolmates; those who had married under the pressure of being a teenage mother could not last in their marriage as they later divorced each other (Mezeg 2013). Based on this, it appears that the services currently in place are still not meeting the needs of these teenagers. Therefore, it may be important for professionals and scholars to evaluate the existing services and programmes in order to identify gaps that need to be filled.

- Research programmes (Šinkovec et al. 2010; Pinter and Grebenc 2010) conducted in Slovenia pointed to a significant percentage of pupils who were sexually active with little information about protective measures and sexually transmitted infections given at secondary schools (39% of pupils in second grade and 48% of pupils in final classes). Further, a significant share of adolescents did not use any protection in their first sexual intercourse, as well as those who became pregnant (Rajgelj 2005). It thus appears that the protective health measures now in place need to be scientifically revised for efficiency reasons. In other words, there is a need to review intervention services that are comprehensive in order to reduce the rate of teenage pregnancies that end up with abortion. Further, the current services warrant clear scrutiny based on existing environmental variables such as the socio-

economic, religious and cultural background of these adolescents and how some of these variables can be dealt with in the transformation process.

Good practices and scientific evidence help in identifying programmes that are beneficial and effective, such as teenage contraceptive services and sexuality education in school (Kirby et al. 1994). Educational awareness-raising campaigns on safe sexual behaviour appear to be operating, although sexual education is not part of the school curriculum in Slovenia (Mezeg 2013). A survey conducted in a medical high school indicated that the majority of teachers avoid topics that relate to sexuality and further that teachers are not putting a lot of effort into sexually educating youth (Giami et al. in Mezeg 2013). Approximately 60 percent of sexually active 15-year-olds had used a condom in their last intercourse in Central, Western and Eastern Europe (Godeau et al. 2008). The results indicate an improvement in the manner of utilising contraceptives, although the situation is not applicable to all countries especially in rural areas where people still adhere to their beliefs, norms and values in terms of a person's sexual orientation.

Qualitative research indicates that young Slovenians plan their parenthood with hesitation and care due to issues such as unavailable housing, uncertain labour conditions, the need for a comfortable life, self-realisation and obtaining a new gender balance (Manuela du Bois-Reymond 2008). The delaying of early parenthood is linked with low rates of teenage pregnancies, even though not all Slovenian teenagers appear to succeed in delaying parenthood due to some of the current intervention services that do not address in detail the impasse of teenage pregnancies and its implications as reflected in some studies (Mezeg 2013). It appears as if the current school policies need to be revised and amended based on the experiences of these teenage mothers. The socio-economic-cultural context in which they live also has to be assessed.

3. 3. 2 Accessibility of Services

Primary reproductive health care is extremely important in Slovenia because of the active approach to protecting the reproductive health of women. The main goals of reproductive health prevention programmes which take place at the primary level are to lower the risk of diseases related to reproduction, prevent unwanted and unplanned pregnancies, detect

disease, identify proper measures to put in place in terms of the promotion of reproductive health and reproductive rights, protect primary reproductive health, ensure counselling regarding contraception and the promotion of family planning, curing sexually transmitted disease infections, healing, treating and uncovering diseases which could lead to infertility, curing and treating pregnant women, the early detection of uterus and breast cancer as well as proceedings in peri-menopause and probably before and post menopause. Primary health care is very important from an economic point of view as diseases are detected at their earliest signs and treated in their earliest stage and this helps lower medical treatment costs. Despite the fact that, according to data from the Institution of Health Assurance (ZZZS), as well as data from a telephone poll in all statistical regions of Slovenia, gynaecologists are still obliged to take new patients and the accessibility of the Primary Reproductive Health Care in the local environment is still poor in certain areas in Slovenia (Antolič 2005). This discourse has a negative effect on young girls coming to see a gynaecologist for the first time. In other words, they are not well oriented within the health system and as such experience several stumbling blocks when they seek to access medical health care. There is a need for these young girls to have health care that is accessible and flexible in terms of proximity (availability of public transport) and time.

It is clear from the above that the current medical system is in fact benefitting most teenagers and teenage mothers as almost everybody is insured and this practice promotes the health standard of these teenagers, teenage mothers and their children. However, it also seems that some Slovenian teenagers are left out of the existing system of provision and support as far as their reproductive health is concerned.

3. 4 Conclusion

Teenage pregnancy and teenage parenting are both challenging experiences for teenagers in the two countries, especially in South Africa. The article reveals the following issues in South Africa: inequities in terms of gender power that usually contribute to women's vulnerability in teenage pregnancy and unprotected sex; a lack of proper interventions in teenage pregnancy and psycho-social support for teenage mothers and the failure to incorporate intersectionality in terms of gender. In addition, men and boys are often not taught the responsibility of helping women and these teenage mothers in terms of

childrearing and financial support. Professionals, service providers and nurses are playing a significant role in the lifeworld of these teenagers, although most of these current services and programmes are not strategised in line with the teenagers' lifeworld, especially when we take their historical, social, economic and cultural background into account. For instance, some teenagers are not receiving comprehensive information in terms of emergency contraception, abortion and reproductive health in general. Some people in South Africa are living without insurance, and such practices will pose a threat to their health. Based on these problems, it is therefore suggested that the current services and programmes should incorporate the clients' views, namely those of the teenagers. Policies could be designed in such a way that teenagers, pregnant teenagers, teenage mothers and women will be protected concerning the issue of inequity in gender power to avoid putting them at risk. Men and teenage boys could attend workshops including their culture on how to provide social and economic support to women, pregnant teenagers as well as teenage mothers. Different service providers and professionals could work as a multidisciplinary team to strategise the implementation of effective services relating to reproductive health and the use of contraception in areas which are still disadvantaged so as to help these teenagers have alternative options for their future. The government could work together with the people to redesign an affordable health system which could be utilised by people with a poor economic background, to promote a protective healthy lifestyle.

On the other hand, Slovenia has moderate rates of teenage pregnancy, although more teenagers are opting to terminate a pregnancy than carry a pregnancy to term. The intervention strategies that are in place are very good although they are still lagging behind in certain regions as teenage mothers still need help in terms of social and financial matters as well as denial feelings about their situation (Mezeg 2013). Although condom use is relatively widespread among teenagers in Slovenia, some research shows that there are teenagers who do not use any contraceptive method at all. Such situations may put teenagers at risk in terms of infectious diseases and teenage pregnancy (Avery and Lazdane 2008).

Based on these issues, it is possible to offer a number of suggestions. First, comprehensive services that incorporate teenagers' own views and experiences may be rolled out to areas that are still disadvantaged. Pregnant teenagers and teenage mothers who are unable to accept their position as pregnant teenagers and teenage mothers could receive proper

counselling from a network of social workers, gynaecologists, nurses as well as moral support from family members. Current policies could be redesigned and implemented in accordance with the historical, social, economic and cultural backgrounds of these teenagers. Services may be gender-sensitive in terms of promoting equity on the issue of gender power to avoid women's vulnerability, particularly in rural areas. Teenagers may be informed on a regular basis about prevention programmes in order to have alternative options for success and growth and to avoid risky situations such as teenage pregnancy and contracting infectious diseases. Policymakers, advocacy groups and professionals may utilise scientific evidence to evaluate the existing services and programmes so as to identify gaps that need to be filled to improve the intervention practice. The relevant structures dealing with intervention strategies on teenage pregnancy and teenage matters could coordinate and collaborate in efforts to design intervention strategies that are psychosocial to deal with teenagers' problems as reflected in the teenage mothers' views in the Mezeg study (2013).

Finally, both Slovenia and South Africa have intervention systems that are helping teenagers, yet there are some gaps which need to be filled in taking account of the holistic view of teenagers as well as their socio-economic and cultural background. The Limpopo Province is big and therefore may require additional staff for institutions that deal with teenage matters to render effective services and to avoid staff shortages. The coordination of services with NGOs and other sectors dealing with the prevention of teenage pregnancy and support for teenage mothers will create positive options for the future of teenagers. Slovenia, in contrast, is a small country with a good health system that may still need professionals and service providers to restructure it in line with the perspectives of teenagers.

CHAPTER FOUR

The Experiences of Teenage Mothers

4. 1 Introduction

The central aim of this chapter is to present the experiences of teenage mothers in relation to health, socio-economic, cultural, religious, educational, policy and gender issues, as well as poverty. The chapter will look at how these factors are interrelated in the lifeworld of teenage mothers as explained by scholars and teenage mothers.

It seems important to prevent teenage pregnancy rather than trying to deal with it after it occurs due to the challenges that teenage mothers' experience. Most experts postulate that it is good to help teenagers avoid early childbearing through capacity-building and motivation. As Rhodes (1993) states, the situation is also controversial as the main problem of teenage pregnancy originates from misunderstandings about the nature of the problem. His argument is based on whether teenage pregnancy results from fertility, morality or poverty. However, the problem of teenage pregnancy and teenage motherhood appears to encapsulate numerous interrelated variables.

4. 2 Subjective Experiences of Teenage Mothers

Teenage mothers experience challenges in terms of child-rearing, and such challenges are usually influenced by the developmental stages they encounter as adolescents and the availability of support networks. They also have to satisfy their needs as well as the needs of their children, which is critical as it is not easy to accomplish, especially if there is insufficient financial support (Gyesaw 2013). Wilkinson and Pickett (2010) indicate that teenage motherhood is often associated with an intergenerational cycle of deprivation[9]. A study in South Africa and Slovenia also reported similar findings pertaining to the problem of teenage pregnancy (Dlamini, in Gyesaw 2002; Mezeg 2013). Research findings indicate

[9] The process of passing poverty from one generation to another. In other words, the cycle of poverty remains a continuous process across generations.

that teenage mothers who have primary social network supports are able to deal with parenting challenges with great confidence, have promising futures and show fewer signs of depression (Van den Berg 2012). A question arises as to whether it is the environmental and cultural atmosphere that contributes to teenage pregnancy or whether teenagers are controlling the cultural environment.

Teenage childbearing and teenage pregnancies are unique imbalance problems that have an influence on the development of individual identities. The poststructuralist feminist perspective regards subjectivity »as ways of being an individual or personal identity« (Weedon, in Capper 1993). Putting the teenage mother within this context, it appears that it would be important to view her not as a collective but as an individual from a unique background in a particular social environment. In other words, teenage mothers may not be treated the same as they are different even though they experience the same situation, as stated in the literature discussed below.

The current approach dealing with teenage pregnancy is to focus on the teenager 'activity' or behaviour of the teenager. The emphasis here is to focus on what is happening within the life sphere of these teenagers rather than the stages of adolescence. From a sociological point of view, Habermas (1990) emphasises open communication between the systemworld and the lifeworld. When the issue of open communication is placed within the notion of teenagers and teenage motherhood, it may be important for the system (professionals and authorities) to know what is happening in teenagers' world and society through open communication in order to implement proper interventions to avoid negative consequences that may retard the progress of these teenage mothers. Such interventions may only benefit teenagers and teenage mothers by providing a clear understanding of the results of engaging in risky practices if there is open communication. From the social work perspective, society may be responsible for assisting adolescents as social actors in a social environment that will help them understand and accept their sexuality responsibly (CWLA 1998). Based on this, the literature still leaves us with unanswered questions about teenagers who are vulnerable concerning which proper practical policy measures can be applied to protect these teenagers, particularly in countries where the law is not teenager-friendly in terms of handling cases of rape and abuse. Research conducted by the Limpopo Department of Social Development (2011, 29) in the Vhembe district of Limpopo (South Africa) points to teenage mothers who did not have knowledge of sexual crime and also

indicates that the law is not protective in certain rural areas. Some teenage mothers were reported as ignorant and were not willing to agree that having sex with a person below 16 years of age is rape. Teenagers participating in the research commented:

''Love has no age....''. (Teenage mother)

''There is no law enforcement about sex under the age of 16...'' (Teenage mother)

''If some can be arrested they (students) will see that it is a criminal offence..''. (Teenage mother)

It is clear from what these teenagers are saying that some of them do not see a problem in age difference when having relationships with partners, especially as the law sometimes fails to apply practical protective measures to teenagers regarding such matters. Based on these comments, it appears there is a need for practical implementation of the law to protect teenagers who are at risk.

4. 3 Sexual Health and Parental Communication

Sexual health and sexual risk-taking are connected to sexual communication and aspects of life. The family serves as the fundamental foundation influencing proper behaviour in this regard. Parents who are open and honest with their children in discussions about sex create a basic platform for their children that can later be transferred to the next generation when their children are adults. Thus, open, positive and regular communication about sex is associated with the postponement of sex activity, fewer partners and greater use of contraceptives (Blake et al. 2001), although some teenagers tend to explore sexual matters despite the fact they are informed. The issue of open communication in this regard can be linked with Habermas' notion of communication between the lifeworld and the systemworld, which still leaves a gap in the way in which the two systems interact. In a study conducted by Mezeg in Slovenia (2013, 32), one participant remarked:

''My mother and I had a very open relationship. She explained very nicely and everything about sexual maturation – but, when it actually came to it, I could not tell her that things are moving on. When we finally came to this topic it was already too late because I got pregnant after a month of unprotected sex.'' (Teenage mother)

The above quotation is also validated by a study conducted in Slovenia by Rajgelj (2005, 62), in which one teenage mother commented:

"My mom explained to me everything, to eat pills. She told me everything". (Teenage mother)

Some teenage mothers in the same study conducted in Slovenia by Rajgelj (2005) reflect a lack of knowledge on issues of sexuality as one teenage mother indicated that she had not received an education on such matters and, further, that she had received no educational talks at home on sexuality issues.

In a study conducted by Gyesaw in Ghana (2013, 776), some participants indicated that they were accountable for what had happened to them, the reason being that they knew that if they engaged in a sexual relationship without measures for prevention they would fall pregnant. They felt that the adolescent stage had also contributed as they wanted to take control themselves and took in little of their parents' advice. Despite their parents' contribution in terms of social and financial support, they became stubborn, as one remarked:

"I was very stubborn. I had no financial problems. I created that problem. I could have turned down the boy's proposal, but I did not. He became my boyfriend and made me pregnant." (Teenage mother)

Teenagers who have close relationships with their parents are more likely to avoid risky sexual behaviour even if they do not engage in sexual talks (Fisher 1988). Although proper communication among teenagers and parents in this regard may serve as a good strategy for teenagers to feel free to discuss important life issues in order to avoid risky situations, it appears that there are some factors that contribute to putting these teenagers at risk. For instance, teenagers fell pregnant despite the fact that some parents had discussed issues of sexuality with their teenagers, as reported by respondents. Further, some of these teenagers were not comfortable discussing sexual matters with their parents. Such situations may contribute to teenagers remaining in their own world, which is a risky world that may need further scientific explorations as to why the situation is like that and which proper intervention measures may be applied to close the gap in order to assist these teenagers.

4. 4 Society and Culture on Gender Roles, Norms and Sexuality

People's meanings and actions are shaped by exposure to cultural patterns and expectations, institutions and organisations. Cultural and societal variables can improve and empower teenagers through their perceptions of and beliefs surrounding sexual behaviour (Brindis et al. 2005). In other words, cultural resources, job training and access to education are understood as the main measures to reduce risk factors at the socio-cultural level. Although such variables can be effective in shaping teenagers' life perspectives, the community, professionals and service providers may provide an effective service if they are trained to give guidance to these teenagers on a par with the transformation processes that are occurring in various communities.

From the feminist viewpoint, gender roles derive from social pressures and social norms. People learn gender roles through learning situations in a particular social environment (Durkin 1995). Parents, educators, the media and peers convey messages about women's role in society. Such messages teach women to care for the wellbeing of others at an early age and further to be nurturers. The moment a teenager becomes pregnant and gives birth, she is expected to assume responsibility as a primary care-giver, and has a role to fulfil in instilling the dominant ideas of society into the child so as to later be a responsible, mature citizen (Phoenix and Woolett in Chohan 2010).

Expressed differently, certain kinds of gender expectations and gender roles may have an influence on the manner in which women and men behave, especially in terms of sexual behaviour and attitudes. Women in general are not expected to take the lead in communal roles and this makes them dependent and submissive. Further, women are expected to be selfless and relationship-oriented. Men are expected to be dominant, independent, assertive, and also to take leadership roles (Cejka and Eagly 1999; Glick 1991). Such expectations usually contribute to the way in which men and women behave in public and private situations (Wood et al. 1997; Eagly et al. 2000). However, countries and areas differ when it comes to exercising patriarchy. In most instances, the culture of the people may have an influence, particularly in rural environments where women's views are still not heard and women are also not given the latitude to exercise control over relationship matters. In a study conducted by Lekganyane (2003) on resources for school-going teenage mothers, most respondents indicated that their parents were autocratic, and as children they

had been forced to adhere to norms and values without any open discussion of sexual matters due to taboos. In addition, a study conducted by the Limpopo Provincial government in the Mopani district of South Africa (2011, 92–93) quotes a teenage mother who commented:

"...You can't go to the king/traditional leader and ask issues on sex, you will be persecuted and your family could be banished from the village. They are not approachable and it is forbidden to talk about sex with elders in our culture. They will assume you don't want information you want to know the truth and go explore...." (Teenage mother)

"The issue of sex needs people like you guys to teach us [rather] than teachers because it is not easy to ask an old person. We don't want older people to talk to us since we will be just listening to them and not ask questions...." (Teenage mother)

Based on these teenagers' remarks, it appears that not every community permits open communication on sexuality due to different environmental cultural practices that are still patriarchal in certain communities. Such situations leave us with unanswered questions as to how the family, the society and the system can be trained on a par with their culture to move along with the transformation process in terms of acquiring knowledge as well as disseminating it to the lifeworld of these teenagers.

4. 5 Knowledge of Reproductive Health

Poverty, early school dropout, and a lack of education negatively impact on the future of these teenage mothers (Limpopo Provincial Government 2011). Although such multiple factors play a negative role in retarding the life prospects of these teenagers, the lack of proper services regarding safe sex also contributes to teenage pregnancy and teenage motherhood, as one respondent reported in a study conducted in the Limpopo Province (Limpopo Provincial Government 2011).

Adequate knowledge regarding reproductive issues, skills in negotiating safe sex, resources to access quality contraception and empowerment are essential ingredients for preventing teenage pregnancy. Such a lack of services may lead to poor health amongst teenagers who do not have access to sufficient quantitative and qualitative services (Vaccarino et al., in

Mooney et al. 2011). The more teenagers are given proper lessons in assertiveness, clear information pertaining to physical changes in their bodies and relevant protective measures on contraception, the more they will experience an unhealthy lifestyle. A study on teenage mothers conducted by Maputle (2006) reveals that teenage mothers displayed a lack of information about physiological changes; one participant indicated that she did not know that skipping menstruation is a sign of pregnancy. One study conducted by Gyesaw in Ghana (2013, 776) reflects on teenage mothers in a discussion group who had no information about the effects of experimentation and exploration of sex without knowledge of the consequences of their conduct, as they remarked:

"*We were both young and had just started a relationship; we did not know anything. We were experimenting, which resulted in the pregnancy".* (16 years old)

In a study conducted in Slovenia by Rajgelj (2005, 58), one teenage mother also commented:

"At first, association at my pregnancy how I take it.. It was a shock. First like first I have to admit. I was so uneducated. Eeh ... we didn't talk at home, about that.. And I became pregnant very first, and this first impression. I think how this is possible and then goes on. I think I just saw. Is something just like that.. it was very hard. It was just one trauma. Like you just jump over one period…Practically you are just a youngster like a child. And you have to turn into an adult overnight. But you feel yourself different. Sometimes it was kind of hard. There came a moment when you ask yourself 'why not later?'". (Teenage mother)

Another teenager in the same study conducted by Rajgelj in Slovenia (2005, 69) commented:

"No, this insert which one they insert on you, I didn't go to do that. I was postponing and postponing for pills. There is just no gynaecologist (OB) but my friend recommended that I should not eat; it's not good because some say when you come to menopause you can get sick with some disease. Then I get so scared that I preferred not to eat it". (Teenage mother)

It can be determined from these verbatim quotations that some teenage mothers did not have any knowledge of reproductive and sexuality issues. Some relied on the information they had received from their peers, which contributed to them experimenting with risky

situations that traumatically changed their life situations. Although a lack of knowledge about reproduction contributed to some of these teenagers falling pregnant, poverty also appears to have an influence by way of exacerbating the situation. Such incidences also leave us with unanswered questions about the quality, quantity and accessibility of services and programmes that exist in teenagers' environment in order to expand teenagers' knowledge to help them avoid exploring risky situations.

Research indicates that teenagers who are seriously committed to school are less likely to fall pregnant than their friends who are less committed to their school activities. At the same time, teenagers may experience learning problems within the school environment although the situation is not applicable to every teenager because some teachers are very helpful, as reported by teenage mothers in some studies (Mezeg 2013). In his study, Adams (2012) found that teenage mothers who had returned to school after giving birth experienced stigmatisation from their teachers and peers. In a study conducted by Chigona and Chetty (2008, 70) in South Africa, one teenager remarked:

"...because my baby is crying all the time she doesn't want to go to anybody, I don't have time to do my homework, teachers are nagging. I come to school the next morning sleepy ... I wake up at night because she is crying continuously, teachers are nagging all the time in class, sometimes you feel like you have all the world on your shoulders". (Teenage mother)

Such teenagers also experienced sociological challenges with regard to important household materials, moneywise, and social support from friends and family. Studies indicate that a smaller percentage (one-quarter to two-thirds) of fathers assume responsibilities for their children for a period of two to three years, and less than one-third assist with financial support (Fagot et al., in Moore and Rosenthal 2006, 213). In certain situations, teenagers are rejected by their peers and they are also deserted by the boyfriends who impregnated them. Although the government or state also assists these teenagers financially, the grant appears to be insufficient to meet their basic needs. Such situations are also confirmed by studies conducted in Slovenia (Mezeg 2013, 46–49), where teenage mothers remarked:

"*For young mothers in our country it's very poorly taking care of my son who is now 14 months old, and I receive a child benefit and a scholarship. With this money, I have to*

survive through the month, which is sometimes very hard, even though I am a student, the kindergarten is not free. I would like to work (as a student) but I do not have a childminder and my husband does not want to babysit or take care of him. I really take care of every euro". (Teenage mother)

"No, I think way too less. At the time, I would not survive through the month without my mother's help. With the money that I got, I would not have been able to survive. I think the state should do a lot more for young mothers." (Teenage mother)

The study conducted in South Africa by the Limpopo Department of Social Development (2011, 58) also reports similar findings, with teenage mothers there remarking:

"...Many people think that we misuse the social support grant buying ourselves fancy clothes, we have kids who go to a crèche, they use transport and we have to pay that transport every month and we expect increment sometime soon...". (Teenage mother)

"My relationship with the father of my child pretty much ended when I told him I was going to have a baby. He never really came around to the idea of being a dad. He's stayed out of the picture and since we aren't really on good terms I think it's best that way. Right now, I don't want to think about it." (15-year-old teenager)

The study Rajgelj conducted in Slovenia (2005, 67) shows a lack of responsibility among teenage fathers in offering moral support, as one teenage mother commented:

"At first, he couldn't believe that, he couldn't, he couldn't believe. And then we went to hospital to prove that I am going to have an abortion. And then I didn't because I had a strong infection in my vaginal canal. And then he did not believe me. He left me when I was 3 months pregnant. He said I am not going to destroy his whole life." (Teenage mother)

We can see from these quotations that teenage mothers are in a stressful situation since in most cases their partners break off the relationship, which leads to an overwhelming situation because the mothers are expected to carry the burden of child-rearing alone.

Teenage mothers are further pressurised to negotiate their dual identities as students and mothers, a situation that is more demanding, as one teenage mother commented in the Immergut parent magazine (www.parents.com):

"It was Friday morning, first period, and I was in my science class, just like a typical kid in a typical high-school science room. I'm sure you can picture it ... the little plants sprouting in Styrofoam cups, the usual charts and posters on the walls, the teacher asking us as if we had done our homework. Just a normal moment in the life of a teenager. But then the loudspeaker on the wall squawked: Jamie Rush, report to the nursery! It was another reminder that no, I wasn't a normal high-school kid. I was a teenage mom attending an alternative school with built in day care. I excused myself from class and hurried to the nursery where the attendant met me at the door. 'You forgot to leave your son's diapers!' she told me, scowling, I confessed that I had left them at home and I asked I could borrow a few from someone else. She said okay, but then she shook her head at me as if to say 'Careless kids'". (Jamie Rush)

It is clear from these quotations that these teenage mothers experienced pressure to perform the concurrent dual responsibilities of being a students and a teenage mother in an environment that is not teenager-friendly. Such situations appear to be challenging for them, especially if the teenage father is not taking social and financial responsibility. There is a dearth of literature on parenting roles performed by teenage fathers. Child-rearing responsibility usually rest in the hands of the teenage mother's parents and families. Such practices are usually stressful, as reported by some teenage mothers and parents. They are linked to the issue of gender in different cultures. It is also clear from the teenage mothers' comments that money remains a major problem for meeting their basic needs, in spite of receiving assistance from the government or the state. Such situations pose a serious challenge to institutions that deal with teenagers to strategise integrated prevention measures to deal with the problem of teenage pregnancies and support for teenage mothers. Habermas (1987) regards the system to have power if it controls the lives of people in terms of resources. Teenagers and teenage mothers can be assisted in this regard by the state or the government through existing resources to become educated and trained in order to ensure a better future, as well as to secure employment.

Teenage mothers also experienced psychological and emotional distress, depression and shame. In addition, as cited in Pietrowski (2006), Whitehead states that teenage mothers who are highly stigmatised may have poor social interactions and more depressive symptoms. The more educated teenagers are, the less the rate of teenage pregnancy will be (Slowinski 2001; South African Demographic and Health Survey 2008). It is clear from

scientific evidence that stressful situations may retard the progress of teenage mothers, particularly if there is a lack of support from relevant structures such as the family and institutions. Such situations may need effective intervening prevention services and programmes that will be rolled out to disadvantaged areas by a unified team of various professionals that include families and teenagers. Further, such services and programmes may yield positive results if teenagers' life stories are always taken into consideration by the systemworld in order to improve teenagers' lifeworld. Such an improvement can only be achieved with open communication, as observed by Habermas in his theory of the lifeworld and the systemworld.

4. 6 The Use of Media, the Internet and Television in Relation to Teenage Pregnancy and Teenage Motherhood

Slovenian youth receive a lot of information, although they do not know how to use it effectively (Hoyer 1997, 8). Studies confirm that children receive knowledge through television and different newspapers and it becomes hard for parents to manage and control the quality and quantity of information that is received by children (Podkriznik, in Mezeg 2013). Teenagers also spend a lot of time interacting with the media, especially through movies, videos, the Internet and mostly television (Roberts et al., in Moore and Rosenthal 2006, 114). The study conducted in South Africa (Limpopo Provincial Government 2011) indicates that the Internet was rarely used as a source of information in a few rural areas, with radio and TV being popular in the Capricorn and Vhembhe districts of the Limpopo Province, as teenage mothers commented:

"...because we love sex, we wait till 12 midnight and watch pornographic movies, copying styles and screaming like they do. We do the way we see on TV and they don't use condoms, they show how you take out the sperm from inside the vagina". (Teenage mother)

"...I thought it was painful when people scream during sex on pornography, then I tried and fell pregnant, those people were feeling good and enjoying sex."

A study conducted by Šribar (2008) on sexuality and the effect of pornographic sexuality on youth presents the accessibility of pornographic content, which has recently become available through mobile photos and Internet webpages. Young people are vulnerable, particularly if such sites are visited under the influence of substance abuse as this may incline their minds to experiment with risky behaviour. It seems as if unrestricted exposure to technology may harm the developmental stages of children if parents do not exercise proper control.

From the above information, it appears that parents do have lots of discussions on sexual matters with their teenagers as teenagers spend a lot of time interacting with the Internet and TV, especially in urban areas where technology is highly advanced. A question arises as to how valuable the use of mobile phones, the Internet and TV is for these teenagers and to what extent parents are supervising their teenagers in their use of such technology?

4. 7 Culture in Relation to Abortion

Legislation on abortion varies dramatically around the world. Abortion is viewed in different ways by teenagers, teenage mothers, teenage fathers, the family and society due to the influence of culture. Although some teenagers prefer to use abortion to deal with an unwanted pregnancy, about half of them carry the pregnancy to term (Guttmacher Institute 2006). A teenage mother reported that having an abortion is not a right option for teenagers as the situation may later have a negative effect in that the person may be unable to conceive. She further indicated that it would be better if the pregnancy goes to term (Mills, in Richter 2005). Abortion in this regard is viewed by some teenagers in a positive way whereas others view it negatively; teenagers in a study conducted by Weston, as cited in Moore and Rosenthal (2006, 205) and in the study conducted by the Limpopo Department of Social Development in South Africa (2011, 90) respectively remarked:

‘’Six weeks ago I found I was pregnant (my boyfriend and I) spent the next day crying together. I decided the only thing I could do was have an abortion. Ray was totally against the abortion. He said I was being selfish. Then he gave me a choice, me, him and the baby or just me. After a million tears, I chose just me ... he paid for half the abortion... . He also said he didn't love me anymore, would never forgive me and that we had no future

together. I was so hurt I wanted to die. I trusted him and couldn't believe he turned on me....We're back together now, but I feel so guilty for having the abortion.... Everytime I see a baby I cry. '' (Teenage mother)

''...we are afraid to go to the clinic when someone you know or [who] knows your parents we think they might tell our parents that we did abortion or we are doing family planning and we are forced to keep the pregnancy...'' (Teenage mother)

''Sometimes we go to clinic to enquire whether am pregnant or not but the nurses won't treat us well so we feel going there won't save any purpose; it is better to keep the pregnancy than being bullied by people who don't want to do their job or to say no prevention pills.'' (Teenage mother)

A study conducted by Ralgelj (2005, 67) indicated that one teenage mother was not certain whether abortion refers to the killing of a living being. Another participant decided to take the pregnancy to term because she had read an article in a magazine (Opnisna – a Catholic magazine) that abortion is the murder of a helpless being. Late reporting of pregnancy was also reported as another factor contributing to some teenagers not committing abortion, as remarked by another participant in Ralgelj's (2005) study. Due to the influence of religion, abortion was regarded as an evil act before socialism came into play in Slovenia. A study conducted by Dešman (2005, 38) on religion in sexuality in relation to abortion reported students as saying:

'' I approve abortion but only if the circumstances are catastrophical.''(Vesna, Christian)

''Abortion is a smart solution if the child is unwanted.'' (Jasmina, Catholic)

'' In family is not a topic we discuss about.'' (Selma, Muslim)

'' They are not a taboo, but abortion is forbidden in our religion.'' (Sabina, Muslim)

In contrast, a study on abortion conducted by Bartol (1994) shows that the majority of students did not have negative perceptions of abortion. Some were completely supportive of it and even regarded it as a means of controlling the birth rate. Abortion was also regarded by women in the same study as a female's right to make her own choice.

From the above quotations (all of which are presented verbatim) it appears that the cultural and environmental influence and inaccessibility of services have an impact on the decision of some of teenagers to carry the pregnancy to term, even though they are not inclined to do so. It is also clear from the quotations that the parents of some of these teenagers still have a strong enough influence to induce these teenagers to not have an abortion because of their customs. Although the culture and some parents have a negative influence on the issue of abortion, the transformation process has also changed people's view of abortion in a positive way. Counselling appears to be another service area that is lacking as in a study conducted in South Africa by Chigona and Chetty (2008) the mothers of some teenagers reported that nobody had offered counselling to them. The findings that they do not have professional counselling services in the school's vicinity were also validated by some teachers in the same study (Chigona and Chetty 2008). Such situations may pose a challenge to institutions that deal with the prevention of teenage pregnancy and support for teenage mothers to revise their services and programmes on the basis of the experiences of these teenagers, their parents and cultural influences in order to implement effective strategies.

4. 8 Parenting, Poverty and Social Aspects

On its own, parenting is a major challenge regardless of the circumstances and the age at which a person conceives. Teenage mothers experience multiple stumbling blocks pertaining to proper child-rearing, as indicated in Mezeg's study on the consequences of teenage pregnancy (2013) in Slovenia. Among such obstacles are the risk factors of low educational attainment, employment difficulties, and an increasingly bad economic situation, as well as high levels of mental disorder which include variables such as anxiety and depression (Boden et al. 2008). Such situations contribute to viewing pregnancy as a life event that is stressful (Garber et al. 2002). Pregnant teenagers are more likely to have experienced poverty, sexual abuse, academic challenges, and risks that contribute to economic and emotional distress (Limpopo Provincial Government, Republic of South Africa 2011; Coley and Chase Lansdale 1998; Moffat and the E-Risk Study Team 2002). The study conducted by Ralgelj (2005) also indicates that most parents of teenage mothers have low qualifications and receive a relatively low social income and social support in

some cases (in being employed, for instance, as a cleaning lady, factory worker, truck driver, housewife/farmer, or being unemployed mothers). The matter is also validated in a study conducted in South Africa by the Limpopo Department of Social Development (2011, 56). One parent who had become pregnant as a teenager remarked:

''Poverty does influence teenagers to fall pregnant; I fell pregnant at the age of 16 with a 32 years man. At home there was nothing then this guy was working in Johannesburg. You know people coming home once or twice a year you fall in love with them because they have money. I only slept with him once, it was Christmas time and he went back to Johannesburg I was pregnant, I needed money to buy food at home and clothes from him as he promised to buy me ...'' (Parent)

The study conducted in Slovenia by Rajgelj (2005, 62) also concurs with the above, as one teenage mother reported:

''On my side I think, on my side my parents like that very little, we are poor, I can say like that, I cannot say we are rich. We have enough money just to go buy a month''. (Teenage mother)

It appears from these quotations as if poverty has a measurable influence on the life sphere of these teenagers, but the literature still leaves us with unanswered questions about the key variables that contribute to teenage pregnancy and its effects as some of these teenagers come from a sound economic background.

A study on women conducted by Boden et al. (in Van den Berg 2012) indicates that 59 percent of women who became mothers at the age of 18 did not have educational qualifications, either a college diploma or high school certificate. Studies show that effective developmental maturity and material support can play an active role in reducing negative effects, although teenage motherhood is stressful (Lancaster and Kramer 2010).

Wahn and Nissen (2005, 529) postulate that adolescents are faced with parental responsibilities at a critical period when they are expected to deal with their own developmental tasks of seeking identity, sexual relationships, and sexual awareness. Although some teenage mothers may view early parenthood positively, as a good life experience, it may result in negative effects for teenage mothers and their offspring if they are not self-supportive. Such negative variables may include poverty, which is regarded as

a cause and also an effect of early childbearing (Kirby 2007). Two assumptions prevail in this discourse:

Communities that are poor, with high unemployment and a poor economic and social status present a high rate of teenage pregnancy. The second assumption is based on the fact that adolescent girls who become pregnant seldom complete school, and are not independent as they rely on their families for financial assistance. They have problems in accessing the workplace and this further perpetuates the cycle of poverty (Trends and Couder, in Chohan 2010). Most studies indicate that teenage mothers usually come from socio-economic backgrounds that are depressive (Bunting and MacAuley, cited in Pietrowski 2004). Parents of these teenage mothers furthermore experience economic setbacks in taking care of their own children, the teenage mother and her child, as reflected in a study conducted in South Africa by Chigona and Chetty (2008:73) in which one parent and teenage mother commented:

'' I look after the baby, when she has to go to school but sometimes when I have to go out to work then she has to take care of the baby herself... she has to stay home looking after her child. I don't have money to send the baby to a creche or to hire a baby sitter ... actually she is ... burdening me because I have three children to look after plus her baby ... but I don't have a husband, and her boyfriend denied being responsible for her pregnancy so he does not provide any support for the baby.'' (Parent of teenage mother)

''My mother said she can't stop going to work because of my baby. If she stopped then who would fend for the family as I have a younger brother and sister at home who she also need support.'' (Teenage mother)

It is true on the basis of what these participants are saying that low education, poverty and teenage pregnancy and a lack of support from relevant structures can retard teenagers' progress in attaining anticipated goals, especially if the teenager's economic background is not viable.

A study conducted by Lekganyane (2003) on resources for school-going teenage mothers found that most parents of teenage mothers were unemployed and those who were working received a meagre salary. They did not meet the basic needs of the family, including the teenage mother and her child.

Based on the existing scientific information, it appears that there is still a need for thorough assessments of effective prevention methods and the support services that are applied in practice to these teenagers as some of these teenage mothers also come from families with a good economic background.

4. 9 Education and Health

Early childbearing is linked to negative long-, medium- and short-term health and mental health (Betting et al. 1998). Teenage motherhood has a negative effect on the mental health of teenagers even though the duration could be short, medium or long. For instance, teenagers sometimes are afraid to attend clinic and hospital services to receive assistance with contraceptives and the results of such practices may be linked with the negative impact of teenage pregnancy. When Habermas' theory is placed in this context, it appears that the lack of open communication amongst teenagers, parents and the relevant institutions may have a negative impact on the future of these teenage mothers. Bearinger et al. (2007, 1226) indicate that adolescents may not seek help at health care facilities in order to avoid being stigmatised, chastised or punished for being involved in sexual activities. Some teenagers resort to illegal abortions because they receive bad treatment at clinics, as one teenager commented in a study conducted in South Africa by the Limpopo Department of Social Development (2011, 90):

''...if you go to clinic they swear at you and start insulting me and you can't go to the doctors or hospital without letter from clinic and they will say they are on lunch''. (Teenage mother)

Based on this information, it appears that some clinics are not user-friendly in meeting the lifeworld of these teenagers in terms of promoting a positive environment of an accessible service. Such practices may prevent teenagers from seeking to access services in the institutions, which may encourage the high rate of teenage pregnancy due to improper usage of protective contraception as well as a lack of education on life issues. Teenagers' lives appeared to be colonised in this regard, if we consider Habermas' notion of colonisation of the lifeworld in this context.

Education is regarded as an important aspect of empowering people in the Draft Programme of the United Nations Population Division (1994). Education is a basic priority in securing options for future employment (National Campaign to Prevent Teenage Pregnancy 2002). Teenagers' decisions on contraception, sexual activity, and parenthood are associated with career outcomes and academic aspirations. Research indicates that low academic achievement usually puts an adolescent at risk of teenage motherhood (Hayes 1987). Even though low academic achievement is viewed as a risk factor for teenage motherhood, other studies have indicated that more knowledgeable students have reported having had sexual intercourse while they were drunk with people they had just met without using condoms. Alcohol and drug abuse, several sexual partners, and unstable accommodation also seem to contribute to risky situations (Davidson et al. 2008).

Early childbearing can have a detrimental effect on teenage mothers and their offspring by limiting their economic stability and educational achievement (Aschcraft and Lung 2006; Olausson et al. 2001). Teenage mothers face challenges such as abuse, financial constraint, stigma, adoption, social isolation, poverty, health issues and educational challenges. They therefore encounter social and academic demands in the social environment which further lure them into challenging and stressful situations (Cunningham and Boult 1996). Other researchers even viewed such situations as factors contributing to teenagers failing to attain academic achievement (Prater 1992).

Durkin (1995) argued that the mainstream literature ignores the fact that many teenage mothers may have found themselves in stressful situations before becoming pregnant, especially when environments are not supportive of their upbringing, as in being confronted with social and financial problems (for instance, a lack of proper services or programmes to help students who have learning disabilities before they fall pregnant). There is a general belief that education will pave the way to a better future, with a stable financial and successful workplace, particularly in situations where women are still less likely to be hired in the more highly-paid domestic sphere (Macleod 2002). Low educational achievement or low economic status in this regard may contribute to the high rate of teenage motherhood. Based on this, formal schooling may be regarded as a good strategy that could be utilised by these teenagers and teenage mothers to obtain an education in order to deal effectively with life challenges.

4. 9. 1 Parental Reaction and Family Support

Studies indicate that the behaviour of parents towards teenage mothers changed when their teenagers fell pregnant. Most teenage mothers reported that their parents or guardians were sad and surprised when they discovered that they were pregnant. This is reflected in a study conducted in Ghana by Gyesaw (2013, 777). A teenager remarked:

"I was living with my mother before the pregnancy and she really reprimanded me for getting pregnant. Mother was really upset and depressed. She fumed at me, "I have spent millions on your education and this has happened". (Teenage mother)

Family support is linked with teenage mothers' general satisfaction with financial and life matters. Studies show that most participants mentioned family support as the most valuable financial support network that played a positive role in child-rearing, as teenage mothers remarked in a study conducted in South Africa by Willan (2013, 39) and in a study conducted in Slovenia by Mezeg (2013, 43), respectively:

'They (my parents) encouraged me to go back to school although I did not want to and felt it would be too much for my parents to support me and my baby. They bought us food and clothing, they did everything for us.'' (Buhle, a 16-year old teenage mother, who returned to school one week after delivery)

''For finishing school, I had to thank my mother; she helped me a lot with it. Soon after birth, I went back to school. In the morning I was a normal teenager and in the afternoon I was a mother. In the morning, my mother mainly took care of my son. I finished a four year secondary professional school and got employed. I never went to the University but I wish I could in the future. I am lacking the motivation the will to study.'' (Teenage mother)

The study conducted by Rajgelj (2005, 66), also in Slovenia, reflects the parental support teenagers received from their parents as reported by one teenage mother:

''Hahaaa... I couldn't imagine that I am going to be mom at that age. I was thinking I am going to leave school but they told me at home that I cannot leave school. That's very important what I have to do first, when I am going to feed my child for example and that, and then I decided that I am going to go to school. I didn't imagine that I am going to be mama just at once. I didn't think like that.'' (Teenage mother)

Early motherhood needs strong family support for teenage girls to resume schooling (Flanagan et al., in Letourneau et al. 2004; Cassell 2002). Gyesaw's study (2013) on the experiences of pregnancy and motherhood among teenage mothers indicates that most adolescents received help from family members with regard to child-rearing. Further, several teenage mothers indicated that they could not have managed on their own to take care of their babies without the help of their parents due to their own lack of parental skills. Studies in the USA reported that the high school drop-out rate was correlated with a lack of parental support, child-rearing and a lack of support from peers (Cassell 2002). Teenage mothers are also likely to depend on child welfare for a longer time than their peers due to their poor economic situation (National Campaign to Prevent Teenage Pregnancy 2002). Early childbearing also has a negative impact on the marriage prospects of young women (Aschcraft and Lung 2006). In other words, teenagers who enter into the marriage circle under pressure might also experience problems due to the immaturity of one or both partners, as one teenage mother remarked in the study conducted by Mezeg in Slovenia (2013, 41):

"After the birth he was me, and when I was 18 we got married and that's when I moved in with him. He is 20 and now we are married for 6 months. After the wedding things changed a lot. My husband is moving away from me and often times I have to do his home work. He is often times rude to me; he is nice to me only when we have sexual intercourse. It bothers me that he spends all his free time playing computer games or hanging out with friends. He is not paying any attention to the child and he doesn't stand taking a walk together." (Teenage mother)

It seems that family members play a crucial role in the lifeworld of these teenagers when compared to the partners of teenage mothers who, in most cases, are reported to contribute to stressful situations pertaining to social life, child-rearing and financial help. Parents and family members always appear to be with these teenage mothers, even in the midst of the greatest difficulties, nurturing them socially, emotionally, financially and psychologically.

4. 9. 2 Religion and Culture

Moore and Rosenthal (2006) state that teenagers closely connected with religion are less likely to be involved in sexual intercourse. Teenagers who start sexual activity at an early age are more likely to lose interest in religious matters. The literature still leaves us with unanswered questions about the manner in which the church can help these teenagers to become knowledgeable in terms of the current measures for preventing teenage pregnancy and supporting teenage mothers. In the study conducted in South Africa by the Limpopo Provincial Government (2011, 92), teenage mothers viewed the church as a place that is supposed to cultivate culture and good morals among teenagers. The teenage mothers commented:

"At church it is difficult to talk about sex with young people as becoming pregnant as a teenager is forbidden." (Teenage mother)

"When you are at church, the pastor preaches about you because you are pregnant." (Teenage mother)

"At church they will tell you that sex before marriage is a sin and if you happen to fall pregnant you no longer participate in all church activities and stop coming to church." (Teenage mother)

'' [Virginity] is something you should take care of, something special. I think it symbolises that you are clean and that there is nothing dirty about you.... You should keep it for your future husband even though he may have slept around.'' (Teenage mother)

From the teenage mothers' perception, it appears that religion is playing a role in encouraging abstinence, although it does not educate teenagers about healthy reproduction as some teenagers appear to be uncomfortable discussing sexual matters in churches. It also seems that some religions are still strongly connected to the culture in the manner in which teenagers are groomed. Such a situation may put teenagers at risk of exploring and experimenting with sexual matters if open communication on sexuality is not encouraged to guide the lifeworld of these teenagers.

4. 10 Conclusion

Researchers (Habermas 1990) regard issues that are happening around the lifeworld as very crucial issues to be taken into consideration by the system/lifeworld. For teenagers in this context, emphasis may be placed on societal intervention to assist them to keep possible future options open by avoiding situations that are risky. The literature, however, leaves us with unanswered questions regarding current policies that are particularly aimed to protect teenagers, more specifically in areas where teenagers are legally protected by the law even though practical implementation of the law appears ineffective in certain circumstances.

A lack of parental communication, ignorance, a lack of knowledge regarding reproductive health, a lack of social and financial support, as well as the influence of culture were cited by teenage mothers as the main problems that contributed to their negative sphere of life. Teenage mothers have also encountered difficult learning situations by fulfilling a dual role due to the responsibilities of being both a mother and a student, especially in situations where there are financial problems and a lack of child-rearing support. This situation is found in both Slovenia and South Africa, although some teenagers are being supported by their parents or family members. Some teenagers also indicated having received more support from teachers although others reported having received little educational support from teachers.

Teenagers in South Africa and Slovenia reported that their parents had been very disappointed immediately after discovering they were pregnant and that their attitudes had changed, although they later became very supportive. It also appears that some teenagers were responsible for putting themselves at risk, while others reported that they had received information about reproductive health, in Slovenia as well as in South Africa, although this is applies to few teenagers, as explained by teenage mothers. Culture appears to play an influential role in shaping the lives of these teenagers and others indicated that having an abortion was discouraged by their parents due to cultural taboos, especially in South Africa. It also appears that cultural and environmental influences work against encouraging paternal fathers to assume responsibility for helping teenage mothers in terms of child-rearing. Such practices contribute to stressful situations in the lives of teenage mothers. Teenage mothers in Slovenia appear to have confronted fewer cultural taboos pertaining to abortion, unlike the situation in South Africa where abortion seems to be unacceptable to most people, even though it is legally condoned.

Poverty appears to have a negative impact on most teenagers in South Africa and Slovenia as most teenagers usually carry the financial burden of child-rearing. Such situations appear to place teenage mothers at greater risk, particularly if they are unemployed and the child's father is not taking responsibility.

It is clear from the teenage mothers' experiences that still more support is needed from parents, family members and professionals to enable teenagers to face the challenges they experience in order to have positive life options available. It seems that much more research on the experiences of teenage mothers is needed in terms of interventions to help teenagers become more knowledgeable and avoid risky situations.

CHAPTER FIVE

Methodology, Life Stories of Teenage Mothers and Inistitutional Services

5. 1 Introduction

The chapter has three subsections comprising a reflection on the data; analysis with specific reference to the experiences of teenage mothers in South Africa (part one) and Slovenia (part two), with part three consisting of the presentation of information from professionals and NGOs regarding prevention and support services for teenage mothers in South Africa and Slovenia. Part one includes narratives from teenage mothers in South Africa and part two covers storytelling by teenage mothers in Slovenia. Part three reflects on the services offered by service providers and professionals.

The life stories of these teenage mothers were analysed through data coding. An in-depth interpretation is presented regarding their experiences in terms of their socio-economic situation, knowledge of matters concerning abortion and contraception, and intersectionality issues in terms of their culture and religion, relationships with partners, parents' reactions to teenage pregnancy and support from parents, service providers and professionals.

The chapter presents a discussion of the main thesis and research questions, followed by a description of the methodology, the research methods, manner of accessing data, sampling, research instruments, research approach and a sample of coding based on a few specific issues relating to teenage mothers in South Africa and Slovenia. The table for presenting verbatim quotes is categorised in terms of themes, subthemes, reflections of participants, with numbers to identify the participants and specific line quotes and interpretation. The methods and the methodology are explained together.

5. 2 Problem Formulation and Research Questions

The main thesis of the study is based on the fact that the governmental instruments embodied in educational, health, social security and welfare policies (measures and programmes) do not take adequate and sufficient account of personal experiences and life contexts as far as teenage pregnancies are concerned.

The major research question concerns why existing governmental policies and services are insufficient and/or ineffective as far as preventing teenage pregnancy and supporting teenage mothers in South Africa and the teenage abortion rate in Slovenia are concerned. The research question was broken up into research subthemes, as grouped in the following table:

Table 5.1: Sub-questions and Issues Derived from the Research Question

Sub-questions	**Issues**
Which institutions and policies tackle the issue of teenage pregnancy prevention and support in both countries? Are teenage mothers explicitly or implicitly included in these policies? How useful are these policies in terms of supporting teenage mothers?	Suitability and existence of state policies in relation to teenage matters, also taking account of whether existing policies address gender and intersectionality when dealing with matters pertaining to teenage mothers.
How is sex education being offered to teenagers and which challenges are faced by the education sector in terms of support services for teenage mothers? Does sex education in the school system relate in any way to other sources of information and education such as the family, peers and the media, including technology?	A focus on how schools tackle the issue of teenage mothers' disengagement from schooling, the stigma attached to teenage mothers and how girls are stimulated to receive a better education, especially those from underprivileged environments.
How do health, welfare and social security institutions deal with teenage pregnancy and teenage motherhood in terms of service delivery? Which preventative measures are at play for intervention and what are challenges in offering support services to these teenagers?	A selection of basic documents that deal with teenage pregnancy and teenage motherhood and an exploration of how teenagers access primary health care services, capacity building, counselling, empowerment and social security benefits.

5. 3 Ethical Measures

Under-age teenage mothers were not interviewed. The study targeted young mothers who had recently given birth as teenage mothers but were no longer teenagers. In Slovenia, the Law on Marriage and Family Relations (Official Gazette no. 69/2004) regards a person who has reached the age of 18 years as an adult. In the South African definition, a teenager is between 13 and 19 years old. The study targeted young women over the age of 19 years in South Africa and those who were 18 years and above in Slovenia. The study was clearly explained to the participants before it was carried out. Participants were asked to present their life stories.

5. 4 Methodology

5. 4. 1 Methods

A qualitative method was employed in this study to analyse gaps in dealing with prevention and support intervention services in the area of teenage mothers' lifeworld (Mouton 2003; Cresswell 2003; Fouche and Delport 2005). The study had initially been based on qualitative and quantitative methods, but the idea was abandoned due to circumstances beyond the researcher's control. Based on this, a small number of participants were targeted. The study was based on data collected from interviews with teenage mothers in rural areas of the Limpopo Province (Capricorn district) in South Africa as well as in Slovenia and data collected from professionals and NGOs through questionnaires and interviews in both countries.

Information was thus gathered through personal interviews, focus group discussions and questionnaires.

5. 4. 2 Personal Interviews

Personal interviews were administered to eight teenage mothers in South Africa (excluding three participants in a focus group) and eight teenage mothers in Slovenia. Some of the teenage mothers in Slovenia did not want to be interviewed. The main focus was on the personal life of teenage mothers, their experiences as teenage mothers and the challenges they faced as teenage mothers. Socio-economic, educational, cultural and religious and gender issues were also taken into consideration. The participants shared their experiences in the form of narratives as reflected in Chapter five and the data coding.

5. 4. 3 Focus Group

A focus group of three participants was interviewed in a flexible home environment of participant FG 10's parents in South Africa. Participants were able to express their thoughts on teenage motherhood due to the positive home atmosphere and the influence of the group identity spirit. The group provided a detailed description of the challenges and experiences faced as teenage mothers. While the participants regarded teenage pregnancy as a problematic situation preventing them from attaining their goals, they were able to present valuable alternative suggestions that could be utilised to reduce the problem of teenage pregnancy. For instance, participants were prepared to offer guidance on a voluntary basis to broaden the views of other teenagers in order to reduce the rate of teenage pregnancy. The researcher noted several characteristics of the focus group participants:

- The participants were still eager to further their studies. There was a feeling of remorse in each of the participants about being teenage mothers. The economic situation of their parents was not sound. Their parents were very supportive in child-rearing despite the economic hardship they were experiencing. Each participant had experienced serious relationship problems with the father of their children. Their partners were no longer on good terms with them and they were also not taking responsibility in terms of bringing up the children.

- From what these teenage mothers were saying, one could argue that the lack of parental responsibility of teenage fathers acts as a stumbling block for teenage mothers to be able to manage the activities of daily life. Parents of teenage mothers also face a serious challenge as the parents of teenage fathers rarely contribute

financially for their grandchildren. Rossi, in Chodor (1978), advocated that parents should share responsibility to enable women to be in the workplace.

5. 4. 4 Questionnaires for Professionals

Official letters sent electronically were written to institutions to obtain permission to conduct a study targeting professionals and service providers based on the life stories of teenage mothers. Official letters and telephone conversations were employed in a follow-up process. The four institutions that were targeted in Slovenia were the Ljubljana Clinic of Gynaecologist-Social Work and Clinic Section; the Ljubljana Public Institution and Kranj Public Institution; the Murska Sobota Centre of Social Work; and the Maternity Home. In South Africa, the investigator targeted three institutions, namely the Provincial Department of Education and Capricorn District Circuit Office; the Department of Social Development; and the Fanang Diatla non-government organisation. The investigator/researcher initially wanted to target four institutions in South Africa but the fourth important institution (Provincial Department of Health) responded very late despite the several follow-up attempts that were made. Fortunately, a fact-finding mission was conducted in advance to test the feasibility of the study with a staff member from the Provincial Department of Health. Another important institution (Ministry of Education) in Slovenia also failed to respond, despite two official letters having been written.

5. 4. 5 Instruments

A semi-structured questionnaire was administered personally to teenage mothers after they had narrated their stories to identify areas that had not been covered during the interview. The focus group was also given the same questionnaire to see how the problem of teenage pregnancy and teenage motherhood was perceived by respondents in a group setting. A follow-up was undertaken through telephone conversations in South Africa. Personal visits to clarify certain issues were made in the case of Slovenia.

Questionnaires were administered to professionals in both Slovenia and South Africa. They were delivered personally in the case of Slovenia and sent electronically in South Africa,

except to the Fanang Diatla non-governmental organisation, which was interviewed in person. Telephone conversations and follow-up clarification letters were used in the case of South Africa after completion of the questionnaires. Questionnaires were developed on the basis of issues that affect teenage mothers. These questionnaires focused on socio-economic, cultural, educational and religious issues and on services that are offered by professionals, along with the suggestions offered by professionals to improve service delivery on teenage matters.

5. 5 The Research Process

The interviews were recorded and transcribed.

- The transcripts from South Africa and Slovenia were carefully read to capture the core of the stories told by teenage mothers.
- The researcher listened to the words several times and translated the information into English and listened to the story again to identify loopholes in writing.
- Corrections were made in areas where the story had not been translated well in the case of South Africa.
- Social workers, two student social workers and colleagues assisted with the interviews and the translation in Slovenia due to the issue of a language deficiency as the researcher does not speak Slovenian. Participants were given a briefing in English and the information was interpreted for the participant in the Slovenian language.
- The participants responded in their native language and the information was translated to the researcher in English. The same procedure was followed in the case of asking questions. A student social worker also assisted in identifying issues that needed to be rectified after the interviews.
- Every participant's story was tape recorded, translated and transcribed separately into English from the language in which the interviews were conducted for the sake of individuality and official purposes.

- Permission was obtained from the participants to record the proceedings and the participants were fully informed of the purpose of making the recordings.
- Data were grouped into main themes through the coding system.

5. 5. 1 Data Collection

Data were collected by listening to and recording the life stories of teenage mothers, as well as through interviews, questionnaires and questions for clarification based on questionnaires in the case of professionals.

Throughout the interviews verbal and nonverbal communications were identified. Questions were mainly directed by what the participants were saying. In other words, questions based on what had transpired during the interview process were asked after the participants had narrated their stories. Questions were also based on the challenges and problems the participants had encountered as a teenagers, especially during pregnancy and after delivery. Questions similar to those put to participants individually were also put to the focus group that was only conducted in South Africa.

The focus group was utilised as a way to gather information at another level and also to observe the interaction amongst group members. The researcher facilitated the discussion and the process was tape recorded. It was difficult to conduct a focus group in Slovenia as the areas where the research was being conducted were scattered and due to the limited number of participants who were interviewed.

More emphasis was placed on schooling, knowledge of prevention measures, finance, social exclusion, parents' reactions to pregnancies, relationships with partners, the influence of culture and religion on abortion, moral support from parents and support services from professionals.

Detailed questionnaires were electronically and personally delivered to expert participants occupying managerial positions in the institutions, targeting eight participants from Slovenia (Sections: Institute of Public Health, Abortion Clinic – Social Development, Health Clinic – Nursing Section, Health Section – Gynaecologists, Maternity Home) and five participants from South Africa (Sections: Department of Education, Department of

Social Development, the Fanang Diatla organisation). The initial aim was to target four experts occupying managerial positions and another four responsible for overseeing service delivery in South Africa, as well as eight participants from the public sector dealing with issues regarding teenage mothers in Slovenia. The target group was partially changed due to some organisational structures and problems that were encountered regarding some institutional modes of operation.

A structured combination of a survey and interviews were employed. The questionnaires basically focused on: existing policy matters; sex education and sexuality education; intersectionality issues; services and programmes; challenges faced by the institutions in dealing with teenage matters; and suggestions regarding an improvement of the service.

5. 5. 2 Population and Sampling

The five villages that were targeted within the Capricorn District were Segopje, ga-Mailula, Makotopong, Thuune and Makwalaneng. Villages and towns targeted in Slovenia were Murska Sobota, Dokležovje, Litijska, Cerkniško Jezero, Šiška, Ljubljana and Dragomer. In both South Africa and Slovenia, the researcher targeted the population of young mothers who had recently delivered a baby as a teenage mother but were no longer teenagers at the time of the interview. In South Africa, participants were identified with the help of local traditional offices and local community mobilisers in Mamabolo. The participants in Slovenia were identified with the help of a social worker in Ljubljana (from the Gynaecological Clinic). She had acted as a facilitator in connecting the researcher with participants and other social workers in the regions who also helped identify participants. Professionals and a student social worker and colleagues also assisted in identifying some participants.

Eight teenage mothers were interviewed in Slovenia as others did not want to be interviewed. In total, 19 participants were interviewed in South Africa and Slovenia. Snowball sampling was also utilised, whereby identified participants helped the researcher to identify other participants.

5. 5. 3 Data Analysis

The participants were able to present a detailed reflection of their recent past experience of teenage pregnancy and motherhood. Their stories were very valuable for identifying important aspects that needed improvement in the area of government or state sectors. The initially anticipated sample size was ten teenage mothers in each country and the sample was based on the fact that the interviews were to be stopped when the saturation point was reached. Eleven teenage mothers were interviewed in South Africa. This included the focus group comprising three teenage mothers. The life stories of the teenage mothers in both countries were used to serve as the main bases for targeting relevant institutions in South Africa and Slovenia. Official letters were also sent electronically to institutions, and the matter was also validated telephonically with some institutions that did not need official letters for the research to be carried out in South Africa and Slovenia.

Thematic analysis based on the data-driven system was employed to describe the experiences of teenage mothers who had fallen pregnant and delivered during their teenage years but were no longer teenagers at the time the study was conducted. The researcher was able to make sense of the teenage mothers' stories through their perceptions of their lifeworld. The story-telling method, a methodological tool also described by Urek (2002, 2006), was utilised to collect data from participants in South Africa and in Slovenia. In-depth, face-to-face interviews were administered with the aim of capturing the life stories of teenage mothers aged over 19 years who had just delivered their babies as teenage mothers. The researcher discovered and established different relations between the life perspectives of teenage mothers and the life perspective of the system through a double hermeneutical process, from a standpoint involving narrative and questionnaire construction (Smith et al. 2009). The researcher utilised the questionnaires and conducted the interviews with the representatives of the systemworld, targeting professionals and NGOs concerning services offered within the life perspective of teenagers and teenage mothers. It was clear from the stories that were narrated and questionnaires that were constructed that there are some gaps that need to be addressed between the teenage mothers, parents of teenage mothers and professionals, a gap that was initially identified by Habermas in his theory of communication between the lifeworld and the systemworld. For instance, in the case of teenage mothers, the findings show that, despite the challenges these participants had experienced, some of them were able to cope and had even managed

to complete their studies, whereas others did not manage due to the burden of the dual role of being student and mothers at the same time. Another contributory factor was a lack of money to proceed with further studies. The problem of peer attitude at school also contributed negatively, resulting in some participants feeling uncomfortable as pregnant teenagers and teenage mothers. Some community members also contributed to making some of these participants feel uncomfortable.

The participants' responses also point to other school-related problems, personal and economic problems, and the lack of comprehensive services as factors contributing to dropping out of school. The study focused more specifically on the experiences of teenage mothers and their input concerning how they thought the problem of teenage pregnancy and support for teenage motherhood could be alleviated.

Patton (2002) espouses the idea that it is important for the researcher to analyse the research process in terms of questions formulated during the methodological stage of the study and interpretation and analysis derived from the interview findings. Similarities and differences were identified and accentuated as directed by questions that served as organisational tools.

The responses of the participants, both verbal and non-verbal, were noted. This paved the way for a clear analysis and the decisions reached by the researcher. Participants were given numbers to differentiate them as well as to protect their names. The focus group participants were labelled as FG (Focus Group) to distinguish them from the individual participants. The participants' stories were written in summary form and in a quoting table system, which is attached as an appendix.

5. 5. 4 Coding

Data were read and concepts were marked and later grouped into categories in the case of teenage mothers. Identified themes were arranged in clusters, followed by subthemes derived from the empirical findings (Coffey and Atkinson, 1996). The main themes followed by the subthemes were identified from the participants' life stories. Themes based on the theoretical orientation were also directed by the questions addressed by the research.

Based on the information from categorised themes and subthemes, data were analysed systematically.

In the case of the institutions, valuable information was gained through face-to-face interviews directed by systematic questionnaires (in Slovenia). Raw information was obtained through systematic questionnaires in the case of South Africa and a face-to-face interview conducted with Fanang Diatla, an affiliate non-governmental organisation. Informal interviews were also conducted with some institutions as part of a fact-finding mission. Questions that were not answered were re-sent electronically to the participants in South Africa for further clarification.

The life stories of the teenage mothers, as well as documents on policies and the theoretical background, formed the basic foundation upon which the questionnaires were formulated. Data were analysed systematically by examining the responses to the questionnaires that were directed by the stories of teenage mothers in both countries. Themes were also identified from the different questionnaires that had been completed by the institutional representatives. Themes were clustered on the basis of the empirical findings.

A sample table of coding system (denoting the lifeworld of teenage mothers) is presented as an example and the rest of the information is included in the appendix.

Table 5.2: A sample table of the coding system denoting the lifeworld of teenage mothers

Theme	**Quotes**	**Subtheme**	**Interpretation**
Knowledge of prevention	South Africa Yes I knew about and nobody told me and I just decided to go (clinic) because people are just going. I left them because the father of my child said she needs a child and then I stopped (Participant 2, page.....). They must tell us about what is happening and they must explain that a boy will do what and we must know (Participant 2, page.....). I will say it was a mistake because I left prevention because I was feeling sick (Participant 4, page.....). Then I am disappointed as the child was born with this loop. My loop	Relationship manipulation Misassumptions	Some participants did not have detailed information about issues of sexuality, the after-effects of having relationships with partners and how other contraceptives such as a female condom could be utilised. Some participants were fully aware of the use of contraceptive measures, although they had discontinued using them due to pressure from their partners, irresponsibility, cultural norms or obligations. From these quotations it is clear that the

	came out after this child. (Participant 6, page.....). I think the government should inform the people about the female condom and how it can be used (Participant 4, page.....). Yes, I did know. Then we were knocked down by the issue of our culture. My grandfather, the father of my mother, is a person [one of] those that [say] we do not use western culture, we use tradition. So if you did not have the first child, you are not supposed to prevent it (Participant 5, page.....). SLOVENIA My husband (she nodded). My husband's mother died because of it [spiral/loop]. My husband is not very keen about contraception. His mother had some problems with a spiral and that's why he didn't want me to have this spiral for five years (Participant 19, page.....). Yes, of course it was just an accident, it was ... eeh ... being naive and thinking, he would, he would do it physically and he would go out before and its okay, I won't get pregnant. Everybody does it, like that. We were unprepared, neh, we didn't have a condom otherwise we would have used it (Participant 12, page.....). Yes, I knew what contraception is, but I did not want to take the pill because you get fat (Participant 15, page.....). I was actually on birth control and I got pregnant eeh!!! (Participant 16, page.....). But it's like I never have time (sex education) (Participant 19, page.....).	Unprotective measures Lack of information on the use of contraception Cultural influence Attitude Peer influence and exploration Misassumption Unreliable protection Lack of lessons in sex education	problem of teenage pregnancy comprises a combination of several connected variables. From what the participants said, it appears that most of them had knowledge of contraception use and some could not utilise it because of the misassumption that they would not fall pregnant and the issue of being weight conscious. Alcohol was also mentioned as a contributory factor. Some had applied a protective measure like a condom which also was not reliable. It is also disturbing to find out that some of these participants fell pregnant despite having taken protective measures. Such practices may warrant a need to encourage teenagers to use double protective measures.

5. 6 Problems Encountered in Gathering the Data

- The Limpopo Provincial Department of Health failed to respond officially in time despite official letters and follow-up letters written and arrangements made in advance to ask permission to conduct the study. The official response was received very late with conditions that ethical clearance was needed. The Ministry of Education in Slovenia failed to respond at all despite the two official letters that were written.
- Some valuable information was not translated properly by one of the translators and this prevented the researcher from probing further due to the issue of the language deficiency in the case of Slovenia.
- Some of the identified teenage mothers in Slovenia refused to be interviewed.
- Some participants were not open during the interview process even though open questions had been administered in order to elicit free responses. The manner in which questions were asked by the interpreter might have contributed to the situation.

5. 7 Life Stories of the Participants

A synopsis of the life story of each participant is presented and the life stories of the focus group are presented together as a group. The life stories of the focus group are labelled by numbers for identification purposes.

5. 7. 1 Part One: Life stories of the participants from South Africa

Participant 1 (18 years at delivery – aged 19 years and one month)

As a grade 11 student and a teenage mother at the same time, participant 1 never had time to socialise with friends during her teenage years. She spent time alone and with her mother. She had also dedicated a lot of her time to reading books. An unexpected situation had occurred when she fell pregnant. She never thought she would become pregnant as she

wanted to delay having a child at an early age. Life became unbearable for her as her boyfriend ran away from her immediately after discovering that she was pregnant.

She initially wanted to put the child up for adoption as she did not accept the fact she was pregnant and, furthermore, because the child would prevent her from enjoying her leisure time.

Unfortunately, her parents flatly refused to put the child up for adoption. They indicated that they were aware she had made a mistake by becoming pregnant and she was reprimanded to not repeat that mistake. Although she experienced financial problems, her parents fully supported her financially, emotionally and socially as they did not want her to be stressed. Even during the time of the delivery they were always by her side, rushing her to the hospital. She was also offered good treatment by the nurses at the hospital.

The participant was still looking forward to continuing her studies as she intended to become a nurse by profession.

When probed about the issue of having discussions on issues of sexuality with her parents, the participant remarked:

''I never discuss with them. I was not staying with them. I was staying with my cousin. My cousin used to like nice time. She was always out of home and when she comes back she sleep, she eat and get away and go to school. And when she comes back you will never ask her, she will tell you that she is busy with her homework, you must not disturb her. I was staying with my cousin alone. My parents were working and... I go back on Friday and she was in form II and I was in form IV.''

The participant was very kind in her discussion and seemed to have no major financial burden. The participant was very determined to further her education for the sake of her future. She appeared to have lacked proper parental supervision during her teenage years as she was not staying with her parents at the time.

Participant 2 (19 years at delivery – aged 20 years)

Participant 2 was staying with her partner initially and life was running very smoothly. She reported that she had fallen pregnant when she was 19. Life had become unbearable for her

since then. The father of her child began to fight with her and also refused to accept paternity. She left because she was no longer on good terms with her partner. She then decided to have an abortion and her friends unfortunately prevented her from doing it. After delivering her child, she went to the Department of Home Affairs to apply for her identity certificate in order to process the child-support grant application. The Department of Home Affairs kept on sending her from pillar to post with regard to the application for the Identification Certificate. The participant was not receiving a child-support grant due to the delay caused by the Department of Home Affairs with her certificate as it is needed when one applies for a social grant.

She further indicated that she was relying on the child grant that her sister was receiving for her own children although it did not cover most of the child's needs as the child sometimes did not have food, diapers and general basic necessities.

The participant indicated that she had started to regret having a baby because of living under hardship, especially since she did not have money. She had even been afraid to resume schooling but later attempted to further her studies. She was very frustrated when they refused her at school on the basis of being too old. She had no alternative as such but to stay and take care of her child. She indicated that she does not anticipate a promising future due to the fact that she is not continuing her studies.

When probed further on the usage of contraceptives and the reason that had contributed to her pregnancy, she reported utilising contraceptives at the time of the interview and further commented:

"I was using an injection, the father of my child said I must stop and we have a child and I stopped. And we have a child and me… when I had finished having a child and he found out that I am pregnant and then he started to refuse that the child is not his and we started to fight".

The participant further indicated that she was still in a relationship with the father of her child, although they always fight with each other.

When asked about how the departments could assist in reducing the rate of teenage pregnancies, she responded:

"I think in the school they should inform/discuss that when you go to a man you must know that you will be pregnant, and she must use the pills or injection or they must just leave all together. They are children; children should abstain and stop until their future is developed".

Although the participant cooperated in sharing her story, she appeared to be in a hurry to meet the father of her child during the actual interview. In most instances, the researcher had to do much probing as the participant could not substantiate issues she had mentioned. Abuse and a lack of knowledge and taking control of her life might have contributed to the participant falling pregnant when she was instructed by her partner to discontinue protection.

Participant 3 (19 years at delivery – aged 27 years)

Participant 3 indicated that when she was a teenager she did not have problems. She was living very well with her family. She had her first child and still she never experienced problems as the father of the child was taking full responsibility. Matters heated up immediately after her in-laws started interfering in her relationship with her partner. She then separated from her partner because of the pressure from her in-laws. She began to be at loggerheads with her parents over the issue of the child. As a result, she went to stay with her grandmother at Moletji where she met another man who later became her partner and impregnated her for the second time. She went back home to stay with her family again.

Her parents became furious with her and started to fight with her and they did not even talk to her at one stage. Initially, she wanted to have an abortion because of the unconducive environment at home but later abandoned the idea as she regarded the child as a gift from God. She then took care of the child until she was a grown-up and her mother had also been helping her with child-rearing up to the time of the interview as she was working far from home. The participant reported that the situation at home had changed completely as there was harmony and she was also able to buy the basic needs for her children, who were staying with her mother when the study was conducted.

The participant further indicated that another reason for separating from the father of her first child, besides the pressure from the in-laws, was that her partner was not honest with her. She reported that, although he was taking full responsibility for the child, he was too secretive. For instance, he was reported to have bought himself a car which he had told the participant was a company car. Her partner's friends told her that her partner had lied to her about the car issue.

When asked about culture and religion in relation to abortion, the participant reported that she is affiliated with the apostolic church and the church does not allow abortion. She added:

"Our culture does not allow. Even the Bible says bear children and be many. Jesus Christ did not allow abortion."

When probed on how the government could help to reduce the rate of teenage pregnancies, she commented:

"Eish!!! I do not know what to say because now you are able to tell a girl, but here at home, there is a girl who does not have parents, her mother is late. We told her that, Busisiwe! Go to the clinic, my aunt's child, to receive prevention. And she said 'I cannot go to the clinic; nurses are going to swear at me, hee…what…what…where'. And we said ok nurses will swear at you but when the child is here, it is not going to be our responsibility and you will see how to come out about the child. Then if they can take this matter to the schools… then they were supposed to talk with children, girls because boys are not having children".

The participant was frankly relaxed in narrating her story. The fact she had become a mother during her teenage years appeared to have taught her responsibility in terms of being financially independent. She had further talked about a case relating to her late aunt's daughter to whom she had attempted to offer sisterly advice in terms of prevention matters.

Participant 4 (17 at delivery – aged 29 years)

Participant 4 reported that she had been using the injection for prevention and had discontinued using it in 2004, the reason being it had increased her weight and also made

her feel dizzy. She fell pregnant in August 2005 and delivered a baby girl during May 2006.

The participant indicated that her late sister had formerly assisted her a lot in terms of finance. She also stated that her late sister had been responsible for paying for her basic school necessities as well as buying her clothing. Her sister departed immediately when she fell pregnant. The participant also lost her child after delivery.

When probed further about whether she knew about the possibility of becoming pregnant if one did not utilise preventive measures, she commented:

''Yes I knew because at the clinic they give us … they explain, they give us guidance to say if you stop using the injection, this is the situation and if you are using injection it … this happen and this happen. There is the possibility that the injection will make you dizzy or make you to vomit or to stop you from menstruating''.

The participant also indicated that having a child is not a nice experience as parents sometimes kept reminding you of your mistakes and also go to the extent of supervising you on child-rearing matters. She further indicated that the situation becomes much better if one is married and has a man who will also take full responsibility in terms of family matters. The participant indicated that single parenting is a difficult process as everything always rests upon one's own shoulders.

When asked as to how she had coped in such circumstances, the participant reported that she relied on a social grant and her mother who had supported her from birth till the present.

The participant also appreciated the good service that was offered by the nurses, and the support of her grandmother. The grandmother helped her to deliver her two children on the road on two occasions in succession. This was quite interesting on account of the valuable role played by the grandmother as an emergency midwife. The first child was taken to the hospital by ambulance immediately after birth. On the second occasion, the participant went to the local clinic immediately after the delivery and was also assisted by her grandmother.

When asked whether she was aware of the anticipated delivery dates, the participant remarked:

''Aah!!! Those things are complicated, the circulars, because the date that they had said [at the clinic], had passed for the first child, the second one, it happened before the date that they had indicated that I am going to deliver the child.''

The participant seemed to have difficulties in living alone as she was entirely dependent on the child grant and her mother's support. She was not interested in talking about the father of her children, even though she regarded single parenting as a problematic situation. While she relied on the child-support grant and her mother, she also regarded her late sister as having contributed a lot to her survival, both financially and socially.

Participant 5 (16 at delivery – aged 26 years)

Participant 5 went through a horrible and traumatic period in her life as she had been physically and sexually abused by kidnappers for a period of eight months. She commented:

''I had a challenge when I was 16 years. I was kidnapped by people about 6. There were four men and six women so those people…never, it is to say that they were abusing me like rape and beat me and stuff like that. And during that time, I did not know what a man is. After that so, those people stayed with me for a period of eight months and released me, after they had received money. And that is where my life started to be miserable until I got my child at the age of 19 years, and I had not yet completed 19 years by then. So now I cannot explain to a person to say how it came about that I have a child and I did not understand it.''

She became pregnant at the age of 18 and delivered a baby when she was 19. She discovered later that she was HIV/AIDS positive. She was referred to social workers before she went for a VCT (Volunteer Counselling Test) and was not treated very well at the local office by the social workers. They kept on postponing attending to her. She was then pressurised by circumstances to go to the hospital's social workers where she was properly attended to by one of the social workers and then referred to a VCT. Her parents were still alive and supported her spiritually, emotionally and financially, especially her mother who accompanied her to the social workers and the VCT.

The participant indicated that she had been confined to a wheelchair by then. She was taking medication for HIV/AIDS and could not even remember the medication that she was taking, as she reported:

''When I go to VCT they counsel me, after counselling me they took blood and they found that I am positive. Yes it is a long story, I was walking with a wheel chair so I end up following the rules, and I was drinking the… I was not drinking treatment, I was drinking a certain tablet, I had forgotten the name of the tablet and the ARV was not available by then. Yes, I was drinking the tablet, bucktery but whatever I don't remember very well but it looks like it is bactery. So I drunk the tablet until I was right and I ended up walking very well and I was no longer using the wheelchair''

The participant further indicated that she could not continue matriculation studies (grade 12) then due to a lack of money as her father had died while she was in grade 11. As such, she was forced by circumstances to look for temporary jobs due to the poverty at home. She volunteered to serve in a support group called Takalani Aids Information. Later she succeeded in establishing her own support group in her local area.

The participant was very active and outgoing in presenting her painful story. She was candid during deliberations on how abusive situations drastically change one's anticipated goals. Despite the bad experiences that had marked her life, she eventually furthered her studies and was serving as a good example in her community in establishing support groups to motivate her peers and the community.

Participant 6 (19 years at delivery – aged 23 years)

The participant indicated that she had a relationship with a partner late in grade 11, due to not trusting boys. She had a child at the age of 19 years. She also reported that she had spent a year with her first partner without having sexual intercourse. Then her boyfriend threatened to discontinue the relationship as he could not see any value in having a relationship without sexual intercourse. She then agreed to have sexual intercourse with him and did not utilise a condom on several occasions.

Unfortunately, she fell pregnant. The participant became very shy because of the pregnancy and could not succeed in completing grade 12 and her partner did not provide

moral support. Instead, he proceeded with his studies in Pretoria and life was very smooth on his side as he even started a new relationship with another girl. This situation was bad for her performance at school. She commented:

''The worst part was ... that, the boy was able to continue with his studies and he went to Pretoria and he could not come back and he did not have time to come back… the issue of communicating through the phone and distance.''

Then it became difficult for her to concentrate on her studies as she was stressed and she failed grade 12. But she was very strong and told herself that things do not come the easy way. She became successful by repeating grade 12 and then started to use methods for prevention but was very disappointed when she fell pregnant for the second time, as she reported:

''Then I am disappointed as this child had arrived [was born] with a loop. My loop came out after this child, and then I did not go to school. That is the issue why I am still taking care of the child. Then I think that the government, it was going to be much better, they say, the children starting from 13 years, they can, force them to use injection. That is the right decision, because loop is not perfect that much. Because I had seen that it is possible that the child will be born. It has lot of disadvantages, too. So, presently, still I must make this one grow too.''

When probed further about family support systems and the difficulties of child rearing, the participant remarked:

''Yes, I am unable to go to school because of them, because I must first make them grow first. Eish!!! It is just that my mother is working at the kitchen (far from home, doing domestic work). My father is an architect.''

In addition, the participant indicated that she was having financial problems in terms of hiring a childminder as well as furthering her studies and meeting the basic needs of the children.

The participant came across as a naturally quiet person. Her second pregnancy appeared to have thwarted her idea of continuing her studies, although she was still prepared to accomplish her goal. She did not seem to have anyone that could assist by minding the children. It also seemed that the participant's former partner had abused the participant's

right to decide for herself in terms of using measures for prevention, as she had initially preferred to abstain from intercourse. A lack of parental supervision might also have contributed as her mother was working far away from home.

Participant 7 (18 years at delivery – aged 24)

The participant mentioned that she fell pregnant at the age of 18 when she was in form 5 (grade 12). She also reported that students were receiving guidance at school about prevention. She stated that she made a mistake by becoming pregnant. Her mother was reported to be very supportive. She had even accompanied her to the clinic for prenatal services. The participant discontinued schooling after she delivered a child in 2007. She resumed attending school in 2008 and the child was registered at a crèche. The participant completed grade 12 in 2008, but fell pregnant for the second time.

She was very sad about the second pregnancy as her mother had trusted her and she felt that she had disappointed her. Despite the second pregnancy, her mother paid for MEC College and she was able to further her studies. Sometimes she was unable to go to school on a regular basis due to the money for college not being paid on time so that the college timetable was not given to her in advance because of the late payment. During the interview, the participant was expecting a third child and had stopped attending college, although her parents were still continuing to pay for it. She reported that she would continue her studies in the following year.

When probed further about the usage of contraceptives before becoming pregnant and during the time of the interview, the participant commented:

"Prevention I was using condoms but for the first time I was not using. It is then that I found that I am pregnant. Yes, I am using them. I am using a needle now."

The participant had not experienced serious problems with child-rearing as her family, especially her mother, was offering full support in everything. She had only discontinued schooling for a year after the first child in order to nurture the child a little before the child could be taken to a crèche.

When asked how she had coped as a student and a teenage mother at the same time, the participant reported:

“I was coping because others were also having children. I just saw myself being fine. Sometimes others will say they are unable to read. No, I did not have a problem. No.”

The participant seemed to have no financial problems as her mother was offering full support. It was quite disturbing for the participant to have three children at her age. As the participant had received guidance at school about issues of sexuality, we are left with an unanswered question concerning what had contributed to her having three children in succession. Although the participant remained hopeful of furthering her studies, she did not seem to be striving to be independent in having three children, given the support that she received from her mother.

Participant 8 (17 years at delivery – aged 24 years)

Participant stated that she was staying with her sister. She further mentioned that she became pregnant at the age of 17 years. As she indicated, nobody had offered her any guidance by saying she would become pregnant if she had sex. She did not even receive guidance on preventive measures. Her family members only discovered that she was pregnant after she had been pregnant for six months and were not happy about it, telling her that:

’If a person is delivering a child, she is delivering for herself.’’

The participant also experienced relationship problems with the father of her child; they fought because he did not want the pregnancy. After the child was born, her family supported her very well. But the participant did not enjoy the earlier benefits any longer, remarking:

‘’Then the child was born and my family accepted the child well. But the thing, that… the thing that had worried me is when the child was born, is to say I don’t get those things, so many things that at home they use to buy for me like clothing, shoes, to give me money to go to somewhere like to go to friends. Everything stopped. They looked at the child. They said I should go to school.’’

When asked about the challenges she had experienced as a student and a teenage mother, the participant had commented:

''When I read at night the child wakes up. I would put the child at the back and he will cry. He was disturbing me regarding my matric studies. Then I had failed matric in 2007. Then no, when I had failed matric in 2007 I did not go anywhere. I was just sitting taking care of the child until 2010. I went to ABET school and when I arrived at ABET, I passed.''

When probed further about guidance she received on issues of sexuality, she indicated that she did not receive proper guidance on issues regarding reproductive health.

The participant further indicated that she was not utilising contraceptives measures when she fell pregnant as she did not know about them. She also remarked:

''When I was 17 years I did not know that there are prevention things. I use to see the others with different colours but I see and they were used by my elder sister and she said she does not see blood she wants to drink the red ones so that she must menstruate. She had never told me, what are they for but today it is then that she had explained to me when I have a child to say these ones are for what. Yes I did not know; even to do prevention injection I did not know. But what I knew was a condom only.''

The participant was very open in reciting her life story. She appeared to have lacked knowledge on prevention before she fell pregnant. Another contributory factor might have been lack of supervision from parents as she was staying with her sister when she fell pregnant. Although she knew of the possibility of pregnancy if one had a relationship with a person of the opposite sex, nobody had given her a clear picture of the consequences of such a risk.

The Focus Group interview with participants 9, 10 and 11: their stories

The researcher interviewed three participants in a group setting to assess the flexibility of participants in sharing information amongst one another:

Participant FG 9 (14 years at delivery – aged 21 years)

Participant 9 indicated that she became pregnant before her sister at the age of 14 years. She further indicated that she did not have anyone to guide her by explaining that she would have this kind of a problem if she slept with boys As she reported, nobody, not even

her parents, had informed her that she had to go to the clinic if she started a relationship. The participant had not even been aware of being pregnant, and commented:

''When I was at school, I did not know that I am pregnant; I was seated in the class, and then came two grade 11 students. I was in form I…there came 2 girls, and when they arrived, I just heard them laughing, laughing and laughing. When they laugh, one of them came and watched on me. I was not even aware that I am pregnant. When she looked at me, and I said, why are you looking at me? Then she said, you are pregnant, are you aware of that? Then I said no I am not pregnant. Then I became shy and I was stressed, then I started to cry. I was perplexed about this people, I started to cry in the class and people were astonished as to why was I crying. I went to the staff room. When I arrived I told my Mam and said grade 11 people came to the class and started laughing very bad and they were looking at me and they say I am pregnant.''

The participant's teacher assessed her and she was sent home. She went to the clinic with her mother and it was confirmed that she was pregnant. The participant did not like the manner in which the two scholars had approached her whilst she was in the class as this contributed heavily to her shyness.

Her mother told her that she would not be able to assist her in child-rearing as she was working. She experienced a challenging child-minding situation as she could not find a suitable person to take care of her child as she was still at school. Her child started to attend a crèche at the age of four months. The situation taught her a lesson and she began attending the clinic on a regular basis for prevention services in order to avoid repeat pregnancies.

The participant was very relaxed. Her active educational life was temporarily disturbed by the existence of the child, although she was continuing her studies at the time of the interview.

Participant FG 10 (19 years at delivery – aged 21 years)

The participant reported that she had contributed to her pregnancy as she was not following her mother's rules. She felt free to say:

''I had a child when I was 19 years. Before I have my child, I was no longer listening to my mother. I was busy with boys … I was busy with him; the very one I had a child with. Then it reached a point when I fell pregnant and carry his baby. I was doing matric when I fell pregnant. I wrote matric then I failed. My mother did not know. She knew after 3 months in December and they said are you going to school next year? I said no, I am not going. Then they said you cannot stay. What If you don't perform very well? I said I will wait for the results and when they results came out, I found that I had failed and they said I should go back to school. I said I am not going to school, else I will do supplementary. Then they said if you can fail that supplementary? I said I will not fail.''

She wrote supplementary examinations for grade 12 on two occasions and did not succeed. She felt very bad as she had not listened to her mother about continuing methods to prevent pregnancy. Her parents were very supportive after she had her baby and they did not bear a grudge against her despite the fact she had disappointed them.

The participant reported that she had wanted to have a child because of the influence of her peers without knowing the after-effects of having a child. Although the participant indicated that she received moral support in child-rearing from her mother, she seriously regrets not having gone to school, for her future's sake.

The participant was very frank and very open in criticising herself for not listening to her parent's advice with regard to pregnancy and also for discontinuing her studies. It seemed that peer influence was the major contributory factor in her having a child at an early age.

Participant FG 11 (18 years at delivery – aged 21 years)

The participant had a child at the age of 18 years, while doing matriculation. She was not prepared to have a child and indicated that she became worried immediately after failing to menstruate for a month because they were given guidance in Life Orientation lessons at school. She was very stressed, as she said:

"Then when I fell pregnant then I started to have stress to say how am I going to tell them, and how am I going to take care of the child. Then I started to have a stress. And at school they started to bother me and say you need to come with your mother at school so that she must be with you at school, if you want to continue with us here at school. Then I started to

have a stress and I did not finish my matric properly because I was having a lot of stress. I had a child during September and I was supposed to write and I was just about to write matric."

"I wrote matric, when I am supposed to write the child is crying then I stop reading and this means I take care of the child. I failed, then I understood that I should drop because even supplementary…I am still going to fail because the child is still small. It was not nice; fortunately the father was taking care of the baby."

The participant was unable to continue her studies due to the problems of rearing a child and because her family was not on a sound economic footing. The interesting part of the story is that the child's father was making a contribution.

The participant was open in highlighting the fact that she knew that something was wrong immediately after she had stopped menstruating due to the knowledge she had received in Life Orientation at school. The pregnancy seemed to have caused the participant a lot of stress, which interfered with her ability to succeed in her studies.

When these participants were asked about the difficulties of being a teenage mother and a school student, all three commented that it had been very problematic due to a lack of childminders and, further, because children need a lot of attention. Each one highlighted the importance of volunteering and the establishment of a support group.

The participants were very relaxed and very open because of the 'group spirit'. They had created a sense of themselves in sharing in a free environment. They were able to remember as well as remind one another of their past experiences by sharing in an interactive situation.

5. 7. 2 Part Two: Life stories of teenage mothers in Slovenia

Participant 12 (16 years at delivery – age 32 years)

The participant stated that she had her first child at the age of 16, having conceived when she was 15 years of age. She was staying with her mother when she became pregnant. She was not using contraception at the time. Her mother was reported to be a strict, firm and educated woman. The participant's partner did not want the child but the participant had

decided not to abort the baby. Her mother was shocked by the fact that the participant wanted to keep the child. She was given an abortion application form by governmental officials, a gynaecologist and a social worker. The participant was very dissatisfied with the procedure and commented:

"That is the first wrong step because I was in shock and I say, no, I have to think about it. Give me some time. So, ee!! I took about four days and in these four days, I decided, I am not going to have an abortion. And when I came back to the gynaecologist they were negatively surprised. Are you sure you want to keep the child that is a greater eehh!! Responsibility and I said, I am sure and the good stuff was that they later on gave me support. And the second thing that was good and the ee!! matter of this country was the school system. They ee!! in my high school, they did not put me out of school until the end of my pregnancy."

Her mother did not like her partner and a psychologist was called to mediate the situation but the attempt was doomed to failure. She then relocated to a maternity home where she stayed with nine women, as the situation was very tense at home. The environmental atmosphere at the maternity home was reported to be not healthy as most of the young women were depressed, alcoholic and homeless and some had been severely beaten at their place of origin.

Her mother was forced by the authority to pay for her school necessities as she was a student at the time. Later she stayed with her partner who was engaged in marijuana drug dealing, an illegal business her mother was totally opposed to. When asked about the issue of religion in relation to abortion, the participant reported that she was not strictly religious and did not value religion, but she was afraid of God and because her religion, even though not so strict, did not approve of abortion.

The participant was very open and honest in discussing her life and her partner's story. She had been very active at school and was always taking the lead in school activities. She had managed to obtain an education despite the difficult situation that she had encountered. She was very brave to challenge the professionals about her decision to take the pregnancy to term.

Participant 13 (17 years at delivery – aged 19 years)

The participant was living in Beltinci when she met her boyfriend. Life ran very smoothly for her but problems developed after she fell pregnant. Her boyfriend wanted her to have an abortion and started to beat her, but her parents were excited about her pregnancy and her first baby. Later everything went back to normal with her partner and she was living with her in-laws.

Her in-laws then started to interfere in her relationship with her partner. She was even denied the latitude to sleep with her own child. Her in-laws were taking full control of her baby's life and she had no say over her child's life. They were at loggerheads with her and she was forced to separate from her partner because of the horrible situation. The participant was living alone with the child at the time of the interview.

When asked whether she had been using contraceptives when she became pregnant, the participant mentioned that the pregnancy was planned as she wanted to have a child. The participant had attended school to primary level and was not going to school when she fell pregnant. Both her parents were unemployed and were receiving social security grants. When asked about her challenges, the participant commented:

"That the father does not want to come and I am nervous because the child is always with me and the child has no connection with the father. And I do not know what is going on with him [the child], he is crying and I do not why."

The participant also indicated that the child-support grant she was receiving from the state was too low as she could not manage to buy basic necessities. When asked about whether she had received sex education at primary level, the participant stated that she heard something about it, although she was not certain.

The participant was very cooperative, yet she appeared to be very depressed about her partner's behaviour and about her son who did not have any connection with his father.

Participant 14 (16 years at delivery – aged 19 years)

The participant fell pregnant at the age of 16 years, while she was still at school, but did not report the pregnancy to the school officials until she was six months pregnant. Her

mother was the first to know about the pregnancy and she also accompanied her to the gynaecologist. Her mother had also discouraged her from having an abortion. Both of her parents were happy about the pregnancy, but her grandmother yelled at her.

She left home to stay with her partner as her grandmother did not approve of her relationship with the partner. When she told her teachers about her pregnancy, they accepted the situation. She further claimed that she was at lower primary level when she fell pregnant. After the baby was born, she took her to school for her teachers and friends to get to know her. She received a lot of moral support from her mother and she did not experience problems with regard to child-rearing.

The participant reported that the pregnancy was not planned as it had happened by mistake. The participant was not satisfied with the child-support grant she was receiving from the government because it could not cover the most basic things.

The participant was cooperative although she was not very open. When probed further about the father of her child she seemed very reluctant to speak about him. She appeared to have information that she was not prepared to disclose. The researcher could not probe further about the participant's life due to the problem of the researcher's language deficiency and the insufficient information provided by the translator.

Participant 15 (16 years at delivery – aged 19 years)

She fell pregnant at the age of 16. It was very hard for her when she discovered that she was pregnant. She wanted to abort the baby at first, but decided to carry the baby to term based on the fact that she is not a murderer. She had never experienced problems when she was pregnant or during the delivery. She later separated from her partner due to misunderstandings.

Her partner was unemployed and was reported to have initiated the issue of having a baby, although the participant fell pregnant while using a condom. When probed further about her knowledge of abortion, the participant indicated that she had been aware of abortion but was totally against it. At the time of the interview, the participant was not using contraception and also reported that she did not want to make use of it.

The participant was not very open and her body language seemed to indicate that she was feeling uncomfortable.

Participant 16 (18 years at delivery – aged 19 years and six months)

The participant was practising birth control when she became pregnant. She felt sick for two weeks, her mother arranged for a pregnancy test, and the results were positive. It was a serious shock for the participant as she was using contraceptives although her doctor did not believe that she was doing so.

It was very tough for the participant to inform her partner of the pregnancy. Her partner was also shocked when he was told, but he had a discussion with the participant's mother and they both accepted the situation. Her partner supported her when she was pregnant. Her mother was against abortion. Her friends had advised her to have an abortion, but she refused because of the support received from her mother and her boyfriend. Her relationship with her friends came to an end when she decided to take her pregnancy to term.

The participant was at high school when she fell pregnant. An agreement was reached with the school authority to be exempted from attending classes but to remain as a student. The participant was living with her mother, her stepfather, a grandmother and her sister. Her little half-brother was staying with her father as her parents had divorced. Her partner also joined the family as he had been living with his mother in a small apartment.

The participant reported that she saw people staring at her and acting negatively when she was pregnant and after the delivery. Her partner had been working but had lost his job. He was looking for a job, and they were relying on her partner's money from the previous job and the child-support grant at the time. The participant did not have financial problems, and commented:

"And I am starting to work next week. So money won't be a problem. My mum is also very ... and my stepfather are very supportive but I am pretty much stand on my own because I don't wanna be eeh. I want to support my baby alone (*me and my boyfriend). I don't want to ask my parents about money because I wanna be..."*

The participant was very outgoing in talking about her life. She gave the impression of being much disciplined in terms of taking responsibility for her family matters. She was candid regarding the birth of her child as a situation that had positively shaped her to be responsible and to become a good listener as she had not listened to her parents before.

Participant 17 (18 years at delivery – aged 30 years)

The participant became pregnant at the age of 18. She had experienced serious problems as both her mother and her mother in-law were against the pregnancy and were also very angry with her. She had never thought of abortion as she saw it as a right for every woman, society and countries to make decisions on issues pertaining to their own lives. The only person who stood by her side was her partner. She commented:

"I was ... I was scared and like this, but my boyfriend ... and said that I have him and we will keep this baby".

After negotiations with her in-laws, they were allowed to stay in her partner's weekend flat. Life was very difficult as nobody was assisting them in buying basic necessities and paying for bills for utilities. She could not even receive the child-support grant as she was told to ask for assistance from her mother-in-law by social workers on the basis of not being entitled to receive the grant according to the policy. She was then employed by her father-in-law where she was earning a low salary. After two years she fell pregnant again. She continued working at her father-in-law's business until she found employment in a nursing home.

The participant went through a challenging experience having grown up without a father figure in a poor family, staying with her mother, half-sister and her grandmother. The participant reported that she was unemployed at the time and her family was poor. Her partner's family was rich. Her in-laws did not like her as she was poor and uneducated.

When asked about the use of contraceptives, the participant indicated that they had not made use of contraceptives before the arrival of her two children, but she was using contraceptives during the period the interview was conducted.

The participant was very comfortable in talking about her situation. She seemed to be a very responsible person, having worked very hard to earn a living despite the meagre salary she was receiving.

Participant 18 (16 years at delivery – aged 20 years)

The participant became pregnant at the age of 16. She was very shocked as she had never anticipated that. She did not want to tell anyone her shocking news, but was forced by circumstances to inform her mother. She wanted to have an abortion, but her mother prevented her from doing that. She was obliged to enter a conditional marriage because of the situation. The marriage was approved by the Center for Social Work, a psychiatrist and a court as they were both under age at the time.

Her partner's parents did not approve of the marriage and this made her partner relocate from Bosnia to stay with her. For this reason, her in-laws accused her of ruining their son's life by falling pregnant. The participant began to have problems when she was seven months pregnant. Her blood pressure was unstable due to the stress she had experienced when began to be at loggerheads with her partner. She was then forced to induce labour as the baby's life was at risk due to a lack of oxygen. She could not accept the baby after the delivery and did not even want to see him. She reported:

"I was refusing the child, really for 7 days. I didn't even want to see him. I simply couldn't accept him. Then also, the 2nd day after labour, the father of the child went to Bosnia and I was left alone".

Her mother and a social worker had a lengthy discussion with her to convince her not to reject the baby. They advised her to put the baby up for adoption if she did not want him. But her mother continued to encourage her to keep the baby and also informed her how she had suffered to conceive her as her second child. Eventually she accepted the baby. Her mother assisted her to continue her studies at a special school. When asked about the issue of religion, she indicated that she was religious but did not go to church and that her religion regarded a child as something "sacred holy".

The participant was frank and open in narrating her life. She was very helpful in volunteering to offer guidance at a primary school because of the tremendous situation that she had experienced.

Participant 19 (17 years at delivery – aged 26 years)

The participant fled home at the age of 17 because her parents did not allow her to get married and she was severely ill treated. She fell pregnant at the age of 17. She got married without the approval of her parents. Her parents demanded lobola (a price for the bride) from her partner, but the participant was against that, as she reported:

"And so mine [family] said that they are searching for marriage and they were looking for some money, then I told him, I am not a cow, to be sold. This is you know, a cow would be sold. Boys and girls are not sold in my opinion. This was before, before 100 years. Now the law is different".

The participant indicated that she had five children and had aborted another five. She was pregnant with a three-month-old child at the time of the interview and reported that she was going to have another abortion as the three-month-old baby was still young. When asked about the challenges she had experienced in her life, she commented:

"Then I came, and my mother was beating me up a lot and she was preparing for me food. But she put eeh ... how do we call it, this you give mice when you want to kill the mice, the poison. Did you understand me? Then I saw what she put in my food and I did not want to it and I went there at the school and told and I was blue [with bruises]".

The participant had received a lot of moral support from her teachers when she was still a student. Her mother did not want her to go to school; instead, she was instructed to beg on the street and engage in prostitution for the family to survive. She reported the matter to the school authorities and was placed in a children's home. She was very disappointed when her grandmother took her out of the children's home and started to ill-treat her again, like her mother had done.

She indicated that she had been pressurised by ill treatment at home to get married and stay with her partner. The participant discontinued schooling at the age of ten, after she had

completed grade 5. The participant also reported that she had never received sex education at school.

She was depending on a social grant for survival, but indicated that the money was too little. Her partner was unemployed as he had been 'erased' as a Slovenian citizen years before. He had been struggling to obtain a residential permit until that time.

The participant was very relaxed while relating her painful story. She seemed to be very responsible and still had aspirations to further her studies, although she was still sad and disappointed with her mother and grandmother because they had delayed her.

5. 7. 3 Part Three: Institutions

Information from the institutions is summarised in table form, indicating the names of the institutions and a short briefing on role responsibilities.

Table 5.3: Institutions in South Africa

NAME OF THE INSTITUTION	ROLE RESPONSIBILITIES
Fanang Diatla (NGO)	The centre started to function in 1985 as a non-profit organisation. It has six drop-in centres (sub centres). In these drop-in centres, orphans and vulnerable children are given guidance on homework and those who are homeless are given accommodation. Drop-outs are also encouraged in the villages to be integrated into the school environment. There is a youth programme that is facilitated by the youth to give guidance and encouragement to youngsters who become teenage mothers to further their studies and also to bring the children to the centre for day care. The centre runs born-free dialogues with parents, youth and teenage mothers, and encourages skills development. It offers counselling, life skills, HIV/AIDS information, sex education, sexuality education, home-based care and LOVE LIFE programmes

	that entail assertiveness and self-reliance skills. The centre is funded by the Department of Social Development and it coordinates services with sectors that deal with teenagers, pregnant teenagers and teenage mothers. There is a social worker that is attached to the centre for home visits, referrals and counselling.
Social Development (Regional)	The institution renders parenting life skills programmes and counselling through case work, group work and community work. The Department also offers empowerment programmes to teenagers. They have individual sessions with clients in the Agency. Follow-up is done with clients who have problems. Group work and community work is carried out in various communities. Community members are engaged in projects for job creation.
Social Development (Regional)	The institution is engaged in community education awareness campaigns in local schools and communities as well as community dialogues. Dialogues are conducted with teenage mothers, youth and parents of teenage mothers in order to find out how services can be improved. They have an integrated programme that involves structures such as schools, churches, clinics, and youth structures.

Department of Education (Capricorn District)	The Department has programmes on prevention through life skills training, sex education, bullying, alcohol and drugs, motivational talks, and sexuality education (services rendered on a quarterly basis). Teachers are also trained in life orientation and the information is ploughed back to the students. Their programmes deal specifically with protective prevention but they do not have specific services for teenage mothers. The Department has a policy that protects pregnant teenagers and teenage mothers and encourages them to stay in school and not to be discriminated against. Some of these

	teenagers prefer to discontinue going to school when they fall pregnant or when they have given birth. Parents are always encouraged to accompany their teenagers to school if they are due to deliver, but parents in most instances would rather withdraw them from school until they give birth. Social workers and nurses are usually invited to offer counselling and support and address other learners to treat pregnant teenagers and teenage mothers with respect like normal people.
Department of Education (Province)	The Department is running and overseeing services and programmes addressing learners in schools in the various districts of the Limpopo Province. The sector is coordinating services with the districts. The Department has programmes that address learners in schools but does not have specific programmes for individuals. The Constitution provides the basis for curbing social exclusion, but the programme does not deal with it specifically. Health-related matters that affect teenagers are referred to the Department of Health.

Table 5.4: Institutions in Slovenia

NAME OF THE INSTITUTION	**ROLE RESPONSIBILITIES**
Gynaecological Clinic (Nurses Section) Ljubljana	The clinic functions on the primary level. Talks are offered on contraception, protection, hygiene and nutrition to teenage girls and they give exercises during pregnancy. The centre also offers services of counselling and giving guidance on birth procedures. They also display pictures of the birth process as a way to prepare pregnant teenagers for delivery. For instance, they are engaged in lessons in breathing during delivery, how the delivery starts and ends, and the process after birth, particularly changes that are

	caused by hormones and breastfeeding. Teenagers are encouraged to breastfeed their children as it is healthy. Every teenager has the right to visit the gynaecologists and they are also given guidance by them about the use of contraception. They offer parenting lessons to teenage girls, and on breastfeeding and preparation for the birth. Teenagers are encouraged to live a healthy lifestyle during pregnancy. Counselling and referrals are also carried out.
Gynaecological Clinic (Social Work Section) Ljubljana	They are involved in family planning services, running consultations on the prevention of unwanted pregnancy and all issues related to unwanted pregnancy; dealing with fears about the effects of contraception, and the high risk of changing partners. Facilitation of communication amongst teenagers and doctors pertaining to contraception as well as the termination of pregnancy is offered. They are directed by law in terms of offering abortion services. Girls have the right to self-determination to have an abortion without their parents' knowledge, as well as to have her information remain confidential. They offer counselling relating to the practice of contraception and removing the fear of the side-effects of other contraceptive, e.g. tablets. The majority of them resort to coitus interruptus, which carries a higher risk of unwanted pregnancy. The institution also reports to the National Institute for the Protection of Health about the number of terminated pregnancies as well as prescriptions for contraception. They do not have special programmes for teenagers. They also resolve problems related to health insurance. Unemployed women who do not have health insurance are advised to apply at social work centres. They coordinate services with midwives, centres for social work and maternity homes regarding referrals and follow up.
Murska Sobota Centre For	Services are provided in an advisory capacity within the

Social Work	framework of the law for social protection, using methods of social work. There are no programmes for the prevention of teenage pregnancies and support for teenage mothers in the region. Teenage pregnancy was reported to not be a serious stigma as it had been in the Prekmurska environment. A lot of teenage mothers were reported from Roma communities. The Agency attends to individuals and family problems through the law for social protection, applying methods of social work. They also act as family mediators, applying reality therapy. Community social work is also applied, especially in the case of juvenile mothers who feel unaccepted in families or society and more precisely in an environment. They handle CSD, foster care and adoption matters, as well as render counselling in needy cases. The representatives of the Centre reported an urgent need for a network for psychosocial help, which was considered very weak in the Pomurska Region. It was indicated that there is a dire need to attend to the socio-economic position of people in the region as a way to reduce unemployment, which is linked to the poverty in the region.
Maternity Home	The home accommodates teenage mothers who have problems or are experiencing serious problems with their families or partners for a certain period. Teenagers are assisted to plan and attain their goals when they arrive at the home. The majority of them have not completed secondary school and are motivated to complete their studies. They are accommodated for a year and the period can also be extended as the home operates flexibly. They are also engaged in self-help projects like gardening projects. The home coordinates services with the centre for social work in handling the cases of these teenagers. Psychotherapists also assist teenage mothers who are in a crisis. They also offer

	guidance on parenting in the form of empowerment and management. In addition, the home accommodates foreign women who are having family problems in Slovenia as they cannot afford rented apartments anymore.
Institute of Public Health (Ljubljana)	The National Institute of Public Health has been restructured and is currently operating on the same level with other regional Institutes of Public Health. They are responsible for the strategic planning of documents, programmes, education programmes for educators in health promotion, organising conferences, and meeting with experts, working with the media, and collaborating with other sectors. They are also responsible for conducting research activities and analysing data, as well as writing report articles and books relating to specific issues. Research is carried out on the regional, national and international level. Programmes are developed on the basis of data that are collected, analysed and discussed, with some recommendations. A lot of activities are carried out with the health care sector, especially with the social and education sector. The institution coordinates services through health education programmes with a coordinated structure that deals with the management of health promotion in community health centres via regional institutes.
Institute of Public Health (Kranj)	The institution pays school visits once a year, running educational programmes facilitated by doctors and nurses on hygiene, sexual changes in puberty/body changes, use of preventative protective measures, disseminating information on infections and sexual diseases, especially Chlamydia, and on relationships between men and women, and gender issues, as well as distributing brochures/leaflets to children and students. Children and students of the age group (15 years) are inspected on an annual basis to detect diseases

	that might need urgent attention. Nurses are allocated 45 minutes to meet with students once annually. The region is functioning autonomously from other regions.
Private practice (gynaecologist)	Counselling services are provided on family planning, contraceptive counselling, antenatal and postnatal counselling, examination and writing referral letters to gynaecological departments regarding abortion matters. Teenagers are offered guidance on preventative measures and responsible behaviour.
Gynaecologist (private practice & health centre)	Basic health services are offered by running assessments on a monthly basis in outpatient clinics as well as writing referrals. Teenage mothers do not have a specific policy pertaining to services that are offered to them. They receive services based on a general policy like every woman. They are offered information on parenting and contraception. They also receive a thorough examination in the private health care system. Abortion services are also carried out. The commission is responsible for approving applications for abortion. Parents of teenage mothers are usually notified about their teenagers' intention to ask for an abortion only if the pregnancy is advanced, but it is not necessary to involve parents early in the pregnancy.

5. 8 Conclusion

Teenage mothers presented their stories based on the challenges that they had encountered from socio-economic educational aspects in both countries (South Africa and Slovenia). Teenage mothers in South Africa did not regard teenage parenting as an inspiring situation based on the fact that it curtailed most of their anticipated goals. Some of them were able to complete their studies due to the moral support received from their parents. About two

participants mentioned that teenage motherhood was a turning point in their lives due to the fact that they had become self-reliant because of the challenges they encountered as teenage mothers. Although the participants' stories were different, they complemented each other in terms of issues affecting their socio-economic, cultural, religious and emotional backgrounds. Parents were reported as having contributed a lot in assisting them to cope, especially in the dual role of being a mother and a student.

Teenage mothers in Slovenia also went through challenging situations. A few of the participants reported that life was very painful for them because their parents (mothers) did not offer social and financial assistance. Only one participant had planned to have a child; the majority of them mentioned that the pregnancy was not anticipated. Some of the participants did not manage to complete their studies due to child-rearing issues. One of the participants reported that pregnancy is still viewed by some community members in a negative way and the participant was against the stigmatisation by community members when she was pregnant and after the delivery.

Teenage mothers from both countries presented their stories from different perspectives, even though the context of such stories complemented one another in terms of the social, educational, cultural, religious as well as economic aspects. The life perspective of these teenagers appears to have been thwarted by environmental obstacles, particularly by a lack of education, unemployment, poverty and a lack of supportive services from some professionals. The system perspective (the role performed by professionals) was considered effective in both countries, although some of the services offered were still falling behind in terms of creating user-friendly environments as well as incorporating the views of teenage mothers in their planning and implementation of services.

CHAPTER SIX

Findings and Discussion

6. 1 Introduction

This chapter presents findings from and discussions of the gathered data. The focus is on the life stories of teenage mothers as well as the services offered by selected institutions and NGOs to shape the life perspectives of teenage mothers. The chapter reflects on the experiences of teenage mothers in relation to their socio-economic, religious, environmental and cultural situation and the manner in which the institutions address such variables to help teenagers to cope in Slovenia and South Africa. The chapter is divided into two parts. Part one deals with findings and discussions based on South Africa and part two addresses the data from Slovenia.

6. 2 General Experiences of Teenage Mothers

Following the South African data on the experiences of teenage mothers, the majority of the participants found themselves caught up in an array of problems that were interrelated. The majority of participants had experienced relationship problems with their partners immediately after they became pregnant. In most cases, such relationships did not last for long. Most participants were living under economic hardship related to a lack of financial involvement by teenage fathers, unemployment, the low socio-economic background of the parents, a small child-support grant (that was considered helpful by the participants even though it was reported to not cover the basic necessities). Although the majority of the participants regarded the child-support grant as valuable, few of them considered the grant as the main contributory reason for some teenagers to fall pregnant.

Some participants could not even afford to enrol their children in crèches or day care centres due to a lack of funds. Parents and grandparents played a valuable role in child-rearing for some participants whereas others received only financial support from their

parents, as their parents were committed at the workplace. Some participants also experienced problems accomplishing the dual role of being a mother and a student at the same time due to child-rearing matters.

Many participants had experienced different feelings about their pregnancy and teenage motherhood, amongst which sadness, shyness, regret and frustration were mentioned. Stress was mentioned by the majority of the participants as playing a negative role in their lives.

The literature concurs with these findings about the experiences of teenage motherhood. Teenage mothers are faced with the difficult challenge of satisfying their own needs and the needs of their children – a critical situation which is considered difficult especially if there is a lack of sufficient financial support (Gyesaw 2013). The argument is clearly supported by Van den Berg (2012) who postulates that teenage mothers with full primary social network support are successful in coping with parental challenges and they rarely show signs of depression. Such support networks may help teenage mothers escape the intergenerational cycle of poverty which is considered by Wilkinson and Pickett (2010) as problematic. Based on these findings and the literature, a question arises when the research question is taken into account as to whether the existing formal support networks (the system/institutional services) are really incorporating the views of these teenagers into their practice, particularly when the issue of policy is considered by the affected institutions. The resolution of the problem centres around strategic measures that could be implemented by different professionals, taking what these participants are saying into account.

The following headings will reveal the specific experiences about education the participants had received in relation to sexuality education, health knowledge, socio-economic aspects, and social aspects in relation to culture, abortion and religion, their educational status, support services received from different selected professional institutions, non-governmental institutions, the family and the community.

6. 3 Part One: South Africa

6. 3. 1 School Educational Aspects in Relation to Sexuality Education, Sex Education (Safe Sex) and Support for Teenage Mothers

The results of the study reveal interrelated variables that constitute the problem of teenage pregnancy and support for teenage mothers as reported by some participants (McLeroy et al. 1988; McLeod 1999b). It emanated from the research findings that teenage mothers' experiences vary because of the different socio-economic and environmental backgrounds in which they live, even though some of their dynamics were connected. The majority of these participants (about 9 of them) reported teenage pregnancy and early motherhood as a crisis that tends to distort one's future, especially if there is a lack of proper support services and a lack of education, which retards future employment opportunities.

Life as they reported was unbearable for most of the participants. Participant 2, for instance, was a student when she became pregnant. After she had delivered her child, the principal of the school refused to allow her reintegration into the school environment in order to continue her studies. Life became very problematic as there was no alternative for her. She was forced by circumstances to stay at home and take care of her child. During the time of the interview the participant was very worried about her future as a drop-out. She could not anticipate any future developments as she did not have higher educational qualifications. She remarked:

''The life was very heavy and I started to regret and I was afraid to go to school and when I go to school, then, no, I said I will go back to school and they refused me at school and they said I am big but I did not know what to do. But I just stayed with the child and I rosed up my child to grow and I did not have problems.'' (Participant 2)

Participant 4 fell pregnant while she was in grade 10. The pregnancy affected her performance and she failed. She had to discontinue schooling then and later enrolled with ABET (Adult Basic Education Training). The participant had one more course to complete in her studies during the time of the interview. The participant reported that she had received information on sexuality matters at school through life orientation. The teachers were able to talk about pregnancy matters, sexual intercourse issues and disease, although such talks were not offered on a regular basis. The participant further claimed that they had also relied a lot on reading books about sexuality.

Participant 4 emphasised the fact that schools need to teach teenagers about the dangers of becoming pregnant, especially if one is still under age. Participant 3 also reported that she did not receive comprehensive information about sex and sexuality issues. The participants commented:

''Aai ... they did not teach us mainly that far in classes because I did not do life skills [a life orientation subject] *I stopped doing life skills.''* (Participant 3)

Some teenage mothers were candid and blamed themselves for being teenage mothers as they had received guidance from the school about protective measures, even though not on a regular basis. One participant even stated that she had never anticipated becoming pregnant as she had slept with her partner only once. Another participant reported that, even though the government might try to help with the problem of teenage pregnancy, it would not succeed as some of them (teenage mothers) are too lazy to think, and she gave an example, saying:

"If I am poor, it is to say I don't know anything ... say I left the school at form I [grade 8] and if they give me a book to read I cannot read. They ask me ... who is the premier of Limpopo? I do not know the person. It is to say there is not even a single thing that I know. And this thing is happening in rural areas. Yes, why are these children in townships not living the same as us? We cannot say resources are closer for them, we are far. It is because we are failing to think." (Participant 5)

Participant 5 did not complete her studies on a full-time basis because her life had become unmanageable after she had been kidnapped and released eight months later. She was able to proceed with her studies on a part-time basis despite being a teenage mother. The participant remarked:

"I was doing grade 11 and my mother was not working. Then I am unable to go to school, at home we were suffering. So we stayed at home until I was holding piece jobs, there and there for building and to reap out in the field, so that at home we must be able to eat. Then I held support group for J. Mamabolo, it is here at Segopje. Support group for J. Mamabolo, I became responsible; even now I am still responsible. I ended up entering ... like this year I was enrolling with ABET. Ee!! Yes, but I did national diploma in user

computer. I have leadership skills, I have business management, I have building programmes and I had graduated in the campus during June." (Participant 5)

Participant 1 reported teenage motherhood to be challenging, particularly if one is not educated. She emphasised the fact that teenagers need to complete their studies to be able to work in order to become self-reliant. She was still furthering her education at the time the interview was conducted. Participant 6 could not succeed in obtaining the grade 12 certificate when she wrote the examination for the first time due to shyness as she was not prepared to have a child. She managed to complete grade 12 after her second attempt.

It is clear from what these participants were saying that being teenage mothers has had a negative impact on their lives as some participants could not attain their anticipated goals. Education usually paves the way for people to become sustainable.

Constructivists and ecologists emphasise that environmental factors play a dominant role in the way in which people perceive themselves in terms of enhancing growth, social and health functioning, as well the decisions they take in their lives (Hutchison and Wood Charlesworth 2007; Nash et al. 2005, 34). It is clear from the literature and what these teenagers are saying that dependency is viewed in different ways. In certain cases, teenagers appeared to be forced by inescapable circumstances to be uneducated and to rely on the grants whereas in some cases teenagers are failing to learn from their mistakes, as reported by certain respondents. For instance, Participant 2 was expelled by the school authority after she had a child and she had no alternative but to discontinue her education due to frustration and the lack of support from the school authorities. The participant appeared to have been marginalised by the head of the school authority. The school policy, however, does not allow pregnant teenagers and teenage mothers to be expelled from school. When we place this case in the context of Habermas' notion of the lifeworld and the systemworld, we can see that power has been utilised to marginalise the respondent. Participant 7 had fallen pregnant on three occasions despite the information she had received on health and protective preventative measures and the continuous social, emotional and financial support that her mother offered.

Two of the participants in the focus group were dropouts due to the problem of being teenage mothers. Participant FG 11 had a good financial opportunity offered by her uncle to continue her studies. After she became pregnant she became too ashamed of herself to

confront her uncle about her situation and decided to discontinue her schooling as she could not manage to accomplish the demanding dual role of being a student and a mother, and lacking finance. Participant FG 10 did not use the opportunity that was offered by her mother to repeat grade 12 on a full-time basis. Her parents were prepared to assist her in child-rearing during school hours, but she refused and preferred to be enrolled on a part-time basis. Unfortunately, she did not manage to succeed as she failed grade 12 on three occasions and decided to discontinue. She stated:

"I wrote matric then I failed. The following year I wrote again and I had failed. The following year I wrote again and I had failed and I discontinued. I thought that maybe I will pass, and then when I pass, then I go for paramedic. Now I am staying because I wrote three times and failed. So it means I should sit down and look for simple jobs and it is just to enter in Indian shops and you just work and they do not need an identification document. If I can attend school, the issue that is bothering me is to have matric. I then proceed forward to be able to do paramedic, I do even management." (Participant FG 11)

Participant FG 9 was still furthering her studies at the time of the interview. She had a challenge when she fell pregnant as she was not even aware that she was pregnant. She also stated that nobody had prepared her in advance about reproductive issues. She did not receive guidance, not even from her parents, about preventative measures. She became very uncomfortable as three school peers had laughed at her in the presence of fellow students, as she remarked:

"I was seated in the class, and then came two grades 11. When they arrived, I ... there came 2 girls, and when they arrived, I just heard them laughing, laughing and laughing. When they laugh, one of them came and watch on me. When she watched me ... I was not aware that I am pregnant. When she looked at me. Then she said, you are pregnant, are you aware of that? Then I said no I am not pregnant. Then I became shy and I was stressed, then I started to cry." (Participant 9)

Participants FG 10 and FG 11 reported having received information on sexuality and sex education through the Life Orientation school programme that was offered by teachers. One remarked:

" *They were teaching us about LO [life orientation] to say if you do not use a condom and sleep with a boy the possibilities that you will have a child are there but because we love things, we just slept like that and did not use a condom then it mean that the child is coming."* (Participant 10)

"Eeih!!! I do not know. Maybe at schools if they can bring ... if they can talk about issues of intercourse, maybe as youngsters we will be open minded." (Participant 11)

From what these teenage mothers were saying it is clear that the problem of teenage pregnancy cannot only be dealt with through the moralistic approach. In other words, teenagers are interested in knowing more about services and programmes that deal with sexual activities rather than moral issues. Despite the fact that some participants did not receive sex education and information on sexuality, others appeared to have received information on such matters as they mentioned that the influence of the peer group was one of the contributory factors that caused them to become teenage mothers. One participant commented

Teachers at school, you know at life science, there is correction system, and then they teach you, and chapters on pregnancy to say how you should prevent that. Then we are girls, there are other things where you will say that let me steal and do what others are doing and you do not know that you are stealing at the wrong time (sexing at the wrong time) and you never think that such a thing will happen". (Participant FG 11)

The fact that some of these teenagers had explored sexual relationships despite being given guidance may signal a lack of clear knowledge about the consequences of such practices accompanied by peer pressure, even though the findings show that the information was disseminated by teachers.

Based on their past experiences, the participants were also prepared to work on a voluntary basis to share their stories with other teenagers in order to educate them about life matters as a way to help them become more knowledgeable about matters and to avoid being trapped in risky situations. When the participants were probed further about whether such guidance sessions were offered on a regular basis at school, they indicated that the information was not offered frequently.

The findings from the individual interviews and the focus group reveal the following aspects, some of which were similar for all the participants:

- A commitment to studies

The majority of participants were still eager to continue their studies in order to have a better future. The focus group also shared the same desire to further their studies. They regarded education as a basic foundation for survival; some even mentioned that it would be difficult for them to find a well-paid job if uneducated. Finance was regarded as a stumbling block to finishing their studies by the majority of them, even though child-rearing was mentioned to have contributed negatively to success in their studies for some of them. Five participants were still continuing their studies despite the challenges they had experienced as students and teenage parents. Only a few discontinued schooling. Participant 5 attained a diploma certificate with the University of Limpopo. Based on their commitment to studies, one could argue that not every teenage mother is uneducated.

- Unemployment

Two participants were employed and nine of them were unemployed. The participants emphasised the need for the government to intervene by offering training and learnership programmes as well as bursaries for students to further their studies and for dropouts to be re-integrated into the school environment. What these teenagers are saying is true in the sense that the more professionals intervene by offering educational support services, the more the school drop-out rate will be minimised and this will result in a high number of educated teenagers and employed teenage mothers, based on their qualifications. In other words, it serves no point to focus only on these teenage mothers as uneducated welfare recipients without applying intervention strategies to assist them to attain education and to become employable. The data reflect a growing trend of unemployment and low education (even though the majority of them had completed matriculation), which may hinder progress in the lives of these teenage mothers as the situation may prolong the system of dependency on child-support grants if the problem is not addressed at the earliest stage. It is also evident from what these teenagers stated that most participants were forced by economic conditions to rely on the child-support grant, parents and family members.

The national campaign to prevent teenage pregnancy (2002) also confirms the findings on the issue of teenage mothers in terms of teenage mothers being likely to depend on child welfare for a longer time than their peers, especially if their economic background is poor. Although some participants regarded the grant as very helpful, the massive expansion of this grant has led to a debate, particularly among sceptics in the social development system who are concerned that the more the grant is increased, the more it will create a syndrome of dependency (South Africa at a Glance 2014). Policymakers, on the other hand, are faced with a serious problem pertaining to the vulnerability of youth in the labour market worldwide. South African statistics on the labour market (National and Provincial Labour Market – Youth 2008) show a 36.1 percent rate of youth unemployment in the Limpopo Province. Such statistics may be linked to inadequate job opportunities due to a lack of higher education or inadequate skills. Now a question arises as to whether it is the child-support grant that creates dependency, unemployment and poverty or whether it is the lack of proper intervention measures to deal with the problem of teenage pregnancy and teenage motherhood. Or are these teenage mothers exploring risky situations due to a lack of comprehensive information about life issues? Or is it a matter of being abused by partners due to a lack of proper knowledge or a failure to make decisions? Are these aspects intertwined? Based on these questions, there may be a need for the government to incorporate the life views of such teenagers in order to motivate them and offer financial assistance to pursue a college education and to finish high school as a way to promote self-reliance in teenagers and teenage mothers. Such an attempt may be successful if proper open communication is encouraged between teenagers, teenagers' mothers, parents, communities and the affected institutions when we include Habermas' concept of the lifeworld and the systemworld in this context.

- Implementation of school policies and the lack of practical implementation of some policies

The findings reveal a system of exclusion of some teenage mothers from schools in spite of the Department of Education policy that protects pregnant teenagers and teenage mothers so as to enable them to remain at school to further their studies. In other words, although teenage pregnancy is usually regarded as a factor that limits a teenager in attaining her education, the findings show one teenage mother whose goal of completing high school was thwarted by the school authority when she was expelled from school.

Zachry, in Duncan (2011), also noted that some students become dropouts due to school policies and the previous experiences in the school environment. Critical feminists support flexible policies that allow teenage mothers to attend school and abstain from lessons whenever they are pressurised by circumstances like taking care of their children when they are sick. The introduction of such flexible hours in workplaces and schools will contribute to a better performance in the family, the school and the workplace (Fine 1988).

Government policies are considered as powerful in influencing the trajectory of adolescent pregnancy through direct and indirect techniques. Policy decisions are very important in determining the availability and unavailability for the critical implementation of services and programmes (Brindis 2006). Taking the concept of policy under discussion in this regard, the South African Constitution and educational policy emphasise the creation of a positive environment and encourage pregnant teenagers and teenage mothers to remain at school and to return after childbirth. Despite the availability of the policy and the Constitution that support this policy, some school authorities have still ignored the law by exercising their own right at the disadvantage of some of these teenage mothers, as reflected in the data. Therefore, such practices need to be exposed to the Provincial Educational Authority so that they may to cease to exist. The problem of teenage pregnancy and support for teenage mothers may need best policies, services and programmes that will be formulated on the basis of the complexity of stories narrated by these teenagers in order to know where the problem originates. However, the need for policies to give more clarity on how these teenage mothers can be supported to finish their studies and be re-integrated into the school environment remains. The more teenagers are educated, the more they will be able to minimise the economic problem of early parenthood and of achieving their economic and desired goals. Open communication amongst the family, teenagers, teenage mothers, professionals and service providers may yield positive results in this regard. Parents may also yield a positive impact by assisting the Department of Education in reporting children who are being abused and expelled from school, as it may be difficult to place unrealistic demands on the Department if they are unaware of what is happening within the school premises. When probed further about the expulsion of some teenage mothers from school, the Department expressed a need for dedicated staff members to help monitor the situation in the school vicinities. In the absence of staff members, managers at the district level were regarded as relevant officials

to assume responsibility by compiling a common template on a quarterly basis which would assist the Provincial Office to write an annual report. However, despite these suggestions, the Department of Education has still emphasised a need to enforce policy prescripts and the manner in which they could be implemented. It was reported that the problem of a staff shortage needs to be addressed. Finally, the Department still foresees a need to improve services to meet the needs of teenagers, pregnant teenagers and teenage mothers in schools.

- Exploration and a lack of proper knowledge

The data reveal that some participants had relevant knowledge and had decided to explore sexual relationships, while others did not have comprehensive knowledge on sexual matters. Two participants from the focus group had knowledge about the usage of contraceptives due to the Life Orientation programme that was facilitated by teachers with the help of nurses, but later abandoned the use of protective measures. For instance, participant FG 10 wanted to have a child due to the influence of the peer group without thinking of the after-effects of her actions. Participant FG 11 thought that she would not fall pregnant if she only engaged in sexual relations once; Participant FG 9 had no knowledge of sexuality or reproduction matters as she did not take the Life Orientation Course. The participant was not even aware that she was pregnant. It is clear from what these participants were saying that, even though the professionals were making massive efforts to enlighten teenagers about important issues, some were still left out of the picture by not doing life orientation courses, as was the case with FG 9. The influence of the peer group still had a negative role in the life of some of these teenagers, although it may also have had a positive influence especially in situations where they share their views on important life matters to avoid exploring life issues without proper information.

While school intervention services and programmes are benefitting some teenage mothers, the data still show that some teenage mothers need more information on life matters for teenagers to achieve positive change. It also emanated from the findings that the present generation is no longer interested in issues of morality, and they need more information about what happens in life in terms of sexual relationships, and the after-effects of such relationships.

The Department of Education offers a comprehensive curriculum that includes Life Orientation programmes that deal with life skills, sex education, bullying, alcohol and drugs, motivational talks and sexuality education. Despite these good intervention services, teenagers still become pregnant and the numbers of teenage mothers remains a problem. Now a question arises as to how these teenagers can be engaged effectively in planning and implementation strategies to reduce the problem of teenage pregnancy and teenage motherhood.

- Self-blame

The majority of the participants blamed themselves for being caught up in a teenage motherhood situation. One participant could not face her teachers in the classroom or go outside the classroom during school breaks due to the stigma associated with the teenage pregnancy. Some teenage mothers regretted being teenage mothers and not obtaining the desired academic goals, whereas others indicated that exploration and not listening to their parents had led them into the difficult situation of being a teenage mother. The self-blaming reflects a problem with the way in which these teenagers view themselves. Some had decided to discontinue schooling as a way to cope with the situation. Although the majority of the participants blamed themselves for having children at an early age, they were able to continue their studies and complete grade 12. Some of them were prepared to play an important role through educating other teenagers about life matters and the challenges of being teenage mothers. Such ideas reflect an improvement in the lives of these teenage mothers in terms of knowledge and responsibilities and coping techniques in their situation. Based on such information, professionals could change the conditions of teenage mothers by considering their hopes to meet their objectives for the future, as some of them did not see any promise in their future.

The literature also postulates that teenage mothers are usually stigmatised, regarding them as consuming public welfare and rejecting them as poor, young and single (Breheny and Stephens 2010; Cassata and Dallas 2005). Teenage mothers who are disadvantaged may be exposed to vulnerable situations (Sisson 2012; Smithbattle 2012).

- Stress in relation to group identity

The participants shared the experience of having gone through a stressful situation. They identified themselves as belonging to one group due to having experienced the same

problems. They thus displayed the cohesiveness of the group and were able to share their frustrations and also prepared to assist other teenagers to avoid their situation on this basis. The notion of group identity may yield a positive impact on the lives of these participants as it may be regarded as a coping mechanism, particularly if they are prepared to disseminate information to other teenagers.

Stress refers to the internal and external state of an individual or the situation as an individual interacts with his environment. The stress consists of the environmental model, medical model and the psychological model. The environmental model encapsulates disturbances regarding the environment in which a person lives. Once the individual's adaptive way of living in the environment is in a state of imbalance, stress occurs. Physiological stress displays itself in the form of poor health that occurs in the form of an unhealthy system (for instance, the respiratory system). Psychological stress relates to the manner in which an event is related to the individual. The majority of the respondents were overwhelmed by the state of being teenage mothers as they could not cope with the challenges of life, especially the problem of performing the dual role of being students and teenage mothers, even though a few of them were able to manage. The most important aspect here is the way in which these teenage mothers are coping in order to succeed throughout the stressful situation. McNamara (2000) also regarded the manner in which people cope with stressful situations as an important strategy for one to succeed. Therefore, such a stressful situation may demand the intervention of various service providers and professionals in order to enable these teenage mothers to cope and adapt to the environment. Throughout the teenage mothers' narratives, little was mentioned regarding counselling services offered and active participation in sports to deal with stressful situations, although they had expressed feelings of shyness, sadness, fear, hopelessness about the future, confusion and some were even frightened by the situation of being pregnant. The data clearly point to a need for more regular counselling to be offered to these teenagers in order to assist them to alleviate stressful situations.

- Migration as a cause of family disorganisation

The data show two participants whose parents were working far away from their teenage children. The presence of parents in the family usually influences the manner in which children behave, even though some children may prefer to take responsibility for managing

themselves. It may be difficult for teenagers who stay alone to receive constant supervision, especially if parents are not staying with them. Migration usually results in family disorganisation based on the fact that parents spent a lot of time in urban areas due to employment issues. Some of these teenagers are staying alone in rural areas and are not well monitored and this may influence them to indulge in early sexual relationships without any protective measures in place.

- A lack of counselling from the school environment, moral support from peers and peer counselling

The findings from the focus group denote the unavailability of intensive counselling particularly with teenagers who do not receive full support from their peers, as participant FG 9 reported. There is still a need for peers to be educated to offer moral support when some of their peers become teenage mothers in order to avoid stigmatisation.

The Department of Education also mentioned that they did not have special services to offer these teenage mothers. From what these teenage mothers are saying, it is clear that the mentoring of teenagers by experienced teenage mothers is a necessary than the mere educational services that are offered by professionals, as one participant remarked:

"This is to say, she say, we motivate other youngsters maybe if they had no yet have children so that they should know that if you are there, it means we explain to them out experiences to say we have reached this way and this way and how is the situation this way and this way.'. (Participant FG10)

Teenagers listen attentively if the information is conveyed by people of the same age group rather than elders. Since at the same time the information that is disseminated by professionals cannot be totally disputed, there may be a need for the two systems (the lifeworld representing teenagers and the systemworld representing professionals) to come together as a matter of strategizing the way forward regarding how peer educators can assist teenagers in this regard.

That said, professionals like social workers and psychologists can rely on what these teenagers are saying in trying to assess where lies the etiological problem of teenage pregnancy as an effort to educate these teenagers to shift away from their unpleasant life situation. Such an analytical assessment can serve as a basic foundation upon which other

professionals like nurses and teachers can build in an attempt to assist these teenagers to have a better future.

The research findings reflect a need for the education sector to strategize its curriculum to be inclusive of contextual information on issues pertaining to life, teenage pregnancy, health reproduction as some participants still needed more information on such matters.

It is clear from what these teenagers are saying that there is a correlation of variables that are linked with the problem of teenage pregnancy and teenage motherhood. The problem of exploration, a lack of knowledge, a lack of regular knowledge on reproductive matters, relationship manipulation and the problem of not doing life orientation as a subject in the case of some teenagers were regarded as some of the contributory factors for placing participants in risky situations. Based on what these teenagers indicated, one may argue that, while it is important for these teenage mothers to be knowledgeable on reproductive health information, it is also important to take the manner of disseminating information to them into account, especially in linking the practical events with consequences. However, those who explore issues need to be engaged to find out more alternative measures that can be implemented to resolve the problem.

Research findings reveal that the Limpopo Department of Education (in the regions) has policies that support teenage pregnancies as well as teenage mothers and such policies are amended once a year. The South African Constitution protects pregnant teenagers and teenage mothers from being excluded at schools or discriminated against. The education sector has rendered effective services on life skills, sex education, bullying, alcohol and drugs, motivational talks, and sexuality education. Teachers are trained on life orientation that is offered as a subject in schools. The training increases their skills and knowledge that is conveyed to students as a subject. Such services are provided on a quarterly basis. The Department does not have specific services for teenage mothers or training programmes as one professional mentioned.

The sector was reported to be encountering challenges based on some teenagers who discontinue schooling as they become pregnant. One professional mentioned that the school policy protects teenagers to remain in school but some of them disengage themselves from continuing their studies. Some of these students were reported to be

forced by circumstances to discontinue their studies as they felt offended and alienated when other students had gossiped about them.

The matter is considered as a challenge as the Department does not have special programmes designed to reintegrate or encourage teenagers to continue with their schooling. The Department is also coordinating services with social workers and nurses who are invited to morning assembly at schools to address the students. Parents of these teenagers are also engaged through telephone conversations and talks.

When probed further on how the sector can improve the services, the participants (education representatives) reported that teenagers still need to be encouraged to use condoms continuously, as well as giving special attention to HIV/AIDS education. The Department foresees a need to increase staff members to focus on the issues of motivational talks, and speeches on the prevention of teenage pregnancy.

It is evident from what these participants (institutional representatives) are saying that the Limpopo Department of Education has a good link with other sectors that deal with teenage pregnancy and teenage mothers. Teachers are offering an effective service through the life orientation subject which covers important aspects of life skills. Despite these effective services, teenagers are still falling pregnant and becoming teenage mothers, as reflected in the findings. The time slot for rendering educational services to teenage mothers in schools may not have a positive impact on the life of some teenagers as it is too short, especially if such services are not executed on a regular basis, as mentioned by professionals. A lack of specific training programmes may also contribute to some of these teenagers exploring risky situations if they do not receive a detailed information. It is also evident from what some of these teenage mothers stated that curiosity and exploration contributed to putting them at risk, even though teachers had rendered an effective service by offering guidance. Talks and a telephone conversation with the parents of pregnant teenagers and teenage mothers appears to be a good technique, but the practice of such a technique may be more effective if parents are also engaged in motivational talks on teenage matters, particularly to help them learn more about the dynamics of life and to avoid experimenting and exploring with risky situations, as reflected in the findings and scientific evidence (Lekganyane 2003; Chigona and Rajendry 2008; Bernik and Klavs 2011).

User-friendly environments within the school premises with no prejudice may have positive impacts on the life perspective of teenagers in terms of wellness as regarded by ecologists (Nash et al. 2005, 35; Beck 2000). In other words, teenage mothers may benefit a lot from important knowledge that would help them cope with life challenges and attain a positive, healthy lifestyle if services are offered and accessed in a positive school environment.

Environments that are not teenager-friendly may hamper teenagers' progress in terms of escalating stressful situations on their life perspectives. Based on what these participants (professionals) mentioned, there is a need for students to be trained on the issue of moral support for those who become pregnant in order to create environments that are conducive for pregnant teenagers and teenage mothers especially at home and within the institutions that offer assistance for teenagers, pregnant teenagers and teenage mothers. It may also be important for the Department to strategize the manner in which the life orientation subject is given to students at school as not everybody is doing the subject. Namely, the subject could be beneficial if special services or programmes are offered to teenagers who are not doing life science. The Department may also elicit positive behaviour on the life perspectives of teenage mothers who are not at school by motivating them to re-engage with their studies.

6. 3. 2 Possible suggestions offered by teenage mothers on educational services in the schools

The teenage mothers mentioned that the problem of teenage pregnancy could be reduced if the following ideas are implemented:

- Teenage mothers suggested that the operation of educational campaigns within structures that deal with the prevention of teenage pregnancy and support for teenage mothers can bring positive results.
- The Departments that deal with the problem of teenage pregnancy could write pamphlets that will be forwarded to the Department of Education and be distributed to children.

- The government could also empower teenagers who have discontinued schooling to re-engage with their studies in the school environment. Even though the government was reported to be motivating the students to further their studies, the teenage mothers still believed that there is a need for the government to make a greater effort in a forceful way to reintegrate dropped out students into the school environment.
- Schools could introduce specific programmes that entail life issues, including teenage pregnancy; as such programmes would be accessible and benefit everybody in the school environment.
- Teenage mothers who are unable to perform very well in their studies could be assisted to secure jobs in order to take care of their children.
- Schools could teach young people about the benefit of abstinence.
- The school can offer intensive educational talks on the consequences of indulging in early sexual relations as well as detailed knowledge on sexuality education as some of them reported that they had been astonished when they became pregnant as they had never anticipated that outcome.
- Teenage mothers also indicated the importance of being informed on sex matters. They wanted to know more about sexual relationships with partners of the opposite sex.
- The different departments can also offer learnerships to students who have completed grade 12 to assist them further their studies. Those who have completed grade 8 could also be assisted to proceed with their studies in FET colleges.

In a nutshell: the participants perceived a need to establish programmes for teenagers, the institution of awareness campaigns, as well as motivational talks to encourage them to continue with their studies and also to train them for job opportunities in order to curb the problems of dependency and unemployment.

6. 4 Knowledge about Health Reproduction and Prevention Matters and the Experiences of Teenage Mothers

The research findings show teenage pregnancy as a phenomenon with multiple aspects. The findings complement those of other scholars who perceived teenage pregnancy and teenage motherhood to be caused by multifaceted variables (McLeroy 1988; McLeod 1999b). The findings reveal some participants who were fully aware of prevention services

but did not utilise protective measures for a variety of reasons that are interrelated. Some participants did not receive detailed information or guidance on the usage of contraception. For instance, Participant 1 had never received detailed knowledge on the use of contraception because she was not staying with her parents as they were employed far from home (in Gauteng). The parents came home once a month. The participant was staying with her cousin. Her cousin was always out of doors, attending parties. Both of them were still young and their parents were working in Gauteng. The participant reported that she did not utilise protective measures as she had never anticipated becoming pregnant.

Participant 2 had received information about the use of contraception but had discontinued using prevention because of the father of her child, who wanted a child by then. Participant 3 had received guidance from nurses through school visits that were carried out on a quarterly basis. Nurses were able to deliver talks to students and they also offered guidance on what teenagers could do to be protected. Photos were also displayed regarding infectious diseases. The participant discontinued the prevention as she was gaining a lot of weight, as she remarked:

"Yes, I knew about prevention matters, I had used them before my first child and I had arrived at a situation when I stopped using them. Eish!!! I saw my body increasing too much." (Participant 3)

Participant 4 also received information from the clinic and had discontinued the prevention as she was feeling sick. Participant 5's life became miserable when she was kidnapped and after she was released she did not even understand herself as a person and the type of life she was living. She could not even understand how she became pregnant due to post-traumatic stress disorder. Participant 6 did not have detailed information about protective measures. She only knew about the utilisation of a condom and had decided to discontinue using it because her partner had wanted a child during that time. She also fell pregnant for the second time despite the fact that she was utilising an IUD. Participant 7 knew about protective measures but fell pregnant accidentally. Participants 8 and 9 reported they had never received guidance before they became pregnant. The participants remarked:

"According to me, I did not receive guidance to say how this one will affect a person. So I heard my mother. They work at the clinic SAP. They said this one will make your egg

strong and they say deppo and another thing for this. There is no, at the clinic there is nobody who discuss about it." (Participant 8)

Participants FG 10 and FG 11 received guidance from nurses and teachers in schools through the life orientation subject, although some important issues such as abortion were never discussed by the nurses in the clinics.

"Yes, I knew about and nobody told me and I just decided to go (clinic) because people are just going. I left them because the father of my child said, he needs a child and then I stopped." (Participant 2)

"They have never talked about it (at the clinic). Even the time I was going to weigh, I had never heard them talking about it (at the clinic)." (Participant FG 11)

Teenagers hate to queue for long hours to receive contraceptives and the system tends to deprive them from access to contraceptives especially if they visit clinics during school breaks (Jones in Limpopo Department of Social Development (2011)). The literature concurs with findings based on a fact-finding mission done in the Limpopo Department of Health as one practitioner commented that some teenagers do not receive immediate service at some clinics during school breaks, even though the health motto encourages priority service to students first.

Based on such practices, the communication system amongst the system and the lifeworld of these teenage mothers may not yield positive outcomes in areas where teenagers are not well attended. The more the environment is not user-friendly, the more teenagers will recant themselves from clinical settings and this may put them at risk in terms of lot of pregnancies and infectious diseases. Arguing from the intrapersonal level from the ecological perspective, teenagers, pregnant teenagers and teenage mothers may have insufficient information if the systemworld (institutions) denies them the latitude to utilise the existing sociological resources appropriately (Habermas 1987; McLeroy et al. 1988).

It emanated from the empirical findings that nurses have played an important role in terms of delivering antenatal and prenatal services as most of the participants had received a lot of support from professionals, as the participants commented:

"In the clinics, we have received help when I was going for weighing and I had received it properly with no problems and until the last time when I was going to Mankweng. They turn me away for the first time, I went in the morning and they told me that the hospital beds are full and I was forced to go home and stay the whole day and at night a time came where I could not stay at home anymore and then they look for a car and I went again to Mankweng and I got a baby." (Participant 3)

"I received a proper service. I was going to the clinic until the last nine month, when I go to the Hospital to have a child." (Participant FG 11)

However, in certain cases some participants complained about a negative attitude displayed by particular professionals. Some teenagers were even reluctant to visit clinics to receive prevention and prenatal services due to the attitude of some professionals. One of the participants had even displayed her concern whereby she was calling for the Department of Health to talk with nurses to treat patients in a fair manner as her cousin who was pregnant did not want to attend antenatal sessions due to the attitude of the nurses in her local clinic. Some participants remarked:

"They are afraid to go to the clinic because, nurses you find (some teenagers) they are harassing us. Ooh!!! Most of them, it is because of the kind of treatment, that they receive from nurses. They don't talk nicely with us, they talk in harsh manner. Then that thing is contributing for teenage pregnancy. When they think of going to the clinic to be yelled at by nurses, a person just says, 'it is better that I have a child.'' (Participant FG 11)

"When I arrived at the clinic, that nurse, I found her watching Nigerians (movies). Then she said hey!!! What do you want? Then I said, I came it is my date today. Is it your date? And I met others at the gate leaving; they said she had yelled at them. Then I said to them did she inject you? They said yes, she had injected them but she was not willing. I had entered and said it is my date. Then the nurse said to me hmmm ... no, no it is not your date. I said it is my date, it is the 25 today. I came to the clinic. She said to me 'needles are finished' but those others she had injected. When I left eihhh!! My heart was very sore. I say why the nurse could do so when they were saying that prevention is the one that is sharp. When I was at the gate, on my way home, she called me and when I arrived she gave me condoms. I said I am sharp. I am here to receive information and you tell me to

take condoms. I don't need them. I left, but my heart was very painful to say why the nurse is doing so." (Participant FG 9)

The findings reflect the following important aspects:

- Inability to take decisions despite awareness of the use of contraception, and a lack of knowledge about contraception use.

  It is clear from the findings that few of the participants were aware of the danger of having a sexual relationship with their partners but did not protect themselves due to the inability to control their lives. Such responses raise concern about their assertive skills. Assertiveness simply refers to an act of showing a confident and forceful personality (Oxford Dictionary of English 2010). When teenagers are placed within this concept, they may be expected to be assertive in order to avoid their partners taking the lead in managing their own affairs, especially with the use of contraceptives. When the issue of gender is placed within this aspect, one may argue whether the participant had full knowledge to negotiate for sexual protection, as they are protected by sections 9 and 27 of the South African Constitution (1996) regarding reproductive health rights. Practical implementation of such knowledge may bear a positive impact in assisting them to negotiate for sexual protection. Brindis (2006) and Kirby (2007) argued that complete, accurate knowledge and the relevant different kinds of skills are important for helping teenagers make the right decisions on health promotion. While assertiveness is usually cherished as an important skill for teenagers to protect themselves, it may also be difficult to utilise such a technique in a rape situation. An inescapable situation like rape may need the law to forcefully implement its provisions to protect teenagers.

- A fear of visiting clinics (environment) and intervention strategies

  It is evident that some participants were very dissatisfied about the services offered by certain professionals. It is quite disturbing to find that one professional did not offer prevention services to a teenager in a clinic whereas health facilities pertaining to family planning and other forms of contraception are being offered without payment by public health facilities. Such practices may pave the way for

teenagers to indulge in a risky situation of having a sexual relationship without taking protective measures. The negative effect of such consequences may increase the rate of teenage pregnancy and infectious diseases. Some teenagers were reported as being afraid of visiting clinics to obtain prevention services due to the ill treatment displayed by some nurses in the clinic settings. Such practices may be linked with unhealthy environments in the life spheres of these teenagers.

In a study conducted by Wood and Jewkes (2006), teenagers in the Limpopo Province reported being harassed by members of the health staff for their sexuality and for being late (arriving after school) to access services as well as interfering with clinic cards' dates by not arriving on the stipulated return date. Researchers (MacPhail and Campell 2001; Wood and Jewkes 2006) in the South African Demographic and Health Survey (2008) considered health staff's attitude as a significant obstacle, especially for young women who were found to be reluctant to return to clinics for prevention services due to a fear of being scolded and judged.

Although strong arguments exist for the need for teenagers to utilise preventative measures, the rising level of teenagers' marginalisation in terms of access to services and the negative attitude displayed by some professionals in the clinics raise a concern for a more systematic focus on the right of teenagers to access services without prejudice. The more teenagers receive proper care, treatment and support, the more their manner of doing things will be changed and such steps may lead to a positive improvement in their lives.

- A lack of proper information on health reproductive information

The study shows some participants who mentioned they had received information on sexuality and sex education and others who did not receive any such information. When probed further, others were uncertain whether the knowledge they had received was enough as they still needed more guidance on matters relating to life. Avert (2010) regards sexuality education as the process of acquiring knowledge, formulating attitudes and beliefs about sex, relationships, sexual intimacy and identity. In addition, researchers (Malin and Marrow 2009; Soriano et al. 2008) postulate that education that is disseminated to teenage mothers in a

reasonable way brings positive outcomes, particularly if young parents are allowed to contribute to the content.

The underlying argument here is about teenagers having comprehensive knowledge about physical changes in their bodies, and skills for how to protect themselves in terms of making appropriate decisions about their lives.

From what these teenagers are saying, it appears as if some nurses are failing to create user-friendly environments in terms of the accessibility of services. The literature also concurs with what these teenagers are saying as some teenagers were also reported as being afraid to access contraception services in the clinics. Such systems may contribute to insufficient information on reproductive health and sexual issues as well as poor knowledge of emergency contraception knowledge. Authors (Mqhayi et al. 2004; Limpopo Provincial Government 2011) postulate that teenage mothers in the Limpopo Province were found to have inadequate information about emergency contraception. Based on these, there may be a need for the systemworld (service providers) to constantly monitor services with professionals as well as teenagers to effect change and promote a rapport between the systemworld (professionals and service providers) and the lifeworld.

6. 4. 1 Suggestions for Health Services Made by the Participants

- The participants suggested that a prevention system that can be operated within the school vicinity be made available, whereas the Department of Education's policy does not allow the operation of such systems within the school vicinity.

- The participants also emphasised that the situation could be improved if the structures that are affected could coordinate services. Based on this, the situation may be effective if both systems (lifeworld and systemworld) can share ideas on how to improve the problem of teenage pregnancy and teenage mothers.

- They recommended that teenagers should be forced to attend clinics for prevention services.

- It was further indicated that there is still a need for teenagers to be educated about the problem of teenage pregnancy by health professionals (in the clinics) and the family (in the home environment).

- Parental assistance was considered to be very important only if the teenager falls pregnant for the first time. Participants felt that if a pregnancy occurred for a second time the teenage mother needed to be taught responsibility by staying alone in an RDP house (Reconstruction Development Programme houses established by the government for people without shelters or proper shelters). The teenager found it acceptable to have the first child as a mistake, but that it is not acceptable if the situation is repeated. Her argument is based on the fact that, if the situation occurred for the second time, the teenage mother must be given separate accommodation in an RDP house where she can learn to be independent by assuming responsibilities.

- One participant suggested that the government could mix prevention contraception in the food through a feeding scheme system in the school vicinity as some teenagers do not want to visit clinics due to being scared of the nurses. In other words, the teenager found it very useful for the health system to design a prevention system that could be mixed with the food and be distributed at school to be utilised by girls as they are reluctant to go to clinics because of the nurses' attitude.

- Affected institutions like Social Development and others could offer regular talks in the clinics.

6. 5 Social Aspects: Gender Impact, Society, Religion, Culture in Relation to Teenage Pregnancy

The research findings point to a number of participants who became pregnant as a result of their partners' wish to have a child. Such practices denote teenage girls' inability to make decisions on matters pertaining to their lives, as well as relationship manipulation as exercised by their partners. Some participants commented:

"Then I have this issue that I did not trust boys and I spent a year with a person without sleeping with him. Then he said he must leave me because we do not have sexual

intercourse. Then I said to him, fine then let's test. After we tested, we did not use a condom for lot of times but, he said, he was fair …then it happened that I did not …then I fell pregnant". (Participant 6)

Some cultures are also contributing to gender inequality, as reported by Cejka and Eagly (1999). Like Durkheim in Heath (2001), feminists (Dominelli 2002) perceive some teenage fathers and men as taking the lead in exerting social control on teenage girls through exercising physical, emotional and sexual forms of violence that end up in unwanted teenage pregnancies. It was also quite disturbing to find that some of these participants became pregnant due to the influence of their partners. They did not make decisions about their lives due to the dominant role that was played by their partners over their lives. The findings also revealed the bad scenario for one participant who was kidnapped for a period of eight months in a horrible environment, as the participant remarked:

"I had a challenge when I was 16 years. I was kidnapped by people about six. There were 4 men and six women so those people… never, it is to say that they were abusing me like rape and beat me and staff like that. And during that time, I did not know what a man is. After that so, those people stayed with me for a period of 8 months and released me, after they had received money". (Participant 5)

Such abusive scenarios reflect the need for more protective measures to be in place in order to protect teenagers against perpetrators, especially when the issue of gender is taken into account. The State could also challenge such malpractices by taking harsh measures against criminals to protect teenagers.

The current South African Constitution protects women with regard to their rights and freedom that was not practised years ago. The country has made significant changes pertaining to gender inequity. The World Economic Forum rated South Africa 17th out of 136 countries with respect to gender inequality. Women have the right to gender equality and access to reproductive health services as enshrined in the 1996 Constitution (sections 39 and 27) of the Republic of South Africa. Despite the existing Constitution, patriarchy still occurs in certain areas, particularly where some community members are not highly educated, as social inequities appear to exist behind legislation particularly when we place participant 5's case within this argument in respect of gender issues. The question arises as to how the law can practically implement changes to protect women and teenagers in the

case of violence and rape, especially when one argues on the basis of big countries like South Africa in terms of its population. Researchers postulate that gender norms are practised on the basis of the culture of the community. In other words, culture and societies play a part in the manner in which women and men are expected to behave (Strebel et al. (2006)). Durkheim, in Heath (2001), perceives the importance of the interrelation of the internal world and external world of teenagers that are directed by transformative societal values and norms of the life perspective of teenagers. Mutual understanding between both systems (lifeworld and systemworld) is regarded by Habermas (1987) as very crucial for producing positive results.

Feminists regard some cultures as playing a negative role in encouraging teenage fathers not to be fully involved in matters pertaining to child-rearing and financial responsibilities as they are gendered-favoured (Durkheim in Heath 2001). The literature also reveals a dearth of research about health, educational and intervention services aimed at targeting boys in a study conducted by As-Sanie et al. (2004). It is true that theory and research focus a lot on the life of girls and boys are usually excluded from gaining important information that could assist them to also be knowledgeable, to reduce the rate of teenage fathers.

6. 5. 1 Abortion, Religion and Culture

The findings show that the majority of participants perceive abortion in a negative way due to some family, cultural and religious influence as well as the pressure from parents, families and certain peers. Some participants commented:

"The church that I am affiliated to does not allow abortion and even if I had find out that I am pregnant I had nearly tried it but my sister noticed that I am like this, and she had prevented me to say or maybe I, if I am trying to kill the child, it is possible that I can lose my life. Yes, it is to say abortion by right I do not stand for it." (Participant 8)

"And I arrive at a decision to abort and at the end I finalised that it is the same if I commit abortion why should I do it, this is a gift from God and I should just leave it as it is, it will grow and there is nothing wrong with the child. Even the Bible says 'Bear children and be many'. Jesus Christ did not allow abortion." (Participant 3)

Some participants did not even have detailed knowledge about abortion services. Some also mentioned that they had never heard anything concerning abortion.

Although most of the participants had a negative perception about abortion, a few of them wanted to have an abortion and did not succeed based on the influence from their parents, relatives, family members, the culture and the church. The findings correlate with the findings by the Limpopo Department of Social Development (2011, 90) about teenagers who are unable to have an abortion in rural areas of the Limpopo Province due to the influence of parents, culture and religion. Some of them could not even visit a clinic to receive guidance on contraception for fear of being noticed by their parents or neighbours who could inform their parents about their visits to the clinic (Department of Social Development (2011, 90)).

Few parents were reported to not have a negative attitude towards abortion. The situation appears to be aggravated by cultural practices as the study also reveals some professionals who did not disseminate information on abortion, as was highlighted by some participants:

"They had never talked about it (at the clinic). Even the time I was going to weigh, I had never heard them talking about it.'.

Such remarks may signal the fact that some professionals do not feel comfortable disseminating information to teenagers especially because of the influence of the culture. Based on such practices, there may be a need for the further training of professionals in how to deal with this problem of teenage pregnancy.

The data highlight the following aspects:

- Legal termination of pregnancy is rarely practised

The majority of the participants were Christians. The respondents were reluctant to perform an abortion, although few of them had wanted to have an abortion, but were discouraged by their peers, parents and family members and the church's influence. Abortion is still considered illegal by the majority of the participants even though it has been legalised in South Africa. The issue of abortion was not found to have a strong link with gender because the majority of the participants had strong beliefs that abortion is evil and others had even regarded a child as a gift from God.

The findings reflect the influence of peers, parents, members and the church's influence as having a link with low rates of abortion. Gorman in Lebese (2002) identified three themes in religion and moral teachings pertaining to abortion: the foetus is regarded as the creation of God; abortion is understood as the culpable murder of a helpless human being and those who commit abortion are judged as guilty. From these themes, one may argue that abortion is regarded as an offence against humanity when it is perceived from a religious point of view. After the fall of apartheid, the new Constitution was adopted and citizens were allowed to exercise their right to several important things, including freedom of religion, opinion, thought and belief. Abortion was also democratically legalised in South Africa in 1996 and began to operate in 1997 (The Choice on Termination of Pregnancy Act, no. 92 of 1996). The promulgation of abortion led to passionate debates between two groups who were had different ideologies about abortion (anti-abortion and pro-choice advocates). Those who were against the Act were ranged from a religious organisation representing Christian and Muslim churches to professional groups (Guttmacher et al. 1998). The literature shows a small percentage of young women who utilise abortion services (3%), although two-thirds of pregnancies are unwanted (Pettifar et al. 2005). The legal termination of pregnancy is rarely preferred, as reflected in the South African Demographic and Heath Survey (2004–2008) by Kaufman de Wet and Staedler (2001) and Varga (2002). Authors (Darroch et al. 2001; Dryburgh 2003) have argued that a high rate of pregnancy may be linked with low levels of induced and spontaneous abortion. South Africa is one of the few countries in Africa to offer abortion services on request in the first trimester.

Abortion is still viewed negatively by the majority of the participants, some family members, the community and some churches. There may be a need for health professionals to strategise the manner in which teenagers and teenage mothers can be helped to prevent teenage pregnancies as some of them were against abortion. The family and the communities could be engaged in dialogue on how the problem of teenagers and teenage mothers can be dealt with on a par with people’s culture, especially if some cultures are still against the practice of abortion even though it has been legalised.

6. 5. 2 The Role of Social Workers in Relation to Teenager Matters

The Social Development Department reported to be engaging the community and teenage mothers in dialogue relating to life issues. Such dialogues may yield positive results if they are carried out regularly in order to help teenagers to become more knowledgeable about social and health reproductive services as well as to strategise on how both parties can resolve the problem of teenage pregnancy. Counselling is offered to clients on an individual basis. Group work sessions are performed with clients who have similar cases. Community projects are also established in order to engage communities in income-generating projects. Poverty alleviation programmes are offered in the form of food parcels to needy families. Poverty was mentioned by the Department as one of the factors contributing to teenage pregnancy, especially in families without a head of the household. The Department reported to be offering life skills, parenting programmes which have recently been introduced, community education campaigns in local schools and communities. However, the Department also mentioned that the influence of religion and cultural issues in certain communities were still having a negative impact on the services that were provided to teenage mothers. For instance, discussions on sex and sexuality issues were still considered taboo and some religions did not allow such discussions to take place with teenagers. A representative of the Department mentioned the pathetic case of a fostered teenage girl who was impregnated by her cousin. The teenager wanted to terminate the pregnancy but she was not allowed to base on the fact that the pregnancy was at an advanced stage as considered by responsible health practitioners. Social workers were able to render intensive counselling to the teenager and she was also removed and placed in an alternative care place. Such scenarios may call upon the health section to revise abortion policies in order to be flexible in meeting the needs of people if such needs are not to endanger the lives of people. Proper dissemination of information on health reproductive matters may help teenagers report pregnancies at an early stage. From the data gathered, it appears that social workers are coordinating services with other structures that deal with teenagers' issues. The Department also coordinates services with the Fanang Diatla Organisation (a non-government organisation funded by the Department of Social Development).

Even though there is coordination of services amongst structures in terms of planning and services, the system appears to be not fully incorporating some views of these teenagers, particularly the use of former teenage mothers as peer counsellors in the system. The use of

former teenage mothers as peer counsellors may help the Department disseminate raw practical information to teenagers, society and the community in order to reduce the problem of teenage pregnancy and teenage mothers, as one participant commented:

"This is to say, she say (referring to participant FG 9) we motivate other youngsters maybe if they had not yet have children so that they should know that if you are there, it means we explain to them our experiences to say we have reached this way and this way and how is the..." (Participant FG 10)

While most of the services provided were considered effective, some participants were satisfied and also dissatisfied with services in some local areas. Some social workers were reported to be not attending to clients on time, as mentioned by one teenage mother:

"And our local social workers are not treating us alright; they put you outside for 2 hours. And they will tell you that they are going to the meeting and after the meeting they go for tea time. At the end I was forced to go to the hospital at Mankweng, I found the social worker and that is where they have talked with me, by then I was with my mother." (Participant 5)

The problem of the lack of proper attendance at clients by some local social workers displays a need for the Department of Social Development to strategise measures for how such practices could be dealt with in order to promote the principle of "Batho Pele" (First priority to be given to clients).

The findings depict the following aspects:

- A negative perception of relationships with partners

  The data show the negative after-effects of participant 5 who was kidnapped and raped by people for a period of 8 months. The fact that she went through this traumatic situation had a tremendous negative impact on her social life. Although the participant reported having a relationship with a partner, she had displayed a feeling of being annoyed if her partner wanted to be close to her as she kept being reminded about what the kidnappers had done to her. She also mentioned that she usually visualises those people if her partner wants to have sexual intercourse with her and she further claimed that the situation had made her lose interest in having a

sexual relationship. Despite the intensive counselling the participant had received for a period of a year from psychologists, nurses, social workers and a psychiatrist, the participant displayed a need to receive further counselling services.

- A lack of empowerment of teenage fathers to assume responsibility for their children

  Throughout the narratives and interviews, the majority of participants never mentioned the involvement of teenage fathers in assuming responsibilities, except for two participants whose partners had assisted financially in taking care of their children. Infact some of the teenage fathers were reported to have disappeared whereas some had denied paternity.

- A friendly environment

  The data point to one participant who had raised her dissatisfaction with the unfair treatment offered by some local social workers as compared to the good services that were provided to the participant by hospital social workers. The participant was kept on a bench for several hours based on the fact that social workers were having meetings and tea breaks.

Research shows that many teenage mothers and a few professionals regard some environments as not teenager-friendly in offering services to teenagers. The intrapersonal level from the ecological perspective stressed the importance of interrelated sociological variables (sexual orientation, gender, values, status, ethnic identity, goals, age, coping skills, time management skills, access to health care skills), especially the stigma of counselling and accessibility of services as issues that need to be taken into consideration by the systemworld in offering services to the lifeworld (McLeroy et al. 1988; McLeod 1999). This is true as the findings also highlight the importance of taking into account issues that are related to societal values, culture, positive environments, gender, and proper accessibility of services as crucial matters that need to be taken into consideration when dealing with teenage pregnancy and support for teenage mothers. The matter is also validated by Habermas' (1987) notion of the lifeworld and the systemworld when he talks about power as a contributory factor that disables people from meeting their needs. Hence, he regards the systemworld as colonising the lifeworld.

Based on these, one may argue that there is still a need for some professionals to be trained on the creation of user-friendly environments to promote the welfare of clients and for efficiency reasons. Nash et al. (2005, 34) argued that social workers and other professionals may be motivated to capacitate teenagers to establish resources for coping in stressful situations as well as the creation of user-friendly environments.

6. 5. 3 Suggestions Offered by Teenage Mothers about Social Development Roles

- The participants suggested that social workers could also target orphaned children in the school premises and probe further into their environmental family backgrounds to try to help them as some of them are problematic.
- They also suggested that the government could offer safe places where former teenage mothers could share information with other teenagers, including with the involvement of social workers and clinics, particularly in rural areas. The government could also assist with the creation of support groups and social workers could act ex-officio in an advisory capacity.
- Social workers could also empower teenagers to be initiators in terms of establishing self-help projects that would enable them to be self-sustainable in order to avoid the continuous system of relying on financial aid from the government.
- The government could also encourage teenage mothers to serve the local communities on a voluntary basis in order to pave the way to becoming employed.
- The participants also reported that there is a need for the government to make provision for a lot of recreational activities in rural areas as well as restructuring play grounds that would make people become deeply engaged in sports activities.
- Some participants felt that the operation of the child-support grant should be discontinued because it is contributing to teenagers having children. On the contrary, other participants reported that it may be good for the child-support grant to operate for a limited period on a short-term basis and cease to exist later.
- They also suggested that the government could also increase the number of crèches in local areas to enable teenage mothers to continue their studies and to work. It was further indicated that the government could also reduce the monthly crèche fee as it

was considered costly for teenage mothers to pay due to the meagre child-support grant they receive.

6. 5. 4 Suggestions Offered by the Teenage Mothers from a Multidisciplinary Perspective

- He participants indicated that the different departments could initiate programmes like "Khumbu le Khaya" (programmes on TV where people talk about real-life practical issues revolving around their lives) where different affected departments could have a slot about the problem of teenage pregnancy and teenage motherhood. The participants claimed that such a programme could be facilitated in the form of asking questions of different representatives of the departments. The responses from the different representatives could be consolidated in a single document to help teenagers increase their knowledge about life matters.
- The government could also work as a team to offer funding to teenagers whose economic background is poor to allow them to continue their studies.
- Teenagers could also be trained to become employed in order to be independent, to reduce poverty as well as the problem of teenage pregnancy.
- The government could also encourage teenage mothers to establish support groups, where teenage mothers could share their past experience with teenagers as a way to educate them about the consequences of teenage pregnancy. Such support groups could be monitored by the various departments that are affected.

6. 5. 5 Parental Reactions to Pregnancy and Support from the Family Perspective

The study depicts different reactions by parents as reported by the participants. The majority of parents were disappointed and stressed by their teenagers' status of being pregnant, although some of them had never displayed any sign of distress. Parents who were disappointed with their teenagers had later abandoned their bad feelings and became very supportive, as was reported by some teenagers' mothers. About 10 participants indicated they had received social, emotional and financial support from parents and

family members, although two participants had received partial child-rearing support because their parents were working. Five participants regarded their mothers as role models for the valuable role they have played in their lives. Two participants mentioned their sisters as role models. One participant regarded the ex-president of the African National Congress, Julius Malema, as his role model based on the fact that he prefers honesty, although the participant did not like the manner in which he relates to the elders.

Participant 1's parents have never reacted differently but told her that she should never repeat her mistake of having another child. The participant had wanted to put her child up for adoption but her parents offered her moral support by convincing her to accept the child since initially she could hardly accept the fact she was pregnant. Participant 2 was worried about her pregnancy. Her mother and sister played an effective role by being very supportive of her as she was very worried about being pregnant. Participant 3 did not experience problems with her first child. Matters cropped up when her relationship with the father of her first child came to an end. She started to have some misunderstandings with her parents. She went to stay with her grandmother and returned to her parents when she was pregnant for the second time, by another partner. Her parents were very angry and even yelled at her. They could not talk with her for a few days and later became very supportive.

Participants 4’s parents had never said anything, but sometimes she was kept reminded about her mistake of having a child as a teenager, although they were offering moral support in terms of child-rearing and financial assistance. Participant 5's parents had never said anything as they considered her previous situation given that she had once been kidnapped for a period of 8 months. Her parents were very supportive throughout her pregnancy and after the delivery. Participant 6 did not even discuss her situation with her mother, as she was afraid of her. Her mother was reported to be a harsh and strict person. Her mother had only assisted her with finance and the participant did not receive a lot of child-rearing support since her mother was working far away from home. Participant 7's parents did not utter a word but the participant was haunted by her own mistakes as she fell pregnant three times successively and she felt she had disappointed her mother. Despite the three children she has, her mother had continued to offer support and encouraged her to continue with her education. Participant 8's mother was not happy about her pregnancy and she was told by her parents that she must be responsible for her own child, but after she

gave birth the whole family warmly accepted the child. They were very responsible in offering moral support and she was even motivated to proceed with her studies. Her mother assisted her with child-rearing issues when her child was still small as she was employed. Participant FG 9's mother told her that she would only offer child-rearing support when the child was still small as she was employed. Participant FG 10's parents did not utter a word but instead they had insisted that she should continue her studies on a full-time basis, although the participant disappointed her parents because she flatly refused. Participant FG 11's parents never shouted at her but the participant was stressed by the fact that she was pregnant. Some of the participants remarked:

"Aaa!!! When they saw the pregnancy, they first yelled at me, then after those few weeks, they had accepted but they treat my child as their last born. It is my mother; she was able to take care of my child while the child was young. She was working and did not exclude my child. She was working. She treated my child as if it was hers. During December, you know how boys are?, when they were going to buy clothes, they will buy mine clothes too like their children. Even the food, everything that I was complaining about….." (Participant FG 9)

"It is to say my mother was a noisy person. And they never shouted at me, and they understood the reasons where I came from. Yes, it is to say they had accepted and like even to support they gave me moral support. They did not have a problem." (Participant 5)

The findings show that the majority of the participants regarded their parents and family members as good role models. The results clearly reveal the inequality of family roles as most of these participants were assisted by their mothers in terms of child-rearing even when their fathers contributed financially. Grandmothers were also regarded as playing an effective role in child-rearing. The teenage fathers' parents were reported as rarely offering assistance, either financially or socially. Gender in relation to the culture of the people still has a dominant influence on the way teenage mothers are not supported by the majority of their partners.

- Role modelling and continuous support from parents

It is clear from the participants' stories that many of them had received support from their parents and families, especially from their mothers who were reported to be good role

models and further that they had played a supportive role in child-rearing. Although the participants' parents were regarded as role models, some of them had different reactions after discovering that their teenagers were pregnant even though they became very supportive later. These findings are in line with previous research studies where teenagers reported that their parents were sad, depressed, surprised and yet later became very supportive (Gyesaw 2013, 777; Rajgelj 2005, 66). The data show five parents of teenage mothers who were overwhelmed initially when discovering that their teenagers were pregnant, even though they later became strong enough to offer emotional, social and financial support. Such crises may need professional interventions in the form of counselling to maintain equilibrium in the home environment in order to alleviate stressful circumstances for the family. In addition, Nash et al. (2005:34) argued that social workers and other professionals may be encouraged to promote a positive nurturing environment in the life perspectives of these teenagers as well as capacitating them to cope with stressful situations.

The literature also regards the family as an important structure that plays a crucial role in terms of promoting interpersonal relations and the socialisation process which have a significant influence on shaping the welfare of teenagers (Franklin 1988, 340). Bronfenbrenner (1979) regards the different ecological systems (macrosystem, microsystem, mesosystem, exosystem and chronosystem) as valuable for the development of human beings. The more these systems interact with one another, the more teenagers, pregnant teenagers and teenage mothers will have a meaningful experience in their lives. In other words, the family serves as a basic foundation for teenagers (on a microsystem level which is connected to other levels) to survive. The findings complement the literature about the important role of the family in supporting teenagers as some participants clearly stated that they would not have managed to cope without assistance from their parents, sisters, grandparents and uncles. Some of them commented:

"Is my sister, unfortunately she departed last year. She used to sit down with me and said do you see me? I had a child when I was 25 years. Even you, try to push, and be over 20, 21, you reach 25 and be like me." (Participant FG 10)

"My role model is my uncle. He is a paramedic. He is the one who motivated me to go to school, so that I should be like him. Already he had promised to take me to school, even though I had disappointed him." (Participant FG 11)

We can see from what these teenagers are saying that the role of child-rearing is even extended to family members such as sisters and uncles, which points to a good support system. However, the situation may overwhelm family members as they also are responsible for taking care of their own families.

6. 5. 6 Lack of Support from Teenage Fathers

The lack of support from the teenage fathers was the main dominating factor throughout the participants' narratives, although a few participants had received social, emotional and financial support from the teenage fathers. The majority of these participants were stressed by the teenage fathers' lack of responsibility. Some participants described their ordeal as a turning point in their lives as they later became independent. For instance, participant 5 reported that life had really taught her to be self-sufficient. The participant did not mention any support that was offered by the father of her child. Instead her parents had offered a lot of support emotionally, socially and financially. She was forced by circumstances to work on a voluntary basis to educate teenagers about important life issues, especially health aspects based on her experience as an ambassador of HIV/AIDS. She had even initiated a support group at two clinics, namely the Mmapodu Mmamabolo Clinic and the Segopje Clinic. At the time of the interview, she was the facilitator of Segopje support groups in the local area where she resides.

Participant 4 stated that being a teenage single parent is horrible as the whole responsibility for the child rests upon your shoulders, particularly if the child is sick as well as buying basic necessities and paying for school funds. The participant was depending on the child-support grant as well as her mother for survival. She also mentioned that she receives 600 hundred rands for her two children on a monthly basis and the money was reported to be insufficient to cover basic necessities although it was helpful. Participant 6's father of her first child did not offer any financial assistance. Instead, he had continued with his studies and discontinued his relationship with her as he was involved with another girl friend

where he was schooling. Participant 1's father of her child ran away when she became pregnant, as she commented:

"The problems that I experienced are the father of my child only. I never thought that my parents will help me when my boyfriend ran away." (Participant 1)

Participant 2 suffered financially and emotionally after she fell pregnant as the father of her child refused paternity. Although the father of her child initially refused paternity, the participant was still having a relationship with him during the time the interview was conducted.

Participant 3 never experienced financial problems after she became pregnant as her partner was very responsible. The participant began to experience problems after she was separated from her partner because of pressure from her in-laws, who did not like her. Her second pregnancy made a turning point in her life, as she was forced to look for a job and she became independent. Her mother played a supportive role of staying and taking care of her children due to the fact that the participant was working far away from home at the time of the interview. Participant 7 did not receive any financial help from the father of her three children. She even stated that she did not experience problems even if the father of her children was not taking care of the child. She reported:

"With regard to finance, it is not to say I have problems too because they support me here at home and the family of my mother. Yes, problems, no I do not have problems." (Participant 7)

"I had the first child and I did not have problem and I had accepted, the father of my child was close and he did everything for the child. Then a time arrived when I and he separated because of pressure from his parents." (Participant 3)

Participant FG 9 had only received financial assistance from her mother. Participant FG 10 never mentioned the involvement of the father of her child throughout her story. Her mother was reported to be an important person as she had offered financial, social and emotional support during the painful moment of her life. Participant FG 11 received financial support from her partner although she was also stressed by the economic situation of her parents which was not considered viable.

It is clear from these quotations that most of these participants did not receive full moral support from their partners, although a few of them had intervened at the beginning to offer financial support.

The findings point to some similarities and differences pertaining to the following aspects:

- Denial of paternity; disappearance of teenage fathers, lack of teenage father responsibility vs. few responsible teenage fathers
- Lack of a majority of teenage fathers vs. small involvement of a few teenage fathers
- Parental commitment in the upbringing of grandchildren
- Importance of the child-support grant
- Independency vs dependency

The literature also concurs with the findings about a lack of social and financial support from teenage fathers (Fagot et al., in Moore and Rosenthal 2006, 213). The literature postulates that the importance of support and resources for the successful adjustment of an adolescent mother are needed from both formal and informal support systems (Secco and Moffat 1994). The mother and the child adjust positively if there is positive support from the informal level of the family, friends and the father of the child. Positive adjustment is linked with positive support from the informal level in this regard. According to the World Health Organisation in Lekganyane (1993, 5), the family forms the basic framework for facilitating teenagers to have a better future. Social support, especially support from the family, has been identified as an important factor during adolescents' transition to parenthood (Passino et al. 1993; NRC and ICM 2005).

The findings of the study can also be linked with the issue of gender, especially when we look at the issue of gender roles. Macions and Plummer in Oakley (2008) define gender in terms of the social and hierarchical level between females and males. Oakley (1972) postulates that gender roles are learned through families and schools. Women are usually portrayed as housewives and, in most instances, women are channelled to play a caring role. When teenage mothers are placed in this context, the majority of them are forced to facilitate caring roles due to a lack of support from teenage fathers who are not used to the

system of caring due to cultural influences. The situation also reveals a gap in gender inequality as the parents of the teenage mothers were offering a lot of support whereas the parents of the teenage fathers were rarely mentioned in terms of offering support.

6. 5. 7 Socio-economic Background and Educational Qualifications

The majority of the participants had achieved grade 11 and only a few of them had completed grade 12. Some did not manage to perform very well in grade 12 due to the dual role of being a teenager and a mother at the same time. A few of them had managed to solve the problem of being a student and a mother at the same time, although they had mentioned that the process was difficult despite the moral support they had received from their parents, families and teachers.

Some participants were caught up in a 'dependency syndrome' which was considered an ongoing process that might lead to an intergenerational cycle of poverty if strategic intervention measures are not tailored immediately. In other words, if these teenagers are not assisted financially to continue their studies, their children will still experience the same situation as the teenage mothers may not be in a suitable financial position to help them to complete their studies. Most participants were relying on their parents and the child-support grant for survival. About two participants were independent as they were employed. They even regarded the stage of being a teenage mother as an important and remarkable period as it had really changed their mindset in terms of teaching them responsibility. It was also interesting to discover that one of the participants had even extended her responsibility by taking care of her late sister's child, despite the traumatic life experience she had been through. She reported:

"I was doing grade 11 and my mother was not working. Then I am unable to go to school, at home we were suffering. So we stayed at home until I was holding piece jobs, there and there for building and to reap out in the field, so that at the home we must be able to eat. Then I held support group for J. Mamabolo, it is here at Segopje. Support group for J. Mamabolo, I became responsible. I ended up entering ... like this year I was enrolling with ABET. Ee!!! Yes, but I did National Diploma in user computer. I have leadership skills, I

have business management, I have building programme and I had graduated in the campus during June." (Participant 5)

Regardless of the full support that the majority of participants received from their parents and families, their future economic situation may be at a disadvantage if proper intervention measures are not implemented. The teenage mothers may experience economic hardships particularly when their children grow old due to their financial position entailing reliance on parents and child-support grants. It is not surprising that the majority of them may be trapped in an intergenerational cycle of poverty if they are not assisted to be educated in order to become self-reliant. Although the majority of the participants were unemployed, two of them were economically viable as they had stable jobs. Some of these participants have learned to be independent and to carry responsibility through the difficult challenges they had experienced. They were able to secure temporary jobs and some had succeeded to study on a part-time basis, despite the obstacles they had encountered as teenage mothers as is the case with participants 5, 6, 7 and 8.

Such positive steps striving to become self-sustainable denote empowerment in the life perspective of some of these teenage mothers. Therefore, it may be important for other teenage mothers to be motivated and to continue their studies in order to become self-reliant as a way to avoid continuous dependency on the grant. While at the same time these teenagers may be encouraged to complete their studies, there may be a need for the government to assist financially until they are able to finish their studies in order to escape the dependency notion as labelled by critics. One teenage mother commented:

"Well in most instances even though the government can try to reduce it, it will not succeed. You know let me give an example, my next door neighbours. I stay here the one who stays in the ... my left side, is 19 years, and this person has four children. The one who stay on the right side, is 21 and is having 6 children so if we look at it all of them they are looking at the grant money. You know? The first one, if they can say to this person, tomorrow, they say, pack all your things and go, there is nowhere, where this person can go. This now our days if you are looking for a job, if you enter a place looking for a job, they need qualifications." (Participant 5)

The findings are in line with some previous studies as the child-support grant (CSG) is considered one of the contributory factors for some teenagers to have children (Planned Parenthood Association of South Africa 2003), although other studies perceive the CSG as valuable in terms of paying school funds for the children of teenage mothers as well as covering basic needs (Case et al. 2005). Some participants in a study conducted by the Limpopo Department of Social Development (2011) regarded the child-support grant as helpful in terms of paying for crèche and transport fees. Critical feminists have argued that dependency and independency cannot be compared when placed in the context of poverty, especially in a situation when the poor are blamed for being impoverished and the after-effects of poverty.

Bringing the concept of poverty into this discussion, feminists perceive a gap in the systemworld and lifeworld views. When teenage mothers are placed within this debate, the government perceives itself as investing a lot in the life sphere of these teenage mothers, whereas some of these teenagers are failing to utilise the available resources. However, some of these teenage mothers perceive the inaccessibility of services as a contributory factor for putting their lives at risk. Some of these teenage mothers blamed themselves for making their lives miserable due to the failure to take responsibility in terms of utilising the knowledge that had been disseminated in the school vicinity. The concept of poverty and stigmatisation in this regard appeared to have a negative effect on the lives of these participants. Poverty is viewed as a legacy of the apartheid system which was abolished in South Africa in 1994 when the new democratic government made a turning point in the history of South Africa regarding the political and socio-economic landscape. The legacy of the apartheid system has contributed greatly to the high poverty levels in rural and urban areas. Current policies are still addressing the problem of inequality based on the economic health of the people (Nnadozie 2013). Although the issue of inequality is still a problem in South Africa, the country is regarded as an upper-middle income country that is on a par with advanced emerging economic countries like Brazil, Mexico and India. However, the country is still battling with the problem of normalising inequality in terms of access to resources through partnerships with civil societies to reduce the rate of poverty. Wilson and Ramphele (1989) define poverty in South Africa in terms of interlocking aspects that denote poverty when we look into the degree of inequality relating to the poor and the rich. Migrant workers were pushed into cities like Gauteng in order to obtain jobs and survive.

The situation justifies the system of inequality that was based on the past system and it culminates in family disorganisation. Yet the issue of migration had a serious negative impact on the lives of the majority of teenagers and teenage mothers because they were left alone by their parents without proper supervision in an effort to secure jobs.

The literature is also in line with the findings about the poor economic background of some teenagers, which appeared to be worsening the situation. Gyesaw (2013) regards teenage parenting as a critical challenging situation which may lead to an intergenerational cycle of deprivation if there is no intervention service in place to assist a teenager to be able to cope with the situation. One teenage mother said:

"I wrote matric (grade 12), when I am supposed to write the child is crying then I stop reading and this means I take care of the child. I failed, then I understood that I should stop because even supplementary, I am still going to fail because the child is still small. Then me, honestly speaking, if I can find money and I go to college, then I write again the subjects that I had failed then I will be successful." (Participant FG 11)

The literature also considered teenage parenting to be a critical situation, especially in the absence of sufficient moral and financial support. Teenage mothers are performing dual roles as students and mothers in pressurised circumstances (Gyesaw 2013). Some participants commented:

"You will find that I do not have the money to buy the child necessities, and there are no pampers, the child does not have food." (Participant 2)

The participants relied greatly on the child-support grant and family members even though the grant was considered to not be covering all of the basic necessities, as one teenage mother remarked:

"No, it does not, it is able to patch there and there (child-support grant). It does not because the current things are expensive. Things in the shop are expensive." (Participant 4)

Some participants also reported living in poor economic conditions, even though they could not state that poverty was the causal factor of their teenage pregnancy. Such conditions may be associated with poverty. The majority of their parents and families were

very helpful in terms of social, emotional and financial support. Researchers also regard poverty as having a strong link with teenage pregnancy as one parent of a teenage mother commented that she had become pregnant due to poverty (Limpopo Department of Social Development 2011, 56). Researchers (Melveaux 2002; Leskošek 2012) considered it necessary to have comprehensive knowledge of a full understanding of intersectionality issues in designing adequate intervention measures to deal with problems. The results of the findings reveal an intersection of issues relating to the economy, education, culture, religion, gender and social issues and support services that are running on an incompatible mode of existence within the lifeworld of these teenage mothers. Based on these findings, there may be a need for government institutions to strategise on how to run services on a compatible level as well as funding NGOs that are dealing with teenage matters to promote efficiency. Non-government organisations such as Fanang Diatla may be very productive if they receive more funding due to the fact that they work at the grassroots level with children, teenagers (youth), churches, families and the community.

When probed further about services that are carried out to meet the life perspective of teenagers and teenage mothers, the representatives of Fanang Diatla reported that they organise born free dialogues amongst the youth, parents and teenage mothers in order to entertain the issue of teenage pregnancy. The organisation is actively engaged in important aspects such as empowering youth on assertiveness, life skills, HIV/AIDS, sex education, sexuality education, home-based care and counselling. There is a social worker who is attached to the centre and she is employed on a full-time basis for attending individual cases, counselling, making home visits, empowering youth on life matters as well as writing referrals for clients to relevant structures for assistance reasons.

The centre has six drop-in centres where the community is engaged in projects that include juice making, poultry and a bakery. They also run door-to-door visits as a home-based programme to identify needy cases that require referrals (patients, children and teenagers). Teenagers who have dropped out of school are encouraged and assisted to be re-integrated into the school. Teenagers are encouraged to participate in skill development as well as to start antenatal care (ANC) at the correct time. The services also target those who have indulged in alcohol to refrain from such practice. Teenagers are also targeted at the clinics and schools through born free dialogues.

The research findings also reveal some teenagers who did not start antenatal treatment at an early stage. The literature also concurs with the findings as most young women are seen to resort to the late reporting of pregnancy (Mayor and Harrison 2003).

The centre also encourages children to participate in LOVE LIFE programmes where they are involved in activities like making your move and being active body-wise in order to promote independency, particularly for children whose parents died because of the HIV pandemic as some of them were reported to be spoiled. They are also encouraged to participate in the centre's income-generating programmes that involve a bakery, poultry and gardening. The main objective behind the activities is to equip them with skills to become self-sustainable. Some participants also commented about the need to be trained and be employed later in order to reduce poverty.

Children and teenagers are also recruited to come to the centre where they are taught about job opportunities through a programme called "Take a young girl to work or take a young boy to work". They are engaged in computer and photocopying skills in order to be smart with technology.

Youth usually come together and talk about their challenges and also have "Born Free Dialogues" with parents and discuss the way they can solve their problems, especially issues such as teenage pregnancy. They also talk with children and teenagers who have dropped out to come to the centre in order to strategise how they can become motivated to aspire for better opportunities.

The services that are delivered to teenagers are valuable, particularly the issue of training orphans to become independent as some participants also reported that many orphans behave inappropriately, taking advantage of the fact they do not have parents. Programmes such as "Born Free Dialogues" may enable the different structures that deal with teenagers and teenage mothers to construct services meaningfully based on the identification of existing loopholes in the workplace and within the life sphere of teenagers to assist them to have a clear understanding of life, especially the problem of experimenting and exploring with risky situations. In other words, the affected structures can strategise effective services based on the information gathered from the Born Free Dialogues as well as help these teenagers to have a clear picture of their own mistakes through self-reflection, as observed by Freire (1970).

It appears that services operated by NGOs like Fanang Diatla may bring positive outcomes in the lifeworld of teenagers if such services are rolled out to all of the districts of the Limpopo Province and other provinces. The Limpopo Province still has a problem in terms of a lack of services in certain areas and a shortage of staff members, as was reported by 11 percent of service providers in a study conducted by the Limpopo Provincial Government (2011) on reproductive health and sexual issues that contribute to teenage pregnancy. The literature (Department of Basic Education-www.education.gov.za; Macleod 1999) mentions many programmes carried out by non-government organisations that are not affiliates of government departments. It is my understanding that such organisations could be able to render and coordinate services effectively if they are granted funding by the government. There may be a need for Departments of Justice, Police, Sports, Art and Culture as well as other sectors dealing with teenage issues to coordinate services with a range of NGOs to provide services to promote safety and efficiency due to a shortage of staff.

6. 6 Part Two: Slovenia

6. 6. 1 Experiences of Teenage Mothers

The data for Slovenia reveal that the majority of the participants had discontinued schooling due to child-rearing, and a lack of involvement by the father of their children. Some had serious relationship problems with their parents immediately after they became pregnant. One participant was even forced to stay at a Maternity Home due to violence within the family environment. A few participants had planned for their pregnancies and did not even consider their teenage pregnancy as a problematic situation, even though they reported having serious financial hardships which emerged immediately after they had delivered their babies. Some of them had even lost their friends.

Several participants reacted differently immediately after they had discovered they were pregnant. Some were shocked, some had feelings of denial, whereas a few were very excited about the fact that they were pregnant. Some were stressed by the lack of parental responsibilities shown by the father of their children. Some participants reported that although the State was offering financial assistance in the form of the child-support grant,

the money was considered inadequate to cover living costs. Most of the participants' socio-economic background was not on a sound footing. The findings reflect educational aspects in relation to qualifications and educational support from schools regarding the prevention of teenage pregnancy and support services; health aspects, the socio-cultural religious aspects of the participants as well as the socio-economic aspects.

6. 6. 2 Educational Aspect in Relation to Sexuality Education, Sex Education and Support for Teenage Mothers

The findings reveal a lack of comprehensive regular educational talks in schools and some contributory factors that appear to be linked with personal problems. Although some respondents regarded alcohol and drug abuse as one of the factors contributing to teenagers falling pregnant, others reported a lack of regular educational talk services in the school premises as the main problem for some teenagers becoming pregnant. One teenage mother reported that she had indulged in alcoholic beverages before she became pregnant and the situation had affected her studies as she could not complete her second grade. The participant reported repeating the second grade during the period when the research was conducted. She was able to cope with her studies due to the great help she had received from her partner, as she remarked:

"Ehmm, I don't know, when I have the study I eeh ... my baby sleeps or his father is with him. My school doesn't affect my full relationship with my baby and ee ... the other way round. Next year when I will be at school he will be in day care. When I go from school, I will take him in day care eeh ... so it will be o.k." (Participant 16)

Based on these findings, one may argue that a clear communication system, the type of information, and the manner in which the information is disseminated by professionals to such teenagers could have a positive impact on the lives of teenagers if the services are delivered appropriately. It may also be important to find out about some of the contributory factors for some teenagers to indulge in alcohol and drug abuse as such variables may be linked with certain personal reasons. The findings are in line with Habermas' notion of open communication between the systemworld and the lifeworld which is regarded by Habermas (1987) as a good strategy for people to resolve problems.

About two participants reported that they were never given sex education. Six participants mentioned that they had received guidance on sexuality education through biology lessons even though they did not explain in detail the issues that were covered when they were asked to expand on the matter. For instance, participant 13 did not even remember the kind of education she had received at school on sex education as it happened only once and for a period of 45 minutes. The participant discontinued schooling after she had completed primary level. She reported that her pregnancy was planned. Participant 14 completed the second level of high school and had discontinued her studies because of having a child. After she gave birth, she brought her baby to her teachers and her peers to get to know the child. Participant 15 reported that she fell pregnant after she had completed primary level. The participant was no longer interested in furthering her studies as she had mentioned that she wanted to secure for herself a job as soon as possible. Participant 16 was still continuing her studies and was left with a year to complete high school level. Participant 17 did not receive support from her mother, father or her parent in-law. Participant 17 was able to finish high school despite the fact that she had faced the challenging situation of being a student and a mother at the same time. The participant was enrolled at the Faculty of Social Work during the interview process. Participant 12 mentioned that she had received considerable support from her teachers and peers when she was a teenage mother. The participant was exempted from classes and her teachers and friends were able to provide her with a lot of literature to enable her to study at home. She was able to complete her studies and she has a diploma certificate which she had obtained from the Faculty of Social Science. Participant 12 mentioned that, although sex education is offered in schools, it may not be important as it does not deal specifically with life issues so as to enable teenagers to have broad knowledge of life matters. The participant commented:

"I think that it would be good if eeh some subjects in school will be included. For example eeh like social, not social behaviour not sex education that is stupid, anybody knows how to make a child. But eeh subject of hmm ... humanistic subject of soci...sociology. What does it mean if you have a child? What does it mean if you know a person and you want to sleep with him and have sex? What does that mean? What is the commitment to eeh ... educating yourself? What does it mean for the country for the eeh ... self-respect? So people, so young people could not only think of maths, English, geography, history, biology, but also a subject about life ... about meaning of life." (Participant 12)

Another participant remarked:

"But it's like I have never done (sex education)." (Participant 19)

"I am not using contraception but I am using protection. In the middle of the month I will go to the doctor to see if I can use the loop." (Participant 13)

Participant 13 was not applying a double protective method as she had relied on a periodic table prevention method which may not be fully guaranteed, especially in terms of infectious diseases. The participant was unable to expound on sex education knowledge on sex education she had received and instead responded on the use of contraception pertaining to her personal situation.

When probed further about her living conditions, it was found that she did not even have a permanent residence as her boyfriend did not want to register her. She indicated that she experienced serious problems with her partner immediately after she fell pregnant as the father of her child wanted her to have an abortion. Such statements depict incidences that may have been aggravated by the lack of a clear understanding of the consequences of teenage pregnancy in distorting one's future, particularly if the teenager is not receiving full support.

The findings highlight the following important aspects:

- Commitment

The study shows that while teenage pregnancy is generally regarded as a stumbling block to enabling teenage mothers to become highly educated, two participants were able to obtain higher qualifications at a later stage as adults despite the difficult situations they encountered (Participant 12 has a diploma certificate from the University of Ljubljana; Participant 17 also has a diploma certificate from the University of Ljubljana). Continuous support from teachers and peers had enabled participant 12 to obtain her desired goal. Such achievements can also motivate other teenage mothers to continue and re-engage with their studies if the same services by teachers could be offered to other teenagers who have discontinued their studies, as reflected in the study. The finding contradicts some critics who usually link the problem of teenage pregnancy with a low education.

- Planned pregnancy and unplanned pregnancies

The findings reveal that, although the majority of participants did not anticipate becoming pregnant, one of them wanted to have a child as she was not even furthering her studies. It is evident from the findings that the teenage pregnancy had thwarted the future of the majority of these participants as some did not have comprehensive knowledge about the consequences of engaging in sexual relationships with partners. On the contrary, participant 15 had discontinued schooling before she fell pregnant. The situation may also reflect a lack of professional support-educational intervention services pertaining to teenagers who drop out. One may argue on the basis of this case that if drop-out teenagers are not encouraged to re-engage with their studies, they may resort to having children as a way to close the gap of not attending school. The participant's situation is further elaborated by other researchers (Letourneau et al. 2004) in linking a low rate of drop-outs among teenagers with professional support-education interventions.

- Alcohol and drugs

The problem of alcohol and drugs has a negative impact on the education of teenagers. Woodward et al. (2001) argued that alcohol and drugs are usually linked with teenage pregnancy. The study also revealed three teenage mothers who were utilising alcohol before they became teenage mothers, even though it was not mentioned as a contributory factor in their pregnancies. One teenage mother reported that many teenagers are indulging in alcoholic beverages and drugs despite the education they receive from professionals. The use of alcohol and drugs is linked with a lack of protective measures. Researchers (Klavs et al. 2006) postulate that a lack of protective measures may put adolescents at a high risk of infectious diseases. A study conducted by Wellington and Mitchel, referred to in Coleman and Roker (1998), regarded alcohol as usually being utilised by people as a scapegoat for explaining an unwanted pregnancy. Based on the literature and the findings, one may argue that even though some professionals are disseminating information to teenagers, the misuse of alcohol and drugs may interfere with the knowledge these teenagers have, resulting in sexual relations entailing unprotected sex due to the influence of alcohol and drugs.

- Unemployment

The study shows that three of the participants were employed and five of them were not employed. One participant amongst the five was still continuing her studies and four were looking forward to secure jobs. The data point to the unemployment of youth in villages as a challenging issue, especially if they are not highly educated, even though the unemployment rate does not pose a serious threat in Slovenia. The current unemployment rate for young people is 16.40. Leskšek and Dragoš (2014) also mentioned that, even though the situation in Slovenia has deteriorated, inequality is very low. However, there may be a need for the State to assist teenage mothers who are drop outs to be reintegrated into the school in order to finish their studies for their future's sake as well as enabling them to secure jobs.

- A lack of regular talks on life issues in schools and support from teachers and peers

The findings show that moral support was offered by teachers to certain participants. To confirm on the matter, one participant was even exempted from attending classes on a full-time basis. Another participant felt very comfortable going to school with her child for her teachers and friends to get to know her child. Such incidences depict a user-friendly environment that supports teenage mothers to complete their studies. It is also evident that some teenagers were able to maintain the strong network that had been created before some teenagers fell pregnant, as was the case with one participant. It is quite interesting to discover that some teenagers were supportive as in most cases friends may disappear and discontinue their relationship with the teenage mother. The data also point to a need for intervention strategies that are properly planned, coordinated and implemented by the systemworld based on the life stories of these participants to teach teenagers about important life issues in order to become more knowledgeable to avoid risky situations. Although health reproductive knowledge was disseminated to some of these participants, it was still considered insufficient as it was not done on a regular basis to assist them to know more about what life entails in order to become knowledgeable. In other words, it does not serve any point if the information they receive is not sufficiently comprehensive to enable them to know everything pertaining to life matters. One participant had even considered humanistic subjects as very important as such subjects will convey good messages to teenagers about the consequences of teenage pregnancy. The suggestion clearly indicates that teenagers and educators may differ about the strategic measures for use when dealing with the impasse of teenage pregnancy. Another participant did not even remember

whether she had received guidance on sexuality education and such responses may denote a lack of proper information on health reproductive educational matters. When probed further about the guidance they had received, the majority of participants did not indicate that the information that was disseminated to them, except for one participant who reported that biology lessons on sexuality issues need to be coupled with extra lessons on aspects that relate to life matters. These findings are also supported by Hoyer, in Steponovič (1997), when he postulates that there is still a dearth of school involvement in offering services on sexual education to youth. In a study conducted by Giami and Sodelwci (2006, 69), some teachers were reported to be avoiding engaging students on topics that relate to sexuality.

Although some respondents had adequate knowledge, other participants appeared to be not informed in terms of protective measures, especially those who reside in semi-rural villages. Some participants could not even report their pregnancy in advance because they were afraid of and uncomfortable in reporting that. The matter may denote families and other institutional atmospheres that are not very open and user-friendly to these participants, particularly in terms of open communication in daily social interaction. Researchers (Habermas 1984, Durkheim 1990; Furnstenberg et al. 1987; Harris 1997; Dominelli 2002) also emphasised the importance of open communication between the lifeworld and the systemworld as a good strategy to bring positive results to people's lives.

6. 6. 3 Health Aspect in Relation to Knowledge on Prevention Matters and Experiences of Services

Although most of the teenagers reported having knowledge about reproductive health, some participants did not have adequate knowledge concerning protective measures, especially teenage mothers who live in semi-rural regions. Some teenage mothers could not even report their pregnancy on time to health professionals, as reported by the participants. Certain teenage mothers were reported by professionals to have a lot of information about contraception but they failed to utilise contraceptive measures because of misassumptions about the use of such contraception. Some of them usually resort to utilising the *coitus interruption* method, which has a higher risk of unwanted pregnancy as reported by the social worker from Gynaecological Clinic based on the statistics showing

that many teenagers had come for an abortion after having engaged in coitus interruptus before they fell pregnant. Other researchers like Simetinger (2014) regarded the method of coitus interruptus as an unreliable prevention method. It is also interesting to find that one of the participants also mentioned that she became pregnant due to the application of coitus interruptus. The findings are also in agreement with what professionals are saying, as some participants knew about protective measures but had decided not to use them based on misassumptions whereas in certain cases the pregnancy was planned without knowing the after-effects of being a teenage mother. Some teenage mothers stated:

"Yes, of course, of course, it was just an accident, it was eeh being naive and thinking, he would do it physically and he would go out before and its okay, I won't get pregnant. Everybody does it, like that. We were unprepared neh, we didn't have a condom otherwise we would use it." (Participant 12)

"Yes I knew what contraception is. But I did not want to take the pill because you get fat. We using a condom but it happened." (Participant 15)

Such statements indicate misassumptions that need to be clarified by professionals, although the study shows that professionals are disseminating information to these teenagers even though in most instances teenagers were not involved in coming up with better solutions that would help them to do away with the misassumptions. According to Habermas, in McCarthy (1979), communication is utilised by people to acquire knowledge through work knowledge, practical knowledge and emancipatory knowledge. When teenagers and teenage mothers are placed in this context, theoretical knowledge and empirical findings with the practical involvement of teenagers and teenage mothers in important areas that affect their lives may yield positive results.

There may be a need for relevant institutions that deal with teenage issues (the systemworld) to disseminate the information in such a way that teenagers will be able to see the practical disadvantages of not using protective measures.

Professionals also reported that teenagers were fearful of visiting gynaecologists and it was further indicated that they do not have any privacy when they talk to nurses. The findings from the professionals indicate some Roma teenagers who were not even aware that they were pregnant and they did not believe that. Some were reported to be ignorant and were

resorting to late reporting when they were due for delivery. Professionals also indicated that some non-Roma teenage mothers also report their pregnancies very late and such practices usually prevent them from assisting teenagers if they want the pregnancy to be terminated. One professional nurse from the Gynaecological Clinic in Ljubljana referred to the pathetic incident of a teenage mother (non-Roma) who wanted an abortion at a late stage of her pregnancy (greater than 12 weeks). The commission did not approve the termination of her pregnancy. She told her parents that she would commit suicide if she was denied the latitude to have an abortion. She was informed about the risk of terminating the pregnancy at a late stage and was even guided to put the baby up for adoption after delivery. Unfortunately, she committed suicide immediately after she delivered the baby. The literature also concurs with the findings about the problem of late reporting with regard to pregnancy. Phafoli et al. (2007) argued that teenagers may resort to the late reporting of a pregnancy for a variety of reasons such as a lack of knowledge about the importance of antenatal consultations, the refusal of teenage fathers to accept paternity as well as the burden of carrying financial responsibilities.

From what these teenage mothers and professionals are saying, some teenagers still have a problem of not paying regular visits to a gynaecologist when they are pregnant. For instance, when we take into consideration the case of the teenager who committed suicide after delivering a child, her life could have been saved if there were emergency regulations or policies that deal with pregnancies that are beyond the required gestational period. The 1977 Slovenian law on pregnancy has special provisions that apply when the gestational period exceeds 12 weeks as an abortion then it is considered risky. Based on what the literature shows and the findings, one may argue based on the fact that late reporting can have a serious negative impact if teenagers are not capacitated to attend antenatal and prenatal services as such services may enable the doctors and nurses to detect problems at an early stage in order to take appropriate measures. However, the teenager's life could also have been saved if the teenager had been constantly monitored and supervised with the help of family members and professionals. The issue of late reporting poses a question as to whether it is the environment or a lack of knowledge or ignorance about teenagers that contributes to such an unhealthy practice. Such practices may require the intervention of professionals to establish sound reasons as to why teenagers are not reporting early when

they are pregnant and to review policies to meet the needs and to consider the health of people if it is possible.

The issue of late reporting can also be linked with the feeling of being uncomfortable as one participant had also confirm the fact that some teenagers are scared to visit health centres and others were reported to not feel comfortable, as she remarked:

"They are afraid of doctors for example, this school mate of mine, when she was hitting herself on the stomach and I don't know what everything else because she was afraid to tell her parents, that she was pregnant. And she didn't go to the gynaecologist alone. Basically I don't know, simply they just hurt themselves. And they get into even bigger trouble, because they are afraid to tell. They should just know that even if she does get pregnant, nothing is wrong that everything can be solved. That there are abortions, that there are pills." (Participant 18)

The participant surmised the problem of the fear of some of these teenage mothers in visiting the clinics. The problem is also mentioned by Obersnel Kveder et al. (1999) where they argued that outpatient departments for women are not readily accessible to teenagers and that, even if they are accessible, adolescents perceive them as a stumbling block to attaining their needs for sexual and reproduction support. Based on this information, a question arises as to whether it is the environment that is not user-friendly or teenage mothers' failure to access services.

The findings from the Gynaecological Clinic also agree with what these participants are saying as teenagers who came to have an abortion had mentioned that they did not visit a gynaecologist as they were afraid. On the contrary, some professionals (Health Clinic, Gynaecologists, and the Institute of Public Health) reported that teenagers receive services provided by social workers, gynaecologists and in the school vicinity at primary level before they can have sexual relationships. They are also reported receiving services to do with contraception, protection, hygiene, nutrition antenatal and prenatal care. Parenting lessons are also offered to pregnant teenagers on preparation for birth as well as counselling. Despite the services offered by these professionals, some of them stated that teenagers' views are not included in their planning and programmes. The nurse from the Gynaecologist Clinic in Ljubljana stated that they do not have special support services for teenage mothers. The social worker from the Gynaecological Clinic reported having had

discussions with women on an individual basis about the ways and methods of unwanted pregnancy prevention, fears and prejudices about using contraceptives, the risks of unwanted pregnancies as well as sexually transmitted diseases when they use unreliable protection. Such problems usually occur when they are aware of the methods but do not apply the methods on a daily basis. They usually prefer privacy when discussions are held and it becomes difficult to exercise a system of privacy in medical rooms. Social workers in the Gynaecological Clinic are delivering services on the basis of the World Health Organisation's guidelines on the protection of reproductive health. The law on medical measures emphasises the exercise of a free decision on children's rights, the Act on Patients' Rights and the basic definitions of social work, which deals with justice and solidarity. The institution assists in introducing the system to students and teenage mothers. Counselling is offered in a private and peaceful environment. Parents are not engaged in the process if teenagers do not want their parents' involvement if they want an abortion as they are protected by the Act on Patients' Rights. The institution stated that it was not fairly incorporating the life experiences of teenagers and teenage mothers in terms of prevention for teenage pregnancies and support for teenage mothers.

Despite the services that are available, many teenagers were still reported as having an abortion by a professional even though the number was gradually decreasing as reflected in (Information System Legal Abortion – National Institute for Public Health 2009) where about 69.9 percent of teenagers who have decided to abort an unwanted pregnancy did not use any contraception or had relied on unreliable forms of contraception. Such incidences may pose a challenge to professionals and the state about the manner in which these teenagers can interact with professionals in order to utilise strategic intervention services that will solve the problem of not utilising protective measures as well as reducing the rate of abortion amongst teenagers. It looks like there is still a gap in terms of open communication between the systemworld and the lifeworld of these teenagers as some are reported to be too scared to visit doctors. Based on this information, there may be a need for the health institutions to do a fact-finding mission with these teenagers to establish what is happening within their life perspective in order to restructure the way in which services are provided. Habermas (1987) emphasises a need for the systemworld to interact with the lifeworld for services to be run effectively. Habermas based his argument on open communication whereby the system (service providers) can bring about a significant

change if people are not dictated on the manner in which services are operated. When we place the argument of Habermas within this context, open discussions with these teenagers on a regular basis may enable teenagers to pay regular visits to health centres or gynaecological clinics rather than simply instructing people to do things without open communication.

The findings clearly show:

- misassumptions about the usage of contraception;
- a fear of visiting clinics; and
- experimentation with sexual activities.

6. 6. 4 Social Aspects: Society, Culture, and Gender Norms in Relation to Teenage Pregnancy

The findings reveal some participants from the villages who were ill-treated by their partners through violence, whereas the Family Violence Prevention Act (ZPND) legally protects the family. For instance, participant 13 was physically abused when she was pregnant as her partner wanted her to have an abortion. Despite the horrible situation that the participant had experienced, she did not take a decision about her relationship with her partner in advance to protect herself and her unborn baby. The participant's partner had continued to ill-treat her after the baby was born, as she mentioned:

"DK and I were always fighting in front of kids. So the kid got afraid too then I said it is over and I took the kid and went home. Then DK came back to be with me again because he loves the child and things like that and I went back with him again. Then again it wasn't like I wanted. Now I am alone with the child, I take care of him alone. The father doesn't take care of him at all. So for now, it's very good for me." (Participant 13)

One has to argue based on the fact that inequality can be linked with negative effects on decision-making. The positive part of this case is that the participant was able to make a decision even though it happened after several scenarios of ill-treatment. We can see from these teenage mothers that women are faced with the challenge of child-bearing as well as

child-rearing responsibilities, which is a stressful situation. Men are rarely seen taking responsibilities (Rossi in Chodor 1978). When we consider the issues of sharing responsibilities, one may argue about how community members can become educated about the issue of equality in terms of sharing responsibilities, especially in the case of teenage fathers and their parents as teenage mothers and their parents are always carrying the burden of child-rearing. The values, norms and beliefs of society are linked with the way in which women and men behave, particularly when one argues from the historical background where sex differences were crucial in directing women' and men's roles and the manner in which they were expected to behave.

The issue of equality between men and women is enshrined in the Charter of Fundamental Rights of the European Union. The European Union is responsible for ensuring the proper implementation of the principle of gender equality within European countries (national, regional and local levels). Policy improvements are performed on the basis of the systematic and consistent measurement of gender gaps at the level of the EU and the member states. Slovenia is rated in the upper half of European countries in terms of gender equality, which is mostly due to women's high education and the employment rate (European Institute of Gender Equality). Leskošek and Dragoš, in Družboslovne Razprave (2014), postulate that Slovenia had maintained a good level of social protection for several years. People without an income and those with a low income were able to survive above the poverty datum line (poverty threshold). Although the situation has deteriorated, the level of inequality in Slovenia is still considered being low.

The country still has challenges with the issue of the intersection of problems in matters that affect the Roma community, especially when we consider the issue of gender in the case of participant 13, even though some of the issues are addressed. Amnesty International (2011) called on Slovenian authorities to protect Romani communities against unfair practices based on the fact that some of them did not have access to adequate housing, water and sanitation. Some Roma community members are reported to have stable lifestyles, customs, practices as well as the manner in which they socialise. Some of them are reported to have integrated well into the environment in which they live and have adapted to the lifestyles of the population at large. However, some are still marginalised in society and also endure poor living conditions, as reported by scholars (Muc, Papic and Fujs 2011).

The research findings reveal that one of the Roma teenage mothers was severely abused by her mother and her grandmother. The teenager was severely beaten by her mother and she was also forced to discontinue school at the earliest age. She spent most of her teenage years on the street as a beggar and a prostitute. She was forced by her mother to indulge in such unacceptable behaviour in order for the family to survive. Another Roma teenage girl was badly treated by both her partner and her in-laws, who were reported to be Slovenians. One participant who was having a relationship with a teenage Roma boy had never experienced problems with her partner as she had mentioned, although they had some misunderstandings later especially given that her father did not approve of her relationship with the Roma partner. Their relationship did not last due to her parents' interference. The participant's father was reported to have the welfare of his granddaughter at heart when the interview was conducted.

It also emerged from the findings that Roma families have many social problems due to the bad economic conditions they live in, as reported by the social worker. The rate of teenage pregnancy was also found to be high among the Roma communities. It was reported that members of the Roma community do not usually visit doctors, particularly gynaecologists. They were reported to be ashamed of themselves and further that they do not trust gynaecologists. Social workers were reported to be making home visits and nurses (*patronažna*) were also reported to be offering home-based care services. The majority of the Roma were reported as being uneducated. It was also mentioned that some Roma people are socially excluded from society. They were reported to have been isolated in the local community environment where they live as the local people are scared of them because of their behaviour. The Roma are further reported as not mixing with other people, except in areas like Prekmurje where they are more included in the region than in other parts in Slovenia. They were also stated to have been excluded in areas like Murska Sobota based on fear and prejudice. On the contrary, the social worker from Murska Sobota reported that Roma communities were included in the region, unlike in previous years.

However, despite these reports positive changes are being made in their communities in terms of a large number of employment programmes intended specifically for Roma people and a large number of public work programmes as well as development programmes that will promote the greater participation of Roma (Muc, Papic and Fujs 2011).

Although the Slovenian law emphasises compulsory education also for Roma children, the majority of these children complete primary level (grade 7) and few are reported as finishing grade 8. The situation is clearly manifested between the Roma community from Prekmurje and Roma from the Dolenjska region in terms of their social status, the manner in which they integrate with society as well as a long tradition that is based on the inclusion of Roma children in Prekmurje schools. They also receive special benefits for education from the Republic of Slovenia (Muc, Papic and Fujs 2011).

The findings from the gynaecologist also show that the Roma community lives in special villages and some of these villages are regarded as unhealthy due to a shortage of basic needs such as water.

Despite these effective interventions carried out by the state, some Roma communities who live in regions like Dolenjska still live in horrible conditions, as reported. Based on this information, there may be a need for the state to restructure the manner in which services are offered to these communities as well as motivating the deprived Roma community in areas like Dolenjska to become educated and to take the lead in managing their own communities for better health, social and economic development as well as doing away with violence and abuse through educational awareness campaigns.

6. 6. 5 Culture in Relation to Abortion

It emerged from the findings that the majority of these participants could not have an abortion, although they were aware of their rights. They were influenced by their parents' values and norms about the decision they had taken. The influence of religion was also found to have a measurable impact on preventing some teenagers to have an abortion, although one respondent made her own decisions despite the fact that her religion was against abortion. For instance, participant 19 indicated that her religion was totally against abortion but she was forced by circumstances to have an abortion on five occasions as her husband does not want her to utilise prevention protective measures, as she remarked:

"No, but 18 I already have my child and I have 5 children and 5 I threw (aborted). Otherwise I would I would have 10 children and I think I am pregnant again. And I have to go to have abortion again.'' (Participant 19)

Participant 18 said that she was really prepared to have an abortion after she had discovered she was pregnant. She was convinced by her mother not to have an abortion and her church was reported to be against abortion as a child is regarded as something »sacred holy«. In other words, the child is regarded as one's next of kin. Participant 14 was also told by her mother that she is not allowed to have an abortion.

Some participants did not feel at ease in having an abortion due to being fearful of God, as participant 12 mentioned. She had also reported that she was so young that she felt that it would be a sin, young as she was, to have an abortion. Another contributory factor for some teenage mothers to carry the pregnancy to term was parental values that have been indoctrinated by their parents from childhood, as one participant commented:

"Then I told my parents that I am pregnant and they were very happy because it was the first baby, then it was a fight with DK (father of the child) and he wanted me to have abortion and but my parents didn't let me because it was the first baby." (Participant 13)

"I believe in good and then I said, I will have this child. I didn't know nothing about the world. … To give birth is also thankful not just abortion." (Participant 12)

It is clear from what these participants are saying that abortion is not practised by everybody, especially in circumstances where the church, the religion and the family still have an influence on some teenagers, although in certain cases teenagers were able to decide on their own to have an abortion, since it is legalised.

The literature also concurs with the findings on the legalisation of abortion which became functional in 1960. Although abortion was legalised in the country, it was initially perceived as evil by the inhabitants of the country due to the influence of religion before socialism came into play. Some regarded it as way of controlling the birth rate and others were totally against it, but the number of those who regarded abortion as a normal way of controlling the birth rate drastically went up later. In 1977, a new law about health care was adopted and this led to the termination of pregnancy up to the 10th week to be carried out exclusively on the request of the mother. Abortion was reported to be taken as part of daily life in a daily society as it was even considered by some as a means of controlling the birth rate (Bartol 1994).

In a study conducted by Dešman (2005) about religion and sexuality, five Catholics and five Muslims considered abortion to only be acceptable in catastrophic situations, particularly if the health status of the child and the mother is not good. Although the literature regards abortion as being considered by some people as a means of birth control, the study shows some parents and the church as still having an influence on some teenagers to not have an abortion although some teenagers had stated that religion is no longer influential in controlling their lives.

The social worker from the gynaecological clinic also mentioned that legally parents are not allowed to force a minor (teenager) to have an abortion, nor to keep the pregnancy to term. When probed further, the social worker reported that some parents were aggressive and violent as they wanted to force their teenagers (minors) to take decisions that were against their teenagers' intention. The social worker reported that they are engaged in family planning services through consultations with clients about unwanted pregnancies. They help clients who have been referred by doctors with special referral letters for unwanted pregnancies. Clients are protected by the law that was passed in 1977 to decide on the termination of their pregnancy and their private health information is protected at the clinic. In other words, if a client does not want her private health information to be divulged to her family and the public, the institution will abide by the client's decision. Counselling is also offered to these pregnant teenagers before and after they have an abortion.

Teenagers who carry their pregnancy to term are also offered help on an individual basis depending on the problems they experience as teenage mothers. For instance, those with relationship problems with their parents and who are unable to stay with their parents are often placed with foster families for a certain period until possible solutions are found. For instance, there was a teenage mother who was accommodated by a foster parent and later was helped by social workers to rent an apartment as she was not on good terms with her mother. The mother did not give the teenage mother moral support as she had also delivered her own daughter at an early age and had encountered problems in the environment where she was living. Some of these teenage mothers were reported to have written official statements where they have yielded parenting rights to their mothers immediately after giving birth as they could not manage to handle the situation of being a student and teenage mother at the same time. Some did not even have contact with the

father of their children and such incidences contribute to stressful situations. Counselling is also offered to such teenagers during pregnancy and after delivery in order to assist them to come to terms with their decisions.

It is clear from what the professional is saying that services are effectively offered to teenagers, especially counselling as most of them experience difficult situations as pregnant teenagers and teenage mothers. Team work is also carried out in a satisfactory manner as teenagers and teenage mothers are referred to relevant institutions for further assistance. There may be a need for the system to have in-depth discussions with the teenagers and teenage mothers about possible solutions that could be found in order to help teenagers pay regular visits to gynaecological clinics as some of them were reported to be afraid to do so. Such regular visits to gynaecologists may help teenagers utilise protective measures.

6. 6. 6 Reactions of Parents to Teenage Pregnancy and Support from the Family Perspective

The problem of teenage pregnancy is usually not accepted by parents at the beginning, although at a later stage parents usually react by accepting the situation. The study also shows that some of the participants had lost friends, whereas others had been rejected by their families, as well as neighbours who displayed negative attitudes the moment they became teenage mothers. Most studies mention different reactions displayed by parents of teenage girls when they fell pregnant. The study also indicates different expressions of parents who in most cases later accepted the situation, whereas in other cases some teenage mothers were separated from their parents. Some parents did not continue to nurture a good relationship with their teenagers due to a failure to accept the fact that their teenagers were pregnant. Participant 17 reported that she faced serious challenges when she became pregnant. Her in-laws did not want her as she was not educated during that time and her family background situation was also poor. Her in-laws were reported to be rich. Both her mother and her mother in-law were not prepared to offer moral support as they did not welcome the fact she was pregnant. She was forced by circumstances to stay with her partner and they suffered to make ends meet as she was not employed. She remarked:

"I was myself in this situation. I didn't have support. Eeh ... and it was very tough because because eeh ... the boy with who I get pregnant was my first boyfriend. But luckily we are now settled ever ... hahaaa and he love me and I love him." (Participant 17)

Participant 12 was even pressurised by circumstances to stay at a maternity home because of the negative relationship with her mother during her pregnancy. Her mother could not accept the fact she was pregnant and did not like the father of her child. The participant's mother was also reported to have experienced serious feelings of denial about the fact that her daughter was pregnant. The situation contributed negatively to her health as she was stressed by the strange relationship with her mother, as she remarked:

"Eeh, she didn't want to accept the fact that I am a mother, young mother. And that was something really bad for her and she felt like she was a failure because of that in front of her family. She was alone with her child, her religious family and her own child, girl pregnant as she is 15." (Participant 12)

The situation was very intolerable and, as such, a psychologist had to intervene in order to resolve the problem. Unfortunately, the problem could not be resolved despite the effort by the state to handle the impasse. The participant was pressurised by circumstances to stay at a maternity home for the period of a year. She reported that the maternity home was very helpful although the environment was very depressing for her because some of the mothers who were also accommodated there had been severely beaten by their families, and others were alcoholics. Another reason was that she had been brought up in a good environment and had never been exposed to such an environment where they were staying as a group of young mothers. She did not regard the environment as good for somebody who is intending to attain her goal, although it had also taught her some responsibilities in terms of being independent, as well as cooking as she could hardly cook when she arrived at the maternity home. After receiving cooking lessons, she was able to cook for the others when it was her turn to cook. However, even though the participant did not feel comfortable in the maternity home, the availability of such structures signals the adequate resources of the country which provides halfway houses particularly when clients are having serious family problems. The centre also accommodates foreign women experiencing problems with their partners.

Participant 19 was not on good terms with her mother even before she fell pregnant. She went through a traumatic situation as her mother even told her that she had a bad wish concerning her, that she would die during the delivery of her first child. The participant indicated that her mother was not happy about her pregnancy and she did not even pay her a visit when she was at the hospital, or help her with child-rearing with all five of her children she had delivered. Participant 18 received moral support from her mother although her in-laws had a negative attitude towards her. They were also angry with their son at the beginning when he was staying with the participant. She commented:

"His parents didn't approve. They didn't accept me already from the beginning because I allegedly ruin their son's life. They simply didn't accept me or this child. They also gave up their child. They didn't want to hear about him anymore." (Participant 18)

The findings show that the notion of stigmatisation entails three different kinds of stigma:

- stigma from peers
- stigma from community members / attitude of community members
- self-stigmatisation

The moralistic notion associates teenage mothering with a symbol of individual and family deviance (Furstenberg 2007). When community members are placed in this context, the community usually looks at the teenager as an irresponsible person and her family is usually labelled from an immorality point of view. In other words, the teenager's behaviour is questioned by the community and the blame usually lies on the shoulders of her parents. The teenage mother may resort to self-stigmatisation, especially if there is no support from the family, her peers and society. One participant was frustrated by the manner in which the community members looked at her, as she commented:

"I have lost a lot of friends. When I go out with the baby everybody still stares of course and people say bad things about me. Eeh ... I am bad mother because I am so young; I am not ready for this kind of responsibility. But I think I can, I am doing a very good job. So, ja that's the bad thing. I don't really care what people think, but it's not very nice when you go out everywhere stares like I don't know." (Participant 16)

It is clear from what these participants are saying that some parents were very frustrated whereas others were angry after realising that their teenagers were pregnant. The teenagers' challenging situation was even aggravated by some community members who had displayed negative attitudes towards them. Such stigmatisation may contribute to some of these teenage mothers having negative perceptions about life, which may result in an unhealthy system of living in terms of the social, mental and physical wellbeing of these teenagers. It is quite interesting to note that some participants had the strength and were proud of playing an important role as teenage mothers even though they were concerned about community members who were negatively glancing at them. Some participants had even lost the majority of their friends due to being stigmatised, whereas others had decided to separate from their friends immediately after they became teenage mothers.

The literature is also in line with these findings as most of the teenagers are currently facing a critical period of parenting, at a crucial moment when they are struggling with their developmental tasks of seeking identity, sexual relationships and sexual awareness (Geysaw 2013). Although teenage parenting was perceived as a problematic situation, some participants considered it in a positive way even though they had emphasised that other teenagers should not opt for the experience of being pregnant as a teenager as the situation does not include good, promising life goals. Some participants remarked:

"Simply, I am happy that I went out of this, because God knows what would happen to me, if I wouldn't become pregnant. That's why I am actually grateful that I got a child and that I have him." (Participant 18)

"Ja, well eeh ... a lot of teens are, I had this webpage so people could ask me questions and get a lot of questions from girls eeh ... I don't know between 15 and 19 years old saying they want a baby. What is my opinion of this?, what should I suggest for them? I said I suggest, don't do it, it is hard eeh. I won't say your social life as a teen major and going out and the staffs is over but I don't know. Life would not be the same again. But don't do it. I understand that it happens if you get pregnant eeh ... you keep the baby. But to plan it that young it's just stupid (laughing)." (Participant 16)

"I am happy that I have a child, at this stage. He actually gives me, a bigger push. Because I know I have somebody at home, who is waiting for me and of whom I have to take care of and he always demands 100% of me and I have to show myself in the best light because of

being a role model, that he would have a good role model and that he could proudly say, this is my mother. Ja, but this is true, when I look at these peers of mine, everything has to be in order. You have to go to school," (Participant 18)

It is clear from these quotations that some of these participants were very excited to be teenage mothers although at the beginning they were very sad about the situation. Some even acknowledged teenage parenting in a good way in terms of teaching them to be responsible, although it was also considered negatively in terms of delaying one's efforts to attain educational aspirations as well as enjoy social life. It is also evident that some of these teenage mothers can serve as good educators, as is the case of participant 16 who was advising teenagers through the Internet not to engage in sexual relations at an early age or to become teenage mothers as teenage parenting is considered to be a challenging role. The findings are also supported by Hoyer in Stepanović (1997, 8) who reported that Slovenian youth receive a lot of information through the Internet. On the contrary, some professionals reported that teenagers relied a lot on the Internet and sometimes they are misled without proper guidance from professionals.

Fulford and Gilboe (2004; Gregson 2009; Higginbottom et al. 2006) regarded the media and strangers who stare and publicly verbally rebuke teenage mothers as the most identified sources of stigma. Goffman (1963) defined stigma as a process whereby people's reaction tends to spoil the normal identity of an individual (a person whose attribute is deeply undermined by her society may contribute for society to reject the person). Goffman (1963) identified three types of stigma in a person's life, namely:

- Stigma of personal identity, stigma of group identity (group alignment), and social identity stigma.

Personal identity includes positive signs or identity issues and a special life history or profile that is constituted by a combination of events. In group alignments, a stigmatised person usually aligns himself or herself with people who are likely to have gone through the same situations of deprivation she has experienced. Stigma of group identity is associated with race, religion and nation etc. In the case of social identity stigma, the person constructs their image out of similar issues that are initially utilised by others to construct their social and personal identification.

Stigma can be used as a reason for failure to achieve something. If the stigma is hidden it can also lead to depression which may in turn lead to isolation and anxiety. Stigmatised people can also rely on others who have been stigmatised for sympathy in order to receive support and as a coping mechanism. When the concept of stigmatisation is placed within this argument, we can see from what these teenage mothers were saying that some of them even disconnected themselves from their peers due to the negative attitudes displayed by their friends. The study also shows some participants who were stigmatised by community members for being teenage mothers, whereas some of them did not show signs of stigmatisation, especially in the situation where the pregnancy was planned and positively accepted by the teenage mother's parents. However, even though some of the teenage mothers did not show signs of stigmatisation, they had relied on their parents to cope with the challenging situation of parenthood.

The literature also presents many parents and guardians of teenage mothers who were surprised and displayed sadness when they discovered that their teenagers were pregnant, even though they later offered full support in terms of child-rearing as well as helping some teenage mothers to finish their studies (Gyesaw 2013:777; Mezeg 2013, 43). Teenage motherhood is also considered as a demanding job that requires strong family support to accomplish it (Flanagan et al. in Letourneau et al. 2004; Cassell 2002). The literature complements the research findings as some participants mentioned that their relationship with their parents became horrible when they became pregnant and some teenagers were even forced by their unconducive home environment to stay at a maternity home. The ecological perspective (Bronfenbrenner 1979) emphasises the importance of the environment in which a child is brought up. When teenage mothers are placed in this context, the parents of teenage mothers are usually regarded as facilitators in providing positive environments that will nourish relationships amongst family members and teenage mothers. The absence of such positive relationships may lead to dysfunctional families, as was the case with other participants. It had also emerged from the findings that participants who received moral support from their parents and families were able to cope with and face the challenges of teenage motherhood. Parents of these participants, on the other hand, may need intervention counselling services as they usually carry the burden of taking care of their teenage mothers as well as their grandchildren, which is a challenging situation. Parents who were reported as not being helpful to their teenage mothers may also need

assistance in the form of counselling to establish good relationships with their daughters in order to restore the family equilibrium system.

The research findings also show the good role played by maternity homes in shaping the life sphere of some of these participants who had experienced relationship problems with family members and partners. When they arrive at a maternity home, they are assisted to reach their intended goals regarding the pregnancy. For instance, if a teenager intends to carry the pregnancy to term she is supported and those who opt for foster care or adoption are assisted to do so. Social workers at maternity homes rely on the client's wishes to help them attain their goals by interacting with them and also liaising with other institutions to offer assistance. Clients are also referred to a psychotherapist for intensive counselling, especially those who are traumatised. In addition, there is a therapist at the centre who is also a nurse by profession. She offers guidance on prenatal and antenatal matters. They are also taught how to prepare a healthy meal for the child. The maternity home is usually regarded as the place of last resort as the majority of these teenagers wanted to stay with their parents, partners or families but were forced by circumstances to stay at the maternity home.

The social worker at the maternity home stated that the number of teenagers who carry their pregnancy to term was very low because most of them resort to having an abortion as it is accessible and the abortion rate was reported to be high.

The findings demonstrate that even though the maternity homes are providing important services to needy people, it may be good if such homes can only keep them on a temporary basis while the problem is being attended to. For instance, participant 12 was very depressed on arrival at the maternity home because it was her first attempt to mix with a group of people with different characters. She was also perplexed as some of the women were alcoholics and others had been severely beaten by their families.

It is also apparent from what these participants are saying that some parents also contribute to putting some teenage mothers and teenage fathers in very stressful situations by disapproving their relationship.

Such circumstances may leave parents, family members and the teenage mother in a crisis. The family can become dysfunctional if proper services like counselling are not offered

immediately by professionals (the systemworld). That said, parents can be motivated through counselling to come to terms with such situations for the welfare of their teenagers and the family at large. Teenage mothers, on the other hand, can also be engaged in intensive counselling to be able to deal concretely with challenges. Such counselling services may elicit a positive environmental atmosphere which can assist them to attain their desired goals. A lot of literature is considered to have neglected the poor environmental conditions that expose such teenagers to social and financial problems even before they could fall pregnant (Durkin 1995), as one teenage mother remarked:

"And I went directly to school. When I came to school I started to cry. And when then they put me in the children's home. So I was in a home and my grandmother came back and took me out of this home. I didn't want to go. I knew that they were the same like my mother, her mother is the same and I said I want to stay here and nothing. They took me out of the home. I lived with my grandmother and I had the same problems." (Participant 19)

It is clear from what this participant is saying that she was abused by her mother and her grandmother at an early age before she became pregnant. The participant was living in an environment that was considered unhealthy for the developmental stages of her life. Such violent incidents may require the law to apply strict measures against abusers and protective institutions like children's homes can do a thorough assessment before abused children who have been admitted to the institution are released for protection and their future's sake. The study depicts some forms of violence amongst family members which may need the intervention of professionals to deal with the situation.

6. 6. 7 Lack of Involvement of Teenage Fathers

The findings revealed that some teenage fathers did not offer social and financial support to the participants. Some participants also experienced terrible relationships with their partners immediately after they became teenage mothers. The majority of them were no longer staying with their partners when the study was conducted. One participant had reported that her relationship with the father of her child became negative immediately after she informed him she was pregnant. Her partner wanted her to have an abortion and

the participant's parents flatly refused. Her boyfriend (a Slovenian) also refused to register her (a Roma participant) as they were living together. The participant's mother-in-law was also reported to have contributed to the father of her child behaving negatively as she did not want them to be together as partners. The situation led the two partners to subsequently separate. The participant was even denied the latitude to sleep with her own child. Her partner was also reported to be violent as he had beaten her several times when she was pregnant, as the participant commented:

"I saw that he wasn't too excited about the baby because he started to beat me during the pregnancy then we were together again … I was very afraid for my child. I didn't want him to take it away from me. They didn't let him sleep with me and something about her waking up when he is asleep and they always took him away from me and because of that I got a feeling of fear." (Participant 13)

It is evident from what this participant is saying that some teenage fathers are still practicingviolence that involves some form of patriarchy at the expense of teenage mothers. It is quite disturbing to find that the participant was unfairly treated by the father of her child and her in-laws as she was not even allowed to bond with her own child. Further, she was severely beaten while she was still pregnant and such practices may endanger the life of the mother as well as the development of the child in terms of mental, physical and emotional wellbeing. Such a situation may require the law to be strict in dealing with perpetrators in order to protect abused teenagers. Unfriendly environments may also need intervention by affected institutions in order to make the environment friendly to teenagers, pregnant teenagers and teenage mothers. Some of these participants were also forced by abusive family environmental conditions to adhere to conditional marriages as one teenage mother (a Roma participant) mentioned that her mother had treated her like a slave and the situation had contributed to her being married at an early stage.

The participant did not even want to follow the traditional marriage procedure (*podmier*) where her parents and her in-laws were supposed to meet to talk about the marriage procedures, referring to the traditional money which was supposed to be paid by the partner. She was totally against the idea, as she remarked:

"I am not a cow, to be sold. This is you know, a cow would be sold. Boys and girls are not to be sold in my opinion. This was before and then we took and we lived and ours (families) were ok." (Participant 19)

It is clear from this quotation that the participant was ostracised by her mother. It is also disturbing to find that some Roma Slovenian citizens wanted to practise their previous custom of marriage in a country that does not approve of such practices. There may be a need for the state to conduct a fact-finding mission about such practices.

Participant 18 received support from her partner when she fell pregnant. Matters changed when she was left with a few months to deliver the baby (7 months pregnant). Her relationship with her partner became negative and the situation affected her blood pressure. Her husband also deserted her a day after she delivered the child. The situation had a tremendous negative impact on her as she did not even accept her own child. Her mother even advised her to put the child up for adoption, but later she accepted the child because of a lengthy discussion she had with her mother and the intervention of a social worker and a psychiatrist. Her partner was reported to have never assisted his child financially since he left for Bosnia when the child was born.

The study also shows a few teenage fathers who were very responsible in offering moral support to their partners. Participant 12, for example, had no source of income as she was unemployed and was also not entitled to receive the social grant due to her mother's economic status which was considered viable by the law. In other words, she was not allowed to receive the grant based on the economic background of her mother which was considered by the state as good. But the participant was very dissatisfied by the state's lack of assistance as she could not solely depend on her mother for survival. Based on this reason, she relied entirely on her partner for social as well as financial support after she spent a year at a maternity home. Her partner was dealing drugs (marijuana) for the survival of the family (the couple and the child) and her mother was totally against the illegal trade in drugs. Later on, she had to live on her own as her partner was overwhelmed by supporting her and the child. She became employed immediately after completing her diploma and reunited with her partner subsequently.

Participant 17 also received a lot of support from her partner when she became pregnant. Both her mother and her mother-in-law were against the fact that she was pregnant and

they did not offer moral support as such. The participant reported having a poor family background whereas her partner's family was rich. Her in-laws did not want her to stay with them and they gave their son a place to stay with her. The participant was angry about her in-laws' decision as the participant and her partner did not manage on their own to buy all the basic necessities as well as pay the rent. They depended on a social grant from the state, her partner's money as well as the income from the temporary job she held. The participant was very thankful for having experienced such a challenging situation as it had taught her responsibility as well as to how manage finances, as she remarked:

"Eeh, in the beginning I was a little angry because I need help but now when I am older I appreciate this because I think that I became somebody who is responsible and eeh ... can manage to do finances and like this." (Participant 19)

It is clear from what these participants are saying that their partners played an important role in supporting them for a long time, despite the difficult situation they had experienced. The literature (Fagot et al. in Moore and Rosenthal 2006, 213) also shows a small percentage (one-quarter to two-thirds) of teenage fathers who offer financial help for their children for a period of three years. Some teenage fathers do not carry social and financial responsibilities for the upbringing of their children. A lack of parental support for teenage fathers and teenage mothers can also push children to survive through risky practices as was the case with the father of participant 12's child, although he later abandoned the system of dealing with drugs by seeking a proper job. Parents of participants in this regard could have been given intensive counselling in order to deal with the situation of their teenager. There is a dearth of literature on counselling services offered by professionals to affected parents and family members of teenage mothers and teenage fathers.

6. 6. 8 Socio-economic Background and Educational Qualifications

Life was very difficult for the majority of these teenage mothers. The State was reported to be helping with a child-support grant although the grant was reported to be too small to cover the basic necessities. Some participants reported that their parents were not working as they relied on social security money from the State for survival. Participant 13 mentioned she was receiving 250 euros from the State to cater for the child and the money

was limited for the period of a year. Life became unbearable for her later as she was only entitled to receive 210 euros which was considered too low to manage the basic needs.

Participant 17's parents' economic background was not viable. She had a serious challenge immediately after she fell pregnant. She did not receive social and financial support from her mother. Her in-laws did not approve of her relationship with the father of her child because of her poor family background. Even worse, she was not even granted the child-support grant by the State as she was informed by the social workers that her mother-in-law's economic situation was considered very good. Therefore, she was told to ask assistance from her mother-in-law. Unfortunately, neither of her parents-in-laws was prepared to offer help. Instead, the parents-in-law only offered accommodation for them to stay and they were bound to pay the food and electricity bills. The participant mentioned:

"I was young with little baby but I still managed to employ myself in eeh wood fabrick. It was lazy job very dirty for low paying but I knew that I must get money. I worked there 2 years and then I get pregnant again, but then I was 21 years old. And the eeh ... it was a situation like first time. I must pay the eeh ... something for insurance but one year received money and then again looking for a job and I had it." (Participant 17)

Participant 12's home economic conditions were on a sound footing although the participant was not staying with her family when she was a teenage mother. She did not receive proper help from her mother as they were not on good terms because her mother did not like the father of her child. The participant did not receive financial help from the State because of her mother's economic background. In other words, she was not entitled to receive the grant as stipulated in the policy due to the economic situation of her parents. Only teenage mothers with a poor background were allowed to receive the grant.

Participants 12 and 17 went through the same ordeal pertaining to a lack of assistance from the State. Participant 12 commented:

"And it was really hard for me putting money with the school, being without parents' help, have been in a relationship with a young father, who was responsible. Suddenly for me and the baby…. And it was really stressed and taking care of the child, providing him with a good future. So eeh mm ... so at the same time. I couldn't and we didn't manage and more to live together because of the money and I went back." (Participant 12)

Participant 13's parents were both unemployed and dependent on the social security grant. Her sisters and brothers were also reported to be jobless. The participant was depending solely on 210 euros to make ends meet, even though she claimed that the money was insufficient. Participant 14 did not experience problems as she was receiving a child-support grant and had also shared the same sentiment with other participants about the fact she was unable to buy basic necessities as the grant was only partially sufficient. Participant 15 had survived with the assistance of her father and the child-support grant from the State. She experienced financial problems due to the support she received from her parents. The participant was also eager to secure employment in order to become independent. Participant 16 was relying on the child-support grant and the father of her child for survival. Her family background was reported to be good. Her stepfather and her mother were very supportive. She did not want to be too dependent on her parents as she wanted to be self-sufficient. Participant 19 (a Roma participant) was from a poor economic background. She was depending on the child-support grant to maintain her five children. Life was very hectic despite the grant she was receiving as her husband was unemployed and furthermore he did not have Slovenian residential status as he was 'erased' several years before, after the war that took place in Slovenia. He was still waiting for the residential permit that he had applied for several years before.

The following important aspects emerged throughout the participants' narratives:

- A lack of assistance from the State and dependency on the insufficient state grant
- Dependency on parents for survival vs. a lack of assistance from a few parents
- Unemployment vs. employment
- Stress

The findings show that three participants had a good family background. They were able to survive because of the financial contributions that were made by their parents. The majority of them regarded the child-support grant as playing an important role, although the money was perceived as insufficient. Two of the participants were unhappy as they had never enjoyed the benefits of the child-support grant years before due to the policy which only catered to teenage mothers whose parents were poor. It is clear from the data that three participants had managed to escape the dependency syndrome as they were all were

independent. Only five participants were still depending on the grant, albeit one of them had an ambition to secure employment as soon as she had completed her studies.

The literature (Mezeg 2013) also indicates teenage mothers have experienced financial hardships due to a lack of financial assistance and others have even suggested that it would be worthwhile if the State were to increase the grant. Rajgej's study on teenage pregnancy also shows respondents whose families background were poor and deprivileged (2005, 71). Poverty is regarded as a threat to the rights of adolescents (UNICEF 2011) as adolescents enter into the labour market at an early stage and some of them are forced to marry. Inequality is regarded as a major obstacle for adolescent rights to be fulfilled as mentioned in *The Convention on the Rights of the Child* and *The Convention on the Elimination of All Forms of Discrimination* (UNICEF 2011). Furstenberg (1997) argued that teenage mothers are not chronically dependent on welfare recipients as some are able to succeed with their studies and secure well-paid jobs. The dichotomy of dependency is also challenged by critical feminists. Their argument is based on the fact that teenage mothers are usually considered as children when talking about the notion of teenage pregnancy and yet are also regarded as adults who should assume responsibility to be self-reliant when the situation is regarded as a welfare problem (Fraser and Gordon 1994, 329). They are also regarded as bad dependants when they rely on state aid and good dependants when they rely on individual men in order to survive and sometimes they even risk their lives by remaining stagnant in abusive relationships. Based on this, one may argue based on the ideology »of dependency« of clients generally to say how needy clients can be assisted in general to earn a living. On the other hand, how can these teenage mothers survive if they are still students and unemployed? In other words, who is responsible for assisting these teenage mothers to avoid a situation of living in an approach-avoidance conflict? Is it the family, the State, the affected institutions, the teenage mother or all parties that are affected? Teenage mothers have the right to receive a child-support grant for the survival of their children. This is a benefit that is granted to a child, not the child's mother, noting that moralistic public speech usually blames them for misusing the state grant. However, strategic intervention measures by professionals may be important to assist them to continue their education to be able to become self-reliant in order to do away with the stigmatisation notion.

The State's policy to grant assistance only to teenage mothers whose economic conditions are poor may also put teenagers from a good economic background in risky situations if their parents are not prepared to help them financially, as was the case with participant 12 who was neglected by her parent and she was forced by circumstances to survive through a risky situation of living with a drug dealer. The situation can be linked with the concept of power and resources since, as stated by Habermas, the system can sometimes serve as a stumbling block for people to attain their needs.

Although the majority of the participants had experienced serious challenging situations, three participants were later grateful as such challenges had also contributed positively in shaping their lives since they were able to cope and had become independent. Some participants said:

"The hardest part was eeh ... the staring. People who stared everywhere. I went with this huge belly and I was sad. Eeh ... my boyfriend lost his job last month, his company eeh ... he was fired. Now he is looking for a new job and it doesn't go well because jobs are hard to find." (Participant 16)

"And then we met each other and he asked me if I get married to him, if I lived with him, first I said no and he said look, we will come, me and my father, to your home and we will ask your family and I said, look it's there is no point if you come, because mine (family) won't accept, they do not want to let me get married. I was like their servant. Do you understand me? It's like if I would tell you now, take this there, go to work, go there or there. You can't always tell me what to do. Wait a minute! I also need to breathe. Isn't like that? And then he got me. Because I was fighting so much with mine (family) and this is how he got me ... He said look better with me. You rather live with me, tolerate me better than this yours (family). Who knows what might happen? Maybe one day you go and kill yourself and then I was thinking about it and said you are right. Isn't like that? One day it could come and I would hang myself. And so I lived with him and now thanks the Lord, its O.K." (Participant 19)

It is clear that some parents or families also contributed to the stressful situations encountered by certain participants. It is my understanding that the family can act as a good role model in paving the way for the future of these teenage mothers. The findings reflect the lack of a positive environment in some families, especially in the case of

participant 12 who did not receive support from her family. One may argue that the more the family is abusive of the welfare of the teenager, the more the teenager will be vulnerable. Such practices usually expose a teenager to risky situations and society may be reluctant to offer support if family members are not taking the initiative in giving moral support to these teenagers.

6. 7 Suggestions Made by the Participants on the State's Responsibilities in Shaping the Life Spheres of Teenagers

The teenage mothers suggested that the government could bring about changes in the lives of teenagers generally by taking the following steps:

– The State could assess teenagers if they are still continuing with their studies and offer extra financial assistance where there is a need, even if teenagers are still staying with their parents.

– It could be very good for institutions like schools that deal with teenage matters to introduce humanistic subjects such as sociology and other subjects that are interrelated with life matters in order to broaden the mindset of children and teenagers to be assertive and to know what life entails and the consequences of indulging in risky situations such as unprotected sex.

– The State could also impart important messages about life issues by using technology like the media, television and videos as most of these teenagers spent a lot of time watching wrong programmes that did not benefit their lifeworld.

– Parents could be taught about their responsibilities for taking proper care of their own children. Both parents (father and mother) could be channelled by the State to contribute financially to the wellbeing of their children, even if the father is no longer staying together with the mother.

– Parents could be encouraged to have clear and deeper knowledge of the characteristics of their children through open communication as sometimes children pretend to be good at home and behave differently in the presence of their peers.

– Communities could be educated to accommodate teenagers to avoid displaying some prejudice to them as such prejudice can damage the image and welfare of teenage mothers.

– There is a need for parent-child relationships to be strengthened, especially in speaking about sexuality issues and sex education.

– The State or the community are not supposed to belittle mothers who have teenagers that gave birth at an early stage as such situations are very unhealthy for both the teenage mother and her family. There is a need to accommodate such incidences, particularly when taking into account that the world is forever changing. For instance, there are many single mothers who stay alone with their children and some gays and lesbians also stay with children. Such situations are happening because of the transformation process and can be accommodated by people.

– The State could also offer extra financial assistance to these teenage mothers.

– The participants suggested that social workers can deliver effective talks to these teenagers by targeting teenagers at their early ages of 14 and 15 years in schools.

– It was also mentioned that some teenage girls, especially in Murska Sobota, are ignorant and are not using protective measures. It was also indicated that the State could establish sound responses based on this problem.

6. 9 Conclusion

Teenage pregnancy and support for teenage mothers are complex issues connected with multiple variables. Teenage mothers are usually challenged by variables that are linked with child-rearing; a lack of sufficient financial support; the dual role of being a student and a mother; relationship problems with partners; unemployment and a poor socio-economic background (Gyesaw 2013; Wilkinson and Pickett 2010).

The findings also point to similar features in South Africa as revealed by researchers (Gyesaw 2013; Wilkinson and Pickett 2010), although the participants did not experience problems regarding moral support from parents and extended families. The majority of the participants had feelings of remorse and blamed themselves for being teenage mothers due

to the challenging situations they had experienced. The literature (Secco and Moffat 1994) indicates that formal and informal support are a valuable system for assisting teenagers to attain their desired objectives and to cope. The research indicates that a lot of support services are offered by professionals and NGOs to teenage mothers, although no specific services are offered to teenage mothers. The ways of delivering services still have loopholes based on the fact that the rate of teenage pregnancy and lack of support services for teenage mothers are still problems. Professionals also mentioned that they were still faced with a challenge relating to this problem. While this problem of teenage pregnancy remains a challenging situation for professionals, some environmental institutions were considered as contributory factors by some teenagers because they were reported to be afraid to visit clinics.

However, some teenagers appeared to have contributed to the situation since they reported that they had explored with sexual relations without applying protective measures despite the concrete information they had received from various professionals.

Stigmatisation displayed by peers emerged as one of the problems some teenage mothers faced in the school vicinity. Stigmatisation may be linked with school disengagement, as one teenage mother mentioned. Constant counselling services for teenagers that are experiencing stigma in the school vicinity (as well as those who went through a traumatic situation like participant 5) may yield positive outcomes. The participant did not receive full support from the school in the form of counselling although intensive counselling was offered in the hospital by social workers and the health section.

The data in Slovenia also show some aspects that complement issues experienced by teenage mothers in South Africa, although some of them were not the same. Half of the respondents from Slovenia had experienced serious problems pertaining to a lack of support from parents and the matter culminated in negative relationships between teenage mothers and their parents. A few of them were even forced by circumstances to stay with their partners. Teenage mothers also raised a concern regarding the social assistance grant they were receiving from the State, stating that it was inadequate.

Professionals were mentioned to be delivering good services even though in certain situations teenagers were scared to visit gynaecologists, as in the case of South Africa. Some teenage mothers were very dissatisfied about the State policy to offer a social grant

only to teenagers from a poor socio-economic background. Their argument was based on the fact that not everybody from a good family background is assisted by their parents, as was the case with their situation. In other words, it would be also helpful for teenagers who are neglected by their parents to receive the social grant too, without considering their good family background.

Some teenage mothers experienced serious problems of violence with family members. There may be a need for different structures that are responsible for offering services to teenage mothers to strategise the manner in which teenagers can be assisted in this regard as an imbalance within the family may affect the manner in which the family operates.

Alcohol and drugs were mentioned as contributory factors for the majority of teenagers in practising unprotected sex, despite the valuable information professionals disseminate.

The problem of teenage pregnancy and support for teenage mothers may be resolved constructively if variables such as culture, religion, socio-economic conditions, educational aspects and gender roles are properly addressed by the different institutions, parents and communities with the help of teenagers and teenage mothers.

CHAPTER SEVEN

Discussions, Conclusions and Recommendations

7. 1 Introduction

This chapter has two parts. Part one presents conclusions, discussions, implications and recommendations based on issues relating to teenage mothers in South Africa as guided by the main research problem and research questions. Part two consists of Slovenian data which are also discussed on the basis of the central research problem and research questions. A general statement is given in relation to South Africa and Slovenia based on the main research problem followed by separate content in part one and in part two on Slovenia. Similar salient features from both countries will also be identified even though the research did not involve a comparative study.

7. 2 Statement of the Problem

The main research question was based on the fact that existing governmental policies and services are insufficient and/or ineffective as far as the prevention of teenage pregnancies and support for teenage mothers in South Africa and the teenage abortion rate in Slovenia are concerned. The results of the study show that the notion of teenage pregnancy and teenage mothers as well as abortion are intertwined variables that result from the connectivity of many issues relating to policies, services, socio-economic, religious, cultural and educational aspects. In other words, although the services that are offered by professionals may contribute to the problem of teenage pregnancy, teenage motherhood and abortion, there are also external factors that are linked with the problem.

Narrative stories were obtained from participants in South Africa and Slovenia. Professionals were also targeted to gain an insight into strategic intervention measures that are applied, including policies that are carried out to improve the lives of teenagers and teenage mothers. Discussions on findings and conclusions are presented separately in part one for South Africa and in part two for Slovenia.

7. 3 Part One: South Africa

The first **research question** basically focused on the institutions and policies that tackle the issue of preventing teenage pregnancy and support in South Africa and Slovenia as well as whether teenage mothers are explicitly or implicitly included in these policies in terms of support services for teenage mothers. The study targeted the Department of Health, the Department of Social Development and the Fanang Diatla Organisation that is affiliated with the Department of Social Development. A fact-finding mission was also conducted with the Department of Health. The data show that the Department of Education is the only institution with a specific policy on sex education and sexuality matters concerning teenagers. The Department of Education's policy also protects teenagers to facilitate them remaining at school when they fall pregnant as well as when they become teenage mothers. The Department does not have specific policies, especially when we take into account the problem of disengagement from school by teenage mothers, that govern how these teenagers can be motivated to re-engage with their studies. The Department of Social Development has general policies that deal with the protection of children, a white paper for families, an integrated parenting framework and support programme on active parenting for teenagers.

Empirical findings from the professionals and teenage mothers reveal important issues that complement each other. When we look at **the research question concerning how sex education is being offered to teenagers and the challenges faced by the sector to offer support services**, the study revealed that the Education Department cooperates with and coordinate services with the Department of Social Development, the Department of Health and other parallel structures that deal with the problems of teenage pregnancy and support for teenage mothers. Services that are offered on a quarterly basis include the presentation of sexuality education, alcohol and drugs, bullying, motivational talks and life skills. Teenage mothers do not have specific services as the current services solely focus on protection. The Department of Education (2007) guideline on how to prevent teenage pregnancy and the manner in which it can be handled places emphasis on the protection of teenagers concerning their rights to remain in school and also to receive support in the school environment.

Some teenage mothers also mentioned the importance of the services that are offered on the school premises regarding reproductive health lessons, assertive skills lessons, issues pertaining to life matters, as well as the use of contraception and proper preventative measures to avoid infectious diseases. Teenage mothers who had been exposed to life orientation as a subject had more comprehensive knowledge of life issues than those who enrolled for life orientation very late. Despite these intervention services offered by the Department, some teenage mothers had discontinued schooling. Stigma was mentioned by professionals and teenage mothers as one of the contributory factors within the school premises that are linked with school disengagement. The problem of stigma (from peers) on the school premises may also be linked with poor performance. When we put the issue of teenage mothers in this context, stigmatisation caused by peers on the school premises may be linked with the reason some of them discontinue schooling or failed to perform well in their studies. Goffman (1963) also emphasised that stigma can be utilised as a contributory factor for poor achievement. Now the underlying assumption here is based on the manner in which these teenage mothers are handling the stigma stemming from peers and whether are they free to discuss the matter with teachers, as one of the teenage mothers even blamed herself for the pregnancy and did not even want to discuss her situation with the teachers. Retaining pregnant teenagers and parenting teenage mothers is regarded as a good technique as it is usually linked with a low rate of repeated pregnancy and school dropout (Howard in Collin 2010). The Limpopo Provincial Government (2011) regarded early disengagement from school and a lack of education as contributing negatively to teenage mothers' future.

The stigma notion in the education institutions can be linked with Paulo Freire's pedagogy of the oppressed (1970) in emphasising that the oppressed need to regain consciousness through empowerment while, on the other hand, the oppressed also need to be assisted to deal with the situation in a positive way. The feminists Beresford and Boxall (2012) emphasise the empowerment of women in order to help them understand their own experiences and be accountable for their own lives. A constructivist (MacCall 2006) regards storytelling as a good basic method to assist professionals to understand people’s problems. The ecological perspective (Bronfenbrenner (1979) at the macro level takes issues into account that are present within the individual’s environment, and have an impact on the life of an individual. All of these approaches function on the basis of

communication, which is an important aspect between the systemworld and the lifeworld, as mentioned by Habermas (1987). When the issue of teenage mothers is placed within these contexts, regular open communication is needed to motivate teenagers and teenage mothers to get to know their rights and be able to stand up for their rights, especially when they are faced with oppressive situations.

The findings also reflect a **lack of proper information** on sex education as some participants had mentioned they did not receive detailed information on life matters. It emerged from the research findings that teenagers are very inquisitive in knowing more about sexual relationships and the after-effects of such relationships. The Limpopo Department of Social Development (2011), however, revealed some teenagers who reported the school life orientation subject as a contributory factor for teenagers becoming pregnant particularly in the way in which it was taught based on the fact that some teenagers wanted to experiment after having been taught. Now the question arises as to whether it is *curiosity with proper knowledge* or a lack of proper knowledge that makes teenagers fall pregnant? The study revealed that one of the participants who was given reproductive health information by teachers through life orientation decided to explore sexual relations a single time as she did not expect to become pregnant despite such valuable information. Studies have regarded the limited education young people receive as a factor contributing to decisions young people make in relation to sexual behaviour and reproductive health (Arai 2003; Bankole et al., 2007; Lclerc-Madlala 2002; Varga and Makubalo 1996; Varga 1998; Wood and Jewkes 1997). The present generation is interested in experimenting with life matters, especially when they are not fully aware of the consequences of such experiments. One has to argue on the basis of what the participants reported, as some did not have detailed information about the consequences of indulging in sexual activities without proper protective measures. The teenage mothers' way of understanding and their level of correlating practical issues with theory, misassumptions as well as awareness may still matter, even though they only have basic knowledge about reproductive health issues. Colemann and Roker (1998) argue that instituting more peer counsellors would create positive results in teenagers' lives. The findings of the study also echo the same sentiment as the focus group and some participants were prepared to share their experiences with other teenagers as peer counsellors and in the form of support groups. Based on the findings and the literature, one

may argue that involving teenagers and teenage mothers as peer counsellors in the planning and implementation of activities that deal with sexuality, sex education and sex relationships may result in a significant practical life situation and transform the majority of teenagers' ways of doing things.

The education sector is still faced with challenges because some teenagers are still unfairly treated by certain staff in positions of authority in a few schools, even though the South African Bill of Right Constitution (RS, Act 108/1996, Section 29) assures the right to basic education to everybody. A shortage of staff was also regarded as another contributory factor to making services ineffective. The sector does not have specific services for teenage mothers. Beresford and Craft (2002) emphasise the importance of service users partaking in the decision-making process pertaining to issues that affect their lives. The involvement of service users in this regard may be linked with the transfer of power from service providers to service users in order to allow participation at all levels.

The literature postulates that the school life orientation's main aim is to sensitise teenagers to life matters although there are challenges in conveying the information since some teenagers fall pregnant despite the lessons on sex and pregnancy they receive (Limpopo Department 2011). The assertion correlates with what some teenage mothers mentioned in the study, namely that they had received information on sexuality but had never thought that they, by having sex once, would become pregnant. One teenage mother in a study conducted by the Limpopo Department of Social Development (2011) reported that sex education is misleading teenagers as teenagers wish to experiment after being taught.

The second **research question was based on how health, welfare and social security deal with teenage pregnancy and teenage motherhood in terms of service delivery and the challenges experienced by the sections in offering services.**

Following the fact-finding mission that was carried out with a representative from the Department of Health, it emerged that the Health Section is rendering its services in partnership with the Department of Education on the school premises, and with other affected sections such as the NGOs in the communities. The institution operates its services on the basis of the Children’s Act 38 (2005). The focus is mainly on preventing teenage pregnancies through guidance on the use of contraceptives, as well as by encouraging teenagers and teenage mothers to utilise contraception. Services that relate to

prenatal, antenatal, abortion and contraception are covered in Children's Act 38 (2005). The institution does not have specific services for teenage mothers. Varrino et al. (in Mooney et al. 2011) postulate that a lack of services can have a negative impact on the health of teenagers. Maputle (2006) also revealed teenage mothers who did not have information about the physiological changes that take place within their bodies. The Department of Health (in Baloyi 2006) shows that the majority of adolescents lack access to reproductive sexual health information and services, and this results in poor knowledge of reproductive matters. The study also revealed that some participants did not know anything about abortion and its procedures. Studies indicate a small percentage (3%) of people who utilise abortion procedures (Pettifer et al. 2005). The South African Choice of Pregnancy Act 1996 makes provision for abortion to be carried out on request up to 12 weeks. Midwives who have undergone the required training for the termination of pregnancies are permitted to carry out an abortion. Only doctors are granted permission to terminate a pregnancy above 12 weeks in certain conditions (pregnancies that occur as a result of rape, severe fatal abnormality, severe physical illness and mental illness or if continuing the pregnancy is considered to have after-effects by way of severe social conditions). Pregnancies that are over 12 weeks and less than 20 weeks may only be terminated with the recommendation of a medical practitioner or midwife with the consent of the woman. Despite the availability of these services, the legal termination of pregnancy is rarely preferred and a high rate of teenage pregnancy was linked with low levels of induced and spontaneous abortion (Kaufman et al. 2001; Varga 2002; Darroch et al. 2001). The study also reveals **conflicting ideologies** about abortion as the majority of participants perceived it in a negative way, especially when the issues of culture, religious norms, and influence of parents were taken into consideration. Only a few parents were mentioned as having a positive attitude to abortion. In contrast, urban areas have a low rate of fertility due to accessibility to education, contraception and economic development, even though one participant mentioned that resources are available in rural areas but teenagers are failing to utilise them appropriately. The manner in which resources are accessed, utilised and guidance on how to use existing resources in this regard can have a *positive* as well as a *negative* influence. For instance, when we place the issue of teenage mothers within the macro level system, some parents may influence their children to abstain from sexual relations and this may keep teenagers from accessing information in the clinics before they are sexually active. Religious beliefs can also contribute to some teenagers not attempting

an abortion as the majority of the participants regarded abortion as unacceptable. That said, society's cultural norms, beliefs and values may have an impact on the way in which the attitude, knowledge and behaviour of teenagers and teenage mothers are moulded or constructed.

The study also reveals a lack of knowledge about physiological changes in adolescence. The study identified a participant who did not know that she was in the late stage of her pregnancy until she had been confronted by her peers. Despite the information she had received from her peers, the participant still did not believe she was pregnant until her teacher politely advised her to consult the clinic with regard to her situation. The present study shows some participants who were satisfied with services that were offered by nurses, whereas others were dissatisfied. Some participants were very knowledgeable about reproductive health issues. Some had displayed a lack of comprehensive information on reproductive issues whereas others were reported to be afraid to receive services in the clinics due to the attitude of certain professionals. UNICEF (2011) postulates that policies, legislation, conventions and programmes usually function effectively based on the influence of **positive environments.** Environments that are conducive to the development of teenagers usually deal with values, attitudes and behaviours of the institutions in the area of teenagers, peers, the family, schools, services and norms established in communities, legislation, policies, the media and budgets. The literature associates positive environments with the attitude and behaviour of the people and the institution, while a negative environment may be linked with denial of access to basic rights as was the case with one participant whose rights were violated as she was denied the latitude to receive contraception in a clinic. The Constitution of South Africa cherishes the human right to access contraception (1996). The situation is also controversial as some parents have a negative attitude to health professionals when they offer services to teenagers, particularly regarding the issue of abortion. In the study conducted by the (Limpopo Provincial Government 2010) some teenagers reported being afraid of visiting clinics as neighbours could report them to their parents if they were seen in the clinics.

The current study shows that the majority of participants had decided to carry their pregnancy to term due to the influence of their parents, peers and cultural religious norms as most of them were Christians. The Choice on Termination of Pregnancy Act from 1996 is liberal and women are protected by the law to have an abortion, although the ability of

professionals to provide such services is sometimes constrained by the public's negative attitudes and resources, especially in rural areas, even though they are protected by the law to carry out such services (Macleod and Tracey in WHO 2009). Critical feminists (Rice, in Checkland and Wong 1999) postulate that women have the right to access contraception and abortion services with no stigma attached to the receipt of such services. Research conducted on the dynamics of young people's relationships (Varga and Makubalo 1996; Wood and Jewkes 1997; Varga 1998; Vundule et al. 1998) found that peer pressure was influential in the decisions young people make in relation to sexual behaviour and reproductive health. The study also presents one participant who decided to have a child because she envied her friends who were teenage mothers. While professionals are accused of not rendering effective services to teenagers, on the contrary we can see that the influence of peers, parents, culture and religion have an effect on the decisions teenagers make.

The findings also reveal that some participants reported that a positive service was offered by social workers. Social workers operate within the framework of policies that relate to the Children's Act no. 38 (2005) which also deals with prevention and early intervention programmes; the White Paper for Families; and a support programme on active parenting for teenagers. Counselling is also offered on an individual basis, and on a family basis through case work. Social work services are provided through case work, group work and community work. The findings also identified one participant who was very satisfied with the services offered by social workers in the hospital, compared to one local social work agency where she was not treated appropriately. However, despite the services that social workers rated as good, they (social workers) also mentioned that they still face a challenge as they do not have specific policies for teenage mothers. The ecological perspective (2000) emphasises the importance of the environment, particularly in a situation where a person has to interact with the environment as such an exchange or interaction can be positive, negative or neutral. **Negative environments** for teenagers or teenage mothers in this regard are linked to poor fitness in the lives of teenagers. Parker (2011) postulates that the environment is a never-ending process and it tends to change through a transitional process. When the issue of teenage mothers is placed in this context, they are pressurised by circumstances to adapt to transitional processes from teenagehood to parenthood, a situation that becomes difficult for some of them to adapt to, especially if there are no

proper support services in the environment. Some participants also mentioned teenage parenting as a situation that is stressful. Stress usually occurs when there is an imbalance in the manner in which one adapts to the environment (Brewin et al. 2000). The study shows that the majority of the participants were stressed when they discovered they were pregnant. **Positive environments** from the family atmosphere were mentioned as a supportive aspect that enabled them to be able to cope with the situation.

The Policy Guidelines for Youth and Adolescent Health (Department of Health 2001) consider the issue of gender as fundamental to the health of young women. The policy guidelines pay special attention to disadvantaged young with regard to sexual health, sexual abuse, gender-based violence and coercive sex. On the other hand, some participants had experienced problems in making decisions pertaining to their lives. Their partners were reported to have taken the lead regarding decisions about having children. Such practices may call for the restructuring of existing policies regarding the way in which teenage girls can be empowered and protected based on gender equality.

7. 4. 1 Socio-economic Factors

The research findings reveal a direct link between **inequality** in **gender** issues and the socio-economic status of teenage mothers. Teenage mothers were responsible for social, financial care and the majority of teenage fathers did not offer financial assistance. Except for one teenage father who played a valuable role in terms of support, those who did offer assistance did not keep it up for long. Parents of teenage mothers were forced by circumstances to take full responsibility for child-rearing matters which was considered costly in terms of meeting basic needs for the upbringing of their children. Families of teenage fathers were rarely mentioned by teenage mothers as offering assistance. Although the majority of the participants did not come from poverty stricken families, the child-rearing responsibility was reported as having a negative impact on the socio-economic situation of the parents of teenage mothers, particularly when the issues of inequality had their roots in the apartheid policy system. Landman et al. (2003) argued that poverty can be measured on the critical assumption based on what level of income constitutes the poverty line. Sectors such as education, health, social welfare were transformed after the pre-1994 apartheid policies whose policy was directed by racial exclusion and inequality in terms of

accessing better and good resources. Despite the government's efforts to improve the welfare system, the government still faces a challenge because some people still remain completely below the social safety net. It is indeed true that the government (ANC since 1994) has taken positive steps to improve the country's economic situation when we take the mainstreaming of marginalised groups in the natural economy into account. When we place teenage mothers in this context, their parents' level of income is affected by the extra financial help they offer to teenage mothers. The situation becomes very difficult for teenage mothers' whose parents are not working and depends solely on the pension grant for survival. Inequality in this case is displayed in the form of **gender** as child-rearing emerged as a matter that is always left in the hands of teenage mothers and their mothers and grandmothers. Men and teenage fathers in this regard are privileged through traditional gender roles to enjoy life without taking responsibility for bringing up their children socially and financially even though the law on maintenance exists. Glendinning (1987) referred to the »**feminisation of poverty**« as a process where poverty is gradually shifted from men to women. Men in this sense are privileged by not being at risk of poverty.

7. 5 Conclusion

Teenage pregnancy and the lack of special services for teenage mothers remain a complex issue that requires the involvement of teenagers, parents, the family, the community and professionals to strategise appropriate intervention measures. The problem is shifting from an individual basis to the country at large. For instance, the government spends a lot on the child-support grant because the majority of teenage mothers are unemployed with a low educational level (grade 12 certificate). The majority of them were still continuing their studies. However, the problem of low education prevents them from being competitive in the labour market and this leads to unemployment. The socio-economic background of their parents also worsened the situation, especially when we consider the manner in which poverty was inherited from the apartheid system.

There is still a gap to be filled regarding the educational services offered by professionals. Although sex education is offered by professionals through life skills training, the programme still lacks appropriate two-way incorporation of teenagers' views, particularly in the form of peer counsellors. Lack of time and an appropriate way of disseminating

information in school environments, clinics, social development institutions and NGOs remains a problem. On the contrary, some teenagers experiment with sex despite the information they receive in lessons on health reproduction. The lack of staff members also contributes to services not being provided intensively. Morality is no longer valued by today's generation with regard to practising abstinence. Today's teenagers are interested in knowing what exists around and within their lives.

The dual role of being a mother and a student is a complicated aspect for these teenagers, especially in the absence of proper support network systems (family, professionals and communities).

Abortion is not preferred by the majority of teenagers due to the influence of cultural and religious norms and parents. Late reporting remains a major concern and some of these teenagers are still afraid to visit clinics due to the attitude of some nurses. As reported, some social workers reveal a tendency to delay assisting clients.

Gender has been found to be a significant factor to deal with when the lives of these teenagers and teenage mothers are taken into consideration. Some teenage mothers became teenage mothers unintentionally as they were manipulated by their partners to have children. The situation is linked with inappropriate decisions under their control in handling matters that affect their lives.

7. 6. Part two: Slovenia

Following the **first research question on the institutions and policies that tackle the issue of teenage pregnancy prevention and support for teenage mothers, especially in taking account of how useful these policies are**, selected institutions including public health institutes, gynaecological clinics, gynaecological private practice settings, a maternity home, and a center for social work were targeted to assess the impact of services and programmes that are controlled by policies in meeting needs of teenage mothers. It emerged from the research findings that there are no policies dealing specifically with the prevention of teenage pregnancy and support services for teenage mothers. The existing policies generally cover the whole of society. For instance, the health insurance policy

covers basic health issues and teenagers have the right to utilise the insurance for matters that are health related. Policies and acts are incorporated in line with the second and third research questions throughout.

The second **research question concerned how sex education is being offered to teenagers and the challenges faced by the education sector in terms of support services for teenage mothers**. The focus was on how sex education in the school system relates, if at all, to other sources of information and education such as the family, peers and the media, including technology. Baldo et al. (1993) postulate that sex education may be linked to encouragement for teenagers to delay sexual activity and to the dissemination of information about the risks of engaging in early sexual activities, including techniques to reduce such an impasse. Nevertheless, critics are opposed to the system of sex education based on the fact it provides information about casual sex and other styles that are not related to traditional relationship values. While sex education is regarded by many scholars as valuable, it is also interesting to note from the study that one participant was not at all interested in sex education lessons. The participant considered the introduction of important subjects that can be linked with practical life issues as a wake-up call for professionals to assist teenagers to be able to face the challenges of life in order to cope effectively. The majority of the participants had received information on sexuality issues through biology lessons as extra lessons on sex education were not offered. The representative of Institute for the Public Health also mentioned that there is no special sex education programme in schools. Teenagers are however given valuable information by a team of professionals in specific regions like the Gorenjska region (Kranj). Children and teenagers are targeted on the basis of their ages. Information is disseminated on issues such as growing up, assessment of feelings, senses and changes of maturation, how to live, contraception and sexual diseases.

Despite these intervention services, the study found participants who had become pregnant. The literature is also in line with the representatives of the institutions (Ćah in Pinter 2005) by indicating that sexual education is not included in school curricula for the primary and secondary levels. Topics relating to sexual health are part of elective subjects and are only taught through biology lessons in primary and secondary schools. At the macro level, adolescent sexuality is regarded by Dutra et al. (2000) as a comprehensive aspect that is mainly influenced by traditional interactions, values and social institutions. Some of these

values and beliefs may remain unspoken, particularly if communication amongst teenagers, parents, professionals and communities does not occur regularly. Hoyer in Stepanović (1997) foresaw a gap in the sex education of youth to be filled by the school. While the issue of sex education does not appear to be not fully addressed, the participants on the other hand reported having received a lot of moral support from teachers and some of their peers. Teenage pregnancy is usually linked with stressful situations which may necessitate the availability of positive environments to help teenagers cope. UNICEF (2011) also argued that policies, legislation, convention and programmes are usually facilitated by positive environments to operate effectively. Environments conducive to values and attitudes are regarded as beneficial for teenage mothers, especially when the institutions' mode of operation in dealing with adolescents, peers, the family, schools, services and norms is established in communities. Some participants were able to finish their studies due to the moral support they received from their teachers and peers. The issue of moral support is valuable as it also enables teenage mothers to re-engage with studies as reflected in a study conducted by Davey and Morrel (2012) that reported teenagers playing a positive role in encouraging teenage mothers to be reintegrated into the school environment.

On the other hand, negative environments may retard progress in the lives of these teenage mothers as was the case with four participants who were not fairly treated by their parents, some peers and community members. The current study found that some parents did not offer parental support when their teenagers fell pregnant. Some were forced by the negative home atmosphere to live apart from their parents and were then even exposed to risks. Chermiss and Hertzog (1996) regard the family as a unit, where an imbalance in one family member may affect the whole family. When this argument is set in the context of teenage mothers, parents and the whole family, the support system may have a positive impact on the life of the teenager and this may help the teenager cope with challenging external situations such as *stigmatisation* by peers or community members, as was the case with one participant. Fulford and Gilboe (2004; Gregson 2009; Higginbottom et al. 2006) relate stigma to the media and strangers who usually stare or utter ironic statements to teenagers in public. According to Goffman (1963), stigmatisations tend to create an imbalance in the normal identity of an individual. The study also presented one teenage mother who felt stigmatised by the attitude of community members and the manner in

which they glanced at her when she was pregnant and after the delivery. Although such a negative attitude usually creates instability in one's life, the participant was able to cope with the stigmatisation due to the moral support her parents had offered. Mezeg (2013; Geysaw 2013) considered teenage motherhood as a challenging job that needs family support.

The third **research question was based on how health, welfare and social security deal with teenage pregnancy and teenage motherhood in terms of service delivery and the preventative measures that are currently at play, and the challenges in offering such services.**

Health education programmes in Slovenia are offered on three levels: primary, secondary and tertiary (Pinter 2003). The main aim of the programmes is to raise the quality of protection in reproductive health. Dežman (2005) postulates that Slovenian girls usually seek advice on sexuality and sex issues at a *Gynaecological Ambulanta* (a health centre on the primary level). Gynaecologists in Slovenia who had encountered under-age patients confirmed the problem of inadequate sexual education in primary and secondary schools.

Lekganyane (2003) postulates that a healthy nation does not only deal with the equal distribution of resources but also empowers the community to create the necessary conditions to promote a healthy lifestyle. One may argue that teenagers' health is not only a personal responsibility, but is accompanied by a network of professionals, the family and community representatives in addressing health reproductive health services and offering moral support. The health reproductive services carried out by a team of professionals in schools include hygiene, prevention of teenage pregnancies, information about infectious sexual diseases (chlamydia infection), the use of contraception and introduce subjects dealing with the relationship between men and women. Nieral (2001) argues that youth are not only interested in gaining knowledge about the anatomy of the reproductive organs, the physiology of conceiving, and sexual techniques, but also need time for a discussion about sexuality and relations between partners. The literature and the findings also complement each other based on the issue of knowledge as **morality ideology** is no longer a norm cherished by the present generation due to the transformation process. The matter was validated by one of the participants: even though she was aware that her parent was very strict so she would have a good future, she explored sexual matters without measures for

prevention. What matters here is that teenagers need to receive comprehensive information that may be linked with life issues to enable them to cope with the challenges of life, to avoid risky situations and to thrive. Open communication is regarded by Habermas (1987) as a good system of interaction between the lifeworld and the systemworld. When the concept of open communication is placed in the context of morality, the present generation is interested in accumulating knowledge about everything that life entails. Proper knowledge about life matters can be achieved through open communication amongst teenagers, families, communities and societies. The study reveals that the majority of teenage mothers were satisfied with the role performed by the health professionals and social workers in matters pertaining to their health. Everybody has a right to basic insurance and the country started to experience an improvement in teenage reproductive health in the 1980s, resulting in a significant reduction of the teenage pregnancy rate. According to the European Union Health Report (2011), the country is rated average in terms of teenage pregnancy that ends up in abortion compared with other European countries. The social worker reported that the majority of teenagers seeking an abortion at the Gynaecological Clinic were utilising *coitus interrupts*, which was also mentioned by one of the teenage mothers (a participant) as a contributory factor for her pregnancy. The use of *coitus interruptus* was also mentioned by Simetinger (2014) as an unprotective method for avoiding teenage pregnancy. Social workers reported they were delivering good services to teenagers and this was confirmed by some of the respondents. The study also revealed that a few teenage mothers were very disturbed about the ways in social grants are administered by social workers. Teenage mothers expressed a serious concern that the State does not allow teenage mothers from good background to receive the grant. In other words, some teenage mothers who come from a good economic background are unable to receive help through a child-support grant even if their parents are not assisting them due to a family conflict. Teenagers who opt for abortion are counselled in a private environment conducive to promoting justice and respect for the rights of teenagers. Relevant counselling, which operates through legislation, includes the field of family planning. There is proper coordination of services among social workers, gynaecologists and nurses in providing abortion services to teenagers. Social workers in the Gynaecological Clinic (Ljubljana) coordinate services pertaining to teenage cases (abortion matters) with social work centres and a maternity home. Children are placed in foster families on a temporary basis if teenage mothers are having problems. Social workers

operate within the framework of the World Health Organisation's guidelines pertaining to the protection of reproductive health. Parenting, stress and empowerment were rated as areas that still needed improvement. The social workers reported being challenged by the lack of specific programmes for teenage pregnancy and teenage mothers, particularly in areas like Murska Sobota. Despite the amount of services and guidance offered by professionals, the study found that some teenage mothers are still becoming pregnant and carrying the pregnancy to term or applying for an abortion, even though the rate of abortion is gradually falling. Parents as well as cultural and religious norms were found to have an impact by encouraging the majority of the participants to carry their pregnancy to term, notwithstanding that the legal termination of pregnancy has been approved since 1977. The relevant act allows the termination of pregnancy to be carried out within the gestational period of 10 weeks. Exceptions are made after 10 weeks by a special commission that consists of gynaecologists/obstetrician, a social worker, a general physician or a specialist in internal medicine with regard to psychological or physical harm to the foetus and the woman.

7. 6. 1 Socio-economic Status

The European Community Treaty (Article 141, former Article 119, 1999) of the European Union supports the right to equity principle in terms of pay for families. Emphasis is on improving the infrastructure of families which usually has positive results in the fight against poverty. The issue of inequality in Slovenia does not have a serious negative impact on the people as the country has roots in the socialist system in which public and private boundaries were much more permissible and contested in the Eastern socialist countries. The socialist notion of equality offered girls and women opportunities in education and employment (Vidmar in Blagojevic et al. 2006). However, the results of the study show that the participants were not enjoying the benefits of equality due to their additional roles of child-rearing without assistance from the teenage fathers and the parents of the teenage fathers. Violence within the family was also reported by some participants. It is really disturbing to find that one participant was forced to stay with a teenage father who was a drug dealer because of negative communication relationships between the participant and the mother. It was also disturbing to find out that one Roma teenage mother

also went through the traumatic experience of being forced by her mother to become a beggar and a prostitute. The respondent's mother failed to offer the necessary support needed by the respondent, as she mentioned. The problem of the Roma community appears to be an approach-avoidance kind of a situation as some professionals are reported to be providing to Roma communities and there is an element of abuse and a high rate of teenage pregnancy within some communities, as reported by Simona Fajfar (2014). The problem of violence within the Roma community also raises concerns mentioned by social workers and a gynaecologist. The study shows an element of violence by some Roma teenage fathers in relationships with some non-Roma teenage mothers. Dominelli (2002) argued that some men and teenage fathers are physically violent to teenage mothers. They take the lead in controlling the lives of the teenagers. The research also identified a Roma participant who was severely beaten by the non-Roma father of her child when she was pregnant and also after the delivery. In addition, the teenage mother was denied the latitude to sleep with her child. Arguing on the basis of human rights, this ordeal may reflect a violation of human rights. Proper information on gender equality and sexuality education is regarded by Unaids (2006) as important aspects for helping teenagers resist early, unwanted or coerced sex and also to refuse violence in relationships.

At the macro level, society may view teenage pregnancy and abortion in a negative way due to the influence of culture and religion in certain communities. It was reported that some communities' members have a negative attitude to teenage pregnancy, which leads to stigmatisation in the lives of pregnant teenagers and teenage mothers. Feminists (Fine 1988) cherish the notion of freedom to access contraception and abortion services and also to decide when to have a child without being stigmatised. At the ecological level (Bronfenbrenner 1987), individual living conditions and opportunities for resources are very crucial in shaping a person's life. Habermas (1987) regards power as controlling the lives of people. Within this context, teenage mothers (who represent service users in this context) are regarded as minors who rely a lot on parents and service providers to meet their needs. Now the question arises of whether the communication system amongst teenagers/teenage mothers and service providers is facilitated effectively with regard to service delivery.

In the midst of these challenges teenagers are still faced with the major task of child-rearing. The shift in child-rearing responsibilities from teenage fathers to teenage mothers

may pave the way to what Glendinning (1987) termed the »**feminisation of poverty«** if teenage fathers are not taught that they are responsible for giving assistance. Although the government is investing in the lives of the teenage mothers' children through social grants, the teenage mothers still experience financial hardships. Ule (in Rener and Ule 2012) postulates that the research conducted on domestic labour depicts gender role distribution and family obligations as relatively traditionally based, even though the unemployment rate in the adult female population was 'satisfactory'. In other words, the majority of women are still occupied with household activities despite a 'satisfactory' unemployment rate among women.

7. 7 Conclusion

While the notion of teenage pregnancy and support for teenage mothers cuts across the countries, teenagers in Slovenia were found to present a lower rate of teenage pregnancy being carried to full term due to abortion. The majority of teenagers who carry their pregnancy to term are in the Roma community and teenage pregnancy is still very high amongst those communities. Non-Roma teenagers who decided to have children were influenced by their religious norms, culture and their parents. However, abortion rates are gradually decreasing.

Inequality still exists amongst the regions. This is based on the manner in which services are provided as the regions function autonomously. The way in which health services concerning reproduction health are disseminated in schools still reveals gaps in terms of meeting the life prospects of teenagers. Life issues pertaining to teenage mothers are not addressed in school curricula. Teenagers receive sex education through biology lessons periodically scheduled in the school timetable. Some teenage mothers reported that such lessons were boring as they were not introduced to the challenging topics of life that would guide them to thrive. A lack of appropriate knowledge regarding life matters for avoiding unplanned children were major issues for some of these teenage mothers. Yet a few teenage mothers had decided to have children despite their poor socio-economic circumstances. At the same time, alcohol and drugs were regarded as having contributed to some teenagers disregarding the significant information relating to sexual health and protective measures for prevention that professionals had disseminated. The majority of

teenage mothers had engaged in unprotected sex while under the influence of alcohol and drugs, as one respondent mentioned.

A gap was identified in gender programmes for educating teenagers (boys and girls) to respect each other in terms of violence amongst partners. Some teenage mothers remained in abusive relationships without the appropriate skills to make proper decisions. A lack of support in the form of counselling still exists due to the fact that the parents of some teenage mothers' parents were reported to be overwhelmed by their personal or family problems. Regular counselling, which was rarely mentioned by the teenagers, to assist their parents may be a good approach to restoring the imbalances within families.

Unemployment and disengagement from school were found to be factors contributing to making the lives of these teenage mothers miserable. The problem of reporting pregnancy very late has a negative effect on the lives of these teenagers, especially those who intend to terminate their pregnancy. Namely, it becomes difficult for practitioners to terminate pregnancies that already exceed the gestational period stipulated by the law on abortion in Slovenia and this has a negative impact on the prospects of teenagers.

Although this is not a comparative study, the study reveals certain salient features in the two countries, namely:

- **Late reporting of pregnancy**

The study shows that some participants reported their pregnancy to health professionals at a late stage. Both South Africa and Slovenia still experience teenagers who resort to the late reporting of pregnancy. Phafoli et al. (2007) associate the problem of late reporting with a number of reasons such as inappropriate information about the importance of antenatal consultations, or the denial of paternity by the teenage father. Late reporting can be linked to unspoken beliefs, attitudes and the influence of culture and religion at the macro level. The problem of late reporting has a negative impact on the lives of teenagers, especially if they are not prepared to carry their pregnancy to term as with the case of the Slovenian teenage mother who committed suicide after she gave birth. The teenage mother did not want to have a child and the commission did not approve the termination of the pregnancy based on the fact that the gestational period exceeded 12 weeks, a situation that was considered risky as was reported by the professionals. The situation appeared to be a matter of approach-avoidance conflict given that the teenager's life was at risk while on the

other hand practitioners were legally bound to apply the correct procedure according to the country's law on medical measures to implement the right to a free decision regarding the birth of children. If the organisation's medical staff had continued to terminate the pregnancy they would have violated the law and faced criminal punishment. Based on the problem of late reporting, one may argue that the constant provision of reproductive health services may be needed to expand the knowledge of teenagers. On the other hand, practitioners could urge for **flexibility** in the implementation of **policies,** especially if the situation is threatening the life of a teenager. Services that are provided in terms of existing policies without incorporating the experiences of service users (teenage mothers) may place teenage mothers at a disadvantage. Continuous counselling from a team of different professionals may be very important in assisting some of these teenagers to accept reality.

- **User-friendly environments**

Some teenage mothers in South Africa were reported as not attending clinics as they were afraid of health professionals. Professionals in Slovenia also mentioned that some teenagers were afraid of visiting gynaecologists. The environment or surrounding within which an individual lives is usually regarded as influential in the manner in which the individual operates as well as copes with internal and external forces of the environment. Family members, professionals, the community, the culture, norms and religious beliefs can in this regard influence the way in which teenagers behave, especially when we take into consideration the manner in which they utilise contraception. The problem of the environment appears to be due to **conflicting ideologies** among the concerned parties (service users and service providers). The law protects teenagers in providing access to contraception, yet the application of legislation may become difficult due to obstacles such as the negative attitudes of some professionals and the teenagers' fear of visiting health clinics given the lack of confidentiality in consultation rooms.

- **Inequality in terms of service delivery**

Inequality appears to exist in certain regions of Slovenia and in other provinces of South Africa. For instance, regions like Pomurska, Podravska and Orednjeslovenska appear to battle the problem of high rates of abortion. The Roma community was cited by professional respondents and the literature as a poor community that still struggles to obtain necessities such as water and electricity, although this problem mainly affects the

Roma community in the surroundings of Novo Mesto. The findings point to serious problems relating to socio-economic factors and the lack of special services for prevention and supporting teenage mothers to reduce poverty and the rate of unemployment amongst these mothers in Murska Sobota. In South Africa, on the other hand, some provinces are still struggling to function on a par with other provinces due to poverty which was rooted in the previous apartheid system. Provinces like Limpopo, Kwa-Zulu Natal and the Eastern Cape Province were shown to present a high rate of teenage pregnancy. Here poverty was also mentioned as the cause of the problem. The findings also reflect a high rate of teenage pregnancy in Limpopo due to a lack of services, staff shortages, and a lack of recreational activities to keep teenagers away from sexual activities.

Effective changes in the lives of teenage mothers can be facilitated through interaction at the macro level by combining the experiences of teenage mothers, skills from several disciplines and professionals. Rothman et al. (2008) identified three areas of intervention in macro social work practice, namely small groups, communities and organisations. Collaborative action from both service users and service providers in this regard can yield positive results, particularly when the issues of teenage pregnancy and teenage mothers are placed within this context. Organisations and the community usually operate within institutional and political systems that maintain power in terms of the planning and implementing of services. Power is regarded as having a negative impact on the lives of people if it is not utilised appropriately by the system (Habermas 1987). In this sense, the system (professionals) may put the lifeworld at risk if people's needs and problems are not addressed in a two-way process between service users and service providers. However, the authorities can also involve professionals and the affected structures throughout in strategic planning concerning services, programmes and policy matters that deal with teenage mothers.

- **Commitment and difficulties coping as students and teenage parents**

The majority of participants in South Africa and Slovenia reported challenging situations in fulfilling the dual role in being a student and a teenage mother at the same time. Some had to discontinue their studies due to a failure to cope with the situation. Some participants were truly dedicated to their studies as they had managed to complete their studies despite the challenging situations confronting them. The majority of participants in

South Africa were still furthering their studies whereas Slovenia also had a few teenage mothers who were still students at the time the interview was conducted. The study also shows two participants who had completed their diploma studies in Slovenia, and one participant who had completed her diploma in South Africa. However, despite the commitment of these teenage mothers, studies (Chigona and Chetty 2008) still show that teenage mothers rarely receive counselling on issues of stigma. Such aspects are usually linked with an inability to cope with studies, possibly leading to dropping out from school.

- **Socio-economic conditions**

Some of the participants' economic backgrounds was not on a sound footing. The majority were dependent on social grants or child-support grants for survival, even though parents and family members were offering financial aid in certain cases. The transition to parenthood became stressful despite the assistance the participants had received from their parents, especially regarding child-rearing. The Alan Guttmacher Institute (1976) argued that teenage pregnancy paves way to poverty, family disorganisation and welfare dependency. Authors (Landy et al. 2009; Udansky 2009) argue that critics regard teenage mothers as young and single and as draining public welfare. Some teenage mothers in the context of this study felt mistreated by the community. The manner in which some community members looked askance at them was understood by teenage mothers as a sign of disregard due to their suspected irresponsibility when their lives were actually derailed by parenting (Lewis et al. 2007). Goffman in Smith-Battle ((2013) postulates that stigma exists when individuals and groups are labelled as different. The stigma in this sense tends to marginalise people particularly because of mistreatment and social exclusion (Link and Phelan 2001). Beresford (1999) and Croft and Beresford (1998) mention that the problem of undermining service users' ideologies, especially when we take the knowledge they have based on their experiences into account, lead to marginalisation. Feminist researchers (Haraway 1999; Hartsak 1998) argue that service users are at an advantage because they are able to contribute valuable information based on the challenges they face on a daily basis as they know issues that are relevant to research in data collection. Ponsford (2011) and (Yardley 2008) argued that some teenage mothers usually resort to ignorance as a strategy to deal with stigma, and this applies to the case of one teenage mother who was stigmatised by members of her community in Slovenia. The South African teenage mothers had received a lot of support from their parents and extended families and were

able to cope, although they still needed a lot of support from the government to help them continue their studies. One teenage mother in South Africa was also stigmatised by her peers in the school environment because of her pregnancy. Despite the stigmatisation, she was able to cope due to the moral support she received from her teacher and her mother. Some of the Slovenian teenage mothers had received social and financial assistance from their parents, whereas others suffered financially and socially due to the lack of support from their parents. Interestingly, two teenage mothers from Slovenia and a teenage mother from South Africa received moral support from their partners; a situation that is rare in the practice of the majority of teenage fathers. Two teenage fathers from South Africa also received moral support from their partners. The majority of teenage fathers in this study did not offer financial or moral support.

7. 8 General Conclusion

Teenage pregnancy and support for teenage mothers are controversial issues that disable most teenagers from attaining their goals. The problem of teenage pregnancy and teenage mothers affects teenagers, family, the community and institutions. Habermas' theory of communication (1987), constructivist theory (Walsch 2010, McCall 1989), feminist theory (Dominelli 2002) and the ecological perspective (Bronfenbrenner 1979) complement one another in terms of dealing with people's needs. From the constructivist point of view, stories are important for understanding problems that affect individuals in order to offer assistance. The ecological perspective is mainly concerned with the environments in which people exist. Positive environments are regarded as valuable for promoting a healthy life. Feminists advocate on behalf of people to have the right and freedom to access services, to be respected and to be treated equally. Habermas (1987) emphasises the importance of open communication on a daily basis between the life system and the lifeworld. He regarded the system as colonising the lifeworld due to the power the system maintains. When these theories are placed within the lifeworld of teenage mothers in this study, a gap remains in the manner in which teenage mothers are communicating with the system (institutions), families and the community. There is also a lack of full involvement of teenagers and teenage mothers about important issues that affect teenagers' lives. There is a need, for instance, for teenagers to know more about their rights in order to manage

issues that affect their lives, particularly when we take account of the environment in which they live.

7. 9 Recommendations

In view of the results of the study, it is recommended that the following actions be implemented on the family level, community level and institutional level.

7. 9. 1 Family Level

Parents need to be engaged in intensive workshops in order to have open and valuable discussions with teenagers pertaining to sexuality as well as matters that affect life generally. The family, teenagers and teenage mothers could be capacitated to facilitate workshops with the help of professionals, trained religious representatives, community representatives and non-governmental organisations. Parents could also be encouraged to share their own experiences with teenagers, institutions and churches in order to find alternative solutions to some of the problems that affect teenage mothers. Parents of teenage fathers could be taught the need to take some responsibility by offering financial support to the parents of teenage mothers.

7. 9. 2 Community Level

The community could be educated to run awareness campaigns to assist teenagers to utilise existing resources effectively. The community could also be educated not to stigmatise pregnant teenagers and teenage mothers. All parties that are affected (family, teenagers, teenage mothers, institutions, churches and communities) could be motivated to strengthen local networks for effective service delivery.

7. 9. 3 Institutional level

- There is a need for different professionals to perceive teenage mothers as normal people that are faced with dynamic problems in their lives, and changes that are sometimes challenging. This may be facilitated with the aid of NGOs, parents, families, the community and society. Teenage mothers need a strength perception approach to be capacitated to have the strength to thrive. Training of strong formal and informal support networks is needed to assist teenage mothers as well as teenagers to have a better future.
- Policymakers could reinforce and strengthen informal support networks by revising and amending the main public policies in this field, for instance, by reducing the high cost of crèches, funding peer counsellors, establishing social support groups, funding parenting support groups focusing on special services and programmes for teenage mothers.
- The etiological causes of teenage pregnancy need to be addressed and redressed by a constructive disciplinary team of professionals. In other words, it will be important for professionals to look at the problem of teenage pregnancy in terms of the existing means that are influenced by the people's culture, religious norms and values as well as how such variables have an effect on professionals in the manner in which services are carried out.
- The establishment of peer-support systems in schools and churches, and continuous funding of NGOs that provide services to teenagers and teenage mothers would shape the future of these teenagers and teenage mothers.
- The creation of user-friendly environments in agencies or institutions that still lag behind would encourage teenagers to use the existing available services.
- There is a need to restructure the way in which sex education and sexuality education are offered in order to assist teenagers to be able to understand what life entails, and to avoid experimenting with sex for the sake of their future.
- The issue of gender needs to be discussed at length to help teenagers (boys and girls) become more assertive and be able to take decisions pertaining to issues that affect their lives.
- Institutions that do not have life skills programmes can introduce the system through a multidisciplinary approach to offer intensive reproductive health knowledge and access to contraception without prejudice.

- The system needs to provide proper counselling to families of teenagers mothers and teenagers when they fall pregnant as well as when they return to school.

Theoretical Level/Approaches Level (Lifeworld and Systemworld; Constructivist Level; Ecological Level and Feminist Level):

- There is a need to establish positive environments to encourage open communication amongst teenagers, teenage mothers, families, institutions and communities.
- There is a need to share responsibilities between service users and service providers through workshops to deal with problems that affect teenagers and teenage mothers.

- Gender issues need to be considered to educate teenagers about their rights and role responsibilities in order to be able to manage issues affecting their lives.

- Open communication may help the lifeworld of teenagers (service users) to share their experiences with representatives of the system (service providers) in order to establish a teamwork approach system that would involve service users in the delivery of services.

7. 9. 4 Scientific contributions

It is very problematic to conduct research and make recommendations about intervention measures that can be implemented without gathering suggestions from the people who are experiencing the problem. My argument here is based on the importance of utilising a **bottom-up** and **top-down approach** in dealing with problems that affect people as they interact on a daily basis in an environment. In other words, the views of people who need help or support are very influential and should not be excluded when investigations of issues that affect their lives are carried out. This is one of the reasons that motivated the researcher to apply story-telling techniques to probe into problems the teenage mothers faced and the manner in which they thought the situation could be improved by the bottom-up approach. Selected institutions were also targeted as directed by the stories presented by the teenage mothers to tackle the problem from a **top-down** approach. The doctoral thesis' innovation is that it is a multidisciplinary study that cuts across a range of issues in relation to social, political, economic, cultural, educational and religious matters

with gender as another aspect that cannot be ignored for the teenage mothers' voices to be heard. The findings reflect a **lack of proper communication** amongst the teenage mothers, parents, the professionals and society in relation to the planning and implementation of **policies, services and programmes**, especially when we look into the practical implementation of the **bottom-up** and **top-down approach** system. Service users, on the other hand, still need a lot of involvement in discussions and intensive training which could be carried out by the systemworld in order to minimise **conflicting ideologies** that are present within families, parents and communities especially with regard to cultural and religious norms as it will be difficult to challenge people's cultures and religious beliefs without negotiations based on a transparent transformation process.

As the study mainly focused on prevention and support for teenage mothers with an emphasis on policy issues in terms of social, health, educational and social security aspects, the narrative stories of these teenage mothers and professional data offered a new platform (approach) regarding the need for an integrated lifeworld and systemworld with the full support of the family in improving the life spheres of teenage and teenage mothers. Namely, Habermas' concepts of the **systemworld** and the **lifeworld** are very crucial when we place teenagers and professionals in this context. Arguing from an inductive point of reasoning, a gap remains between the systemworld and the lifeworld in the manner in which they interact. In other words, there still is a dearth of clear open communication between service users and the user perspective, especially when the issue of policies, planning and implementation is taken into account. There is still a communication gap between parents, teenagers, professionals and the community. That said, a holistic interdisciplinary system is still needed in both South Africa and Slovenia to assist teenagers and teenage mothers to not only survive but to thrive as well.

The research took an interdisciplinary approach based on theories in the areas of sociology and social work that deal with phenomena relating to family life issues, institutional issues and community issues. The results of the study pave the way to a new understanding of the need for a transparent two-way approach between service users and service providers that takes account of people’s culture, beliefs, norms and religious beliefs. Service users’ experience can be utilised in a new constructive analytic approach that brings service users and service providers’ together with service users taking the lead to manage their own affairs with guidance from service providers. Service providers, on the other hand, are also

human beings. Accordingly, they may also need support services in the workplace to be able to meet their own needs in order to assist service users.

8. BIBLIOGRAPHY

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APPENDICES

Appendix A: Informed consent of participants

University of Ljubljana
Faculty of Social Science
1000 Ljubljana,Slovenia
12 October 2013

Dear participant.

My name is Glory Mmasetjana Lekganyane. I am a doctoral student in the Faculty of Social Science at the University of Ljubljana. I am currently busy with the study that deals with prevention of teenage pregnancies and support for teenage mothers.The main aim of the study is to gain understanding of preventative intervention measures for teenage pregnancy, support for teenage mothers as well as experiences of teenage mothers life world.

It is our understanding that the life world of teenagers and teenage mothers has been to some extent left out.Based on this, we will explore more on teenage mothers experiences as a way to inform practice.

You are therefore asked to be interviewed on voluntary basis. It will remain your choice to be engaged in the study.We will adhere to the priciple of confidentiality in terms of not disclosing your name. Further be informed that you are at liberty to withdraw at anytime depending on your situation. Your information will be utilized only for the purpose of the study and the information will be handled with confidence.

Your cooperation in this regard will be highly valued.

Regards.

Glory Lekganyane

I..... (Full Name)

I hereby agree that I fully understand all the information and the kind of the research to be conducted.I therefore undertake to participate in the research project.I am also aware that I am at liberty to withdraw at anytime from the research project should I wish to do so.

..... (Signature of participants)

Soglasje udeleženk v raziskavi

Univerza v Ljubljani
Fakulteta za družbene vede
1000 Ljubljana, Slovenija

12. oktober 2013

Draga udeleženka v raziskavi!

Ime mi je Glory Mmasetjana Lekganyane. Sem doktorska študentka na Fakulteti za družbene vede v Ljubljani. Ukvarjam se s preventivo najstniških nosečnosti in strokovno podporo najstniškim materam. Glavni cilji moje študije so: raziskati preventivne ukrepe za preprečevanje najstniških nosečnosti, raziskati življenjski svet najstniških mater ter oblike podpore, ki so jim namenjene.

Predpostavka moje raziskave je, da je življenjski svet najstniških mater izvzet iz načrtovanja politik in oblik podpore. Zato bom v ospredje postavila prav izkušnje najstniških mater in raziskala, kako bi lahko te bolj učinkovito usmerjale prakso.

Prosila bi vas, če ste pripravljeni, da bi z vami opravila pogovor. Sodelovanje je seveda prostovoljno, kar pomeni, da lahko kadarkoli tekom pogovora ali pozneje, soglasje o sodelovanju prekličete. Raziskava je anonimna, zato vam zagotavljamo, da vaše ime ne bo razkrito. Kar boste povedali, bomo uporabili le za namen te študije, ob upoštevanju načela varovanja osebnih podatkov.

Vaše sodelovanje bi bilo neprecenljivo.

Z lepimi pozdravi,

Glory Lekganyane

I..... (ime in priimek)

Izjavljam, da popolnoma razumem informacije, izhajajoče iz tega dokumenta, kot tudi za kakšno raziskavo gre. Želim sodelovati v tej raziskavi. Prav tako se zavedam, da lahko kadarkoli od sodelovanja odstopim, če bom tako želela.

..... (Podpis udeleženke)

Appendices B: Letters of approval to conduct a research

From: Anita Prelec [mailto:anita.prelec@kclj.si]
Sent: Monday, March 03, 2014 12:42 PM
To: Urek, Mojca
Cc: raziskave.zbn@kclj.si
Subject: ODGOVOR

Spoštovana doc.dr. Urekova!

Komisija za raziskovanje v UKCL je na današnji seji obravnavala vaše pismo glede raziskave pri študentski doktorskega študija Glry Lekganyane iz Južne Afrike.

Odgovarjam vam kot kot (tudi) zaposlena na Ginekološki kliniki, kjer se s tematiko raziskovanja srečujemo.

Naj vam povem, da imamo najnižji delež najstniških nosečnosti iv Evropi in če se ne motim, tudi najnižji delež prekinitev nosečnosti pri najstnicah v 2013. Seveda so vsi podatki preverljivi in objavljeni v mednarodni literaturi.

Na Ginekološki kliniki se s tem področjem ukvarja doc.dr. Bojana Pinter. Odprla sem Cobiss in pod imenom BOJANA PINTER je od 2012-2013 objavljeno kar nekaj člankov v zvezi z kontracepcijo, nove nacioalne smernice in še marsikaj. To je le nekaj za uvod v sodelovanju z vami. Ko bo vaša študentka pregledala literaturo in oblike pomoči mladim materam v Sloveniji, bo želela verjetno podatke, to pa lahko dobite iz Perinatalnega infomracijskega sistema R Slovenije (retrogradno) oziroma ne vem, kaj ste želeli vedeti in kakšno anketo opraviti.

Če bo vprašalnik namenjem pacientkam, pa je potrebno soglasje Komisije za medicinsko etiko RS in soglasje naše komisije, želene obrazce vam lahko pošljemo po emailu.

Lep pozdrav

ANITA PRELEC,
UKC LJUBLJANA

LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF EDUCATION

Enquiries: Dr. Makola MC, Tel No: 015 290 9448. E-mail: MakolaMC@edu.limpopo.gov.za.

UNIVERSITY OF LJUBLJANA

KARDELJEVA PLOŠCAD 5

FACULTY OF SOCIAL SCIENCE

1000 LJUBLJANA, SLOVENIA

LEKGANYANE GM

RE: Request for permission to Conduct Research

1. The above bears reference.

The Department wishes to inform you that your request to conduct a research has been approved- **TITLE: PREVENTION OF TEENAGE PREGNANCIES AND SUPPORT SERVICE FOR TEENAGE MOTHERS.**

2. The following conditions should be considered

2.1 The research should not have any financial implications for Limpopo Department of Education.

2.2 Arrangements should be made with both the Circuit Offices and the schools concerned.

2.3 The conduct of research should not anyhow disrupt the academic programs at the schools.

2.4 The research should not be conducted during the time of Examinations especially the forth term.

2.5 During the study, the research ethics should be practiced, in particular the principle of voluntary participation (the people involved should be respected).

Cnr. 113 Biccard & 24 Excelsior Street, POLOKWANE, 0700, Private Bag X9489, POLOKWANE, 0700
Tel: 015 290 7600, Fax: 015 297 6920/4220/4494

2.6 Upon completion of research study, the researcher shall share the final product of the research with the Department.

3. Furthermore, you are expected to produce this letter at Schools/ Offices where you intend conducting your research as an evidence that you are permitted to conduct the research.
4. The department appreciates the contribution that you wish to make and wishes you success in your investigation.

Best wishes.

Dederen

11/11/2013

Dederen K.O

Date

Acting Head of Department

LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF SOCIAL DEVELOPMENT

Confidential

Ref : S5/3/1/2

Enq : Ledwaba MS

Tel : 015 293 6466

Date : 14 May 2014

To : Ms Lekganyane GM

RESPONSE ON THE REQUEST TO CONDUCT A RESEARCH STUDY TITLED "PREVENTION OF TEENAGE PREGNANCIES AND SUPPORT FOR TEENAGE MOTHERS"

1. The Department received your request dated, **08 November 2013** and hereby acknowledged receipt thereof.
2. The Department of Social Development hereby grant permission to conduct the above-mentioned research, on the provision that the Ethics Committee for the University of Ljubljana has provided clearance for the study.
3. **NB**. On completion of the study, a copy of the mini dissertation should be submitted to the Department of Social Development in honour of your commitment.
4. The Department take this opportunity to wish you well during the period of research.

.....
SENIOR MANAGER: HUMAN CAPITAL DEVELOPMENT AND ORGANISATIONAL STRATEGY

14/05/2014
DATE

Appendix C: Semi Interviews Questions (Teenage mothers)

1. How old were you when you fall pregnant?
2. How did you fall pregnant?
3. What are your experiences of being a teenage mother?
4. How did you receive moral support?
5. Are you currently using contraceptives?
6. Are you aware of abortion services?
7. How do your culture and the church perceive abortion?
8. How did your parents' react when you fall pregnant?
9. How did your child's father react when you fall pregnant?
10. How is the father of your child offering support?
11. What are you currently doing?
12. Who is your role model? , Why do you regard the person as your role model?
13. What can the government do to assist teenagers and teenage mothers to have a better future?
14. Did you receive lessons on prevention and health reproduction?
15. How can the departments coordinate services to deal with the problem of teenage pregnancy and support for teenage mothers?

Appendix D: South Africa

EDUCATION SECTION (District Level)

1.Do you have policies that deals with teenage pregnancies and support for teenage mothers?

Mark x in the appropriate box

YES	NO

2.1 If yes, what kind of policies are in existence?

.....

.....

.....

.....

3. How often do you amend such policies?

	YES	NO
Once per year		
Once bi-monthly		
When a need arise		
Not at all		

4.What kind of challenges do you face in dealing with school going pregnant teenagers and teenage mothers?

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.....

5. How does your section support disengaged teenage mothers to resume schooling?

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6. Which of the following services are you offering?

	YES	NO
Life skills		
Sex education		
Bullying		
Alcohol and drugs		
Motivational talks		
Sexuality Education		
Other		

7. How often do you render such services?

Weekly	
Bi-weekly	
Monthly	
Bi-monthly	
Quarterly	
Half-yearly	
None	

8.Which areas still need improvement in dealing with prevention of teenage pregnancies and support for teeange mothers?

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9. What kind of training are teachers receiving in dealing with prevention of teenage pregnancies and support for teenage mothers?

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10.How do you coordinate services with parents of pregnant teenagers and teenage mothers?

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11. How do you coordinate services with sectors that deals with prevention of teenage pregnancies and support for teenage mothers?

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12. What kind of problems do pregnant teenagers and teenage mothers have at school?

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.13. How are pregnant teenagers and teenage mothers supported to remain in school?.....
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14. Mention one good case and a bad case that you had handled in relation to teenage pregnancy or teenage mothers at school?

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.....

EDUCATION SECTION (Management)

1. Do you have documents and acts that deals with the prevention of teenage pregnancies and support for teenage mothers? If yes, how do they meet the needs of teenage girls, pregnant girls and teenage mothers?

Mark x in the appropriate box

YES	NO

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.....
.....

2. How do you engage pregnant teenagers and teenage mothers views in policy matters that affect their lives?

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.....
.....

3. How does your programmes meet the needs of teenagers, pregnant teenagers and teenage mothers in terms of service delivery?

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.....

4. Do you have specific training programmes for the prevention of teenage pregnancies and support for teenage mothers? If yes, mention the programmes.

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5. How do you monitor programmes of teenage pregnancy and support for teenage mothers in schools?

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.....

6. How do you deal with the problem of teachers who expel pregnant teenagers from school?

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7. Do you have sufficient manpower in the districts?

Mark x in the appropriate box

YES	NO

8. How could you improve your services?

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9. Did you conduct a research on policy and practice in the area of prevention of teenage pregnancy and support for teenage mothers?

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10. What intervention methods are applied to deal with social exclusion in relation to teenage pregnancy and teenage motherhood?

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11. Are there any challenges that you face in planning for programmes that deals with prevention of teenage pregnancies and support for teenage mothers in schools?If yes, elaborate on that.

Mark x in the appropriate box

YES	NO

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.....

12. How do you coordinate services with other sectors that deal with prevention of teenage pregnancies and support for teenage mothers?

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EDUCATION SECTION (Management- Clarification Questions)

1. Can you describe documents and acts (policies) that deals with prevention of teenage pregnancies and support for teenage mothers? How are these documents and acts helping teenage girls and and teenage mothers?

2. How can solve the problem of shortage of staff in the districts?

3. Give a summary of the constitution as related to the issue of social exclusion in the area of teenagers, pregnant teenagers and teenage mothers.

4. How can you monitor the problem of learners that are still discriminated in schools? (teenagers, pregnant teenagers and teenage mothers).

5. How can you improve services to meet the needs of teenagers, pregnant teenagers and teenage mothers in schools?

SOCIAL DEVELOPMENT SECTION

1. Do you have services and programmes that deals with prevention and support for teenage mothers?

If yes, how do you link your services with community based programmes and school-based settings?

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.....
.....

2. How are parents engaged in services and programmes that deals with prevention of teenage pregnancies and support for teenage mothers?

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.....

3. Which of the following sectors coordinate services with your sector in terms of service delivery for teenage girls, pregnant teenagers and teenage mothers?

	YES	NO
Department of Education		
Department of Health		
NGO's		
Youth Section		
Religion		
South African Social Security Agency		
Department of Justice		
Other		

4. How does the Provincial Office engage you in training programmes that deals with prevention of teenage pregnancies and support for teenage mothers?

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.....

5.How do you coordinate services with structures that deals with prevention of teenage pregnancies and support for teenage mothers?

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6. How do you incorporate the views and experiences of teenage mothers in your planning programmes and policies?

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7. How could you improve service delivery programmes in terms of incorporating the life experiences of teenage mothers?

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.....

8. How would you rate your services in terms of meeting the life experiences of pregnant teenagers and teenage mothers? Tick X in the relevant box.

Good	
Very good	
Adequate	
Excellent	
Poor	
Very poor	

9. What inform your practice in terms of policy matters in dealing with teenagers in the area of prevention and support for pregnant teenagers and teenage mothers? Briefly explain policies that cover issues relating to teenagers matters in the area of protection, prevention and support services.

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10. How does poverty, culture, discrimination , oppression and religion contribute for teenage pregnancy and social exclusion?

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.....

11 How does your sector monitor and assess the delivery of proper services on issues relating to teenagers, prevention of teenage pregnancy and support for teenage mothers?

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.....

FANANG DIATLA NON GOVERNMENT ORGANISATION

Please read and complete the questionnaire below.

1. How do you help teenage mothers to prevent teenage pregnancy?

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.....
.....

2. How do you offer support to pregnant teenagers and teenage mothers?

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.....
.....

3. Which of the following activities are incorporated in your programmes?
Mark x in the appropriate box.

	YES	NO
Assertiveness		
Life skills		
HIV/AIDS		
Career guidance		
Sex education		
Sexuality education		
Home based care		
Counselling		
Others		

4. How do you help children, teenagers and teenage mothers to have future opportunities?

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.....
.....

5. How do you coordinate services with other sectors in the community to deal with the problem of teenage pregnancy and teenage motherhood?

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.....

6. What is the role of the social worker, in the area of teenage pregnancy and teenage mothers?

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.....

7. How will you rate your services?
Mark x in the appropriate box.

	YES	NO
Excellent		
Good		
Moderate		

Inadequate		

8. How do you incorporate the views of pregnant teenagers and teenage mothers in your programmes?

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.....

9. Which of the following departments work with you in the area of prevention for teenage pregnancy and support for teenage mothers? Further elaborate on how you coordinate services with the departments.

Mark x in the appropriate box

	YES	NO
Department of Social Development		
Department of Health		
Department of Labour		
Department of Agriculture		
Department of Sports, Arts and Culture		
Department of Home Affairs		
Department of Education		
South African Social Security Agency (SASSA)		

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10. How can you improve your services?

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Appendix E: Slovenia

SOCIAL DEVELOPMENT SECTION

1 How do you apply case work, group work and community work to support teenagers, pregnant teenagers and teenage mothers?

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2. What inform your practice in terms of policy matters in dealing with teenagers in the area of prevention and support for pregnant teenagers and teenage mothers?

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.....

3. Do you have services or programmes that deals with prevention of teenage pregnancy and support for teenage mothers. If yes, what kind of services or programmes do you offer?

Mark x in the appropriate box

YES	NO

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.....

4.How do you offer counselling services to pregnant teenagers and teenage mothers?

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.....

5. How would you rate your programmes in terms of meeting the needs of pregnant teenagers and teenagers mothers?

Mark x in the appropriate box.

	YES	NO
Good		
Very good		

Adequate		
Excellent		
Poor		
Very poor		

6. Do you have contact with pregnant teenagers and teenage mothers? If yes, what kind of problems do they have?

Mark x in the appropriate box

YES	NO

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.....

7. How do you plan services and programmes that relates to teenage pregnancy and support for teenage mothers?

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.....

8. Which of the following services do you offer?

Mark x in the appropriate box

Counselling	
HIV /AIDS	
Empowerment	
Sexuality	
Sex education	
Chlamydia	
Abortion	

9. How do you incorporate the life experiences of teenage mothers in your planning?

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10. How do you evaluate your services on teenage pregnancy and support for teenage mothers?

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11. How do you coordinate services with other structures that deal with prevention of teenage pregnancies and support for teenage mothers?

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12. How does poverty, culture, discrimination, oppression and religion contribute for teenage pregnancy and social exclusion?

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13. What is the role of the church in supporting teenagers to delay early child bearing?

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14. What are the challenges that your sector face in dealing with the problem of teenage pregnancy and support for teenage mothers?

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15. How are parents engaged in programmes that deals with prevention of teenage pregnancies and support for teenage mothers?

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.....

16. Which of the following programmes need improvement in dealing with pregnant teenagers and teenage mothers?

Mark x in the appropriate box

	YES	NO
Parenting		

Stress		
Empowerment		
HIV/AIDS		
Sexual Abuse		
Support for pregnant teenagers and teenage mothers		
Prevention of teenage pregnancies		
Abortion		
Violence against teenage girls		
Chlamydia		
others		

17.How can you improve your services on teenage pregnancy,teenage mothers and abortion matters?

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.....

HEALTH SECTION (Gynaecological Clinic)

1. How are services accessible to teenagers, pregnant teenagers and teenage mothers?

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2. What kind of services do you offer?

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3. How do you evaluate your services?

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.....

4. How do you incorporate the views of teenagers and teenage mothers in your programmes?

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4. Which of the following services have you applied in the previous 3 months.

	YES	NO
Antenatal/Prenatal	x	
Parenting	x	
Abortion		x
Contraception	x	
Breastfeeding	x	
Alcohol and drug abuse	x	
Blood pressure readings	x	
Support for teenage mothers		x
Stress	x	
Prevention of teenage pregnancy		x
Others		

5. How useful are your services with regard to prevention of teenage pregnancy and support for teenage mothers?

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6. How do pregnant teenagers access abortion services?

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.....

7. Which areas needs improvement in dealing with prevention of teenage pregnancy and support for teenage mothers?

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8. Are contraceptions available to teenagers and teenage mothers? If yes, how often do you render services on this aspect?

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9. What is the attitude of parents when teenagers commit legal abortion?

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.....

.....

10.Does pregnant teenagers know about abortion?

Mark x in the appropriate box

YES x	NO

11.What kind of topics do you discuss with teenagers, pregnant teenagers and teenage mothers? and how are such discussions helping them?

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.....

.....

.....

12. What inform your practice in terms of policy matters?

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13. Explain any good or bad case that you had handled in the area of teenage pregnancy and teenage mothers.

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.....

MATERNITY HOME SECTION

1. How do you offer services to teenage mothers/young mothers that are accommodated at your place?

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2. How do they share their experiences as teenage mothers with you? and what are their main challenges?

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3. What kind of challenges do you encounter in helping these young mothers?

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.....
.....

4. Who is funding the maternity home?

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.....
.....
.....

5. Have you solved problems of teenage mothers or young mothers who had experienced issues as stated below?

Mark x in the appropriate box.

	YES	NO
Sexual abuse		
Physical abuse		
Violence within family members		
Rape		
Poor economic backgrounds		
Neglect by partners		
Neglect by parents/lack of support		
Low academic experience		
No knowledge on contraception usage		
Stress		
Committed abortion		
Wanted to commit abortion		
Other		

6. How do they cope in the new enviroment (maternity home) for the first few weeks on arrival?

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7. What are their future aspirations?

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8. Do you have policies that you apply in practice in offering services? If yes, what kind of policies are applied in delivering services?

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9. Explain any good and bad case that you had handled

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10. How do you coordinate services with other departments? and how can you improve your services?

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HEALTH SECTION (GYNAECOLOGISTS)

1.What kind of services do you offer to teenagers, pregnant teenagers and teenage mothers?

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.....
.....

2.What inform your practice in terms of policy matters?

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.....
.....

3.Which of the following services have you applied in the previous 5 months

Mark x in the appropriate box

antenatal	
prenatal	
abortion	
contraception	
other	

4. How do teenagers access abortion services in your region?

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.....
.....
.....

5. The standard of health care in this region is high.

Mark x in the appropriate box

Agree	
Not sure	
Disagree	
Strongly disagree	

6. Does pregnant teenagers know about abortion? If no, please substantiate

Mark x in the appropriate box

YES	NO

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.....
.....
.....

7. What kind of health challenges are teenagers, pregnant teenagers and teenage mothers facing?

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.....

8. How is poverty contributing to teenage pregnancy and teenage motherhood in the region?

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.....
.....

9. How is discrimination and oppression contribute for teenage girls to be vulnerable?

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.....
.....

10. Does the religion and culture play a supportive role in capacitating teenagers to avoid early child bearing? If yes or no please substantiate.

YES	NO

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.....
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.....

11.What kind of health and social problems teenagers experience during pregnancy and after delivery?

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.....

12. Which areas still need improvement in dealing with prevention of teenage pregnancies and support for teenage mothers?

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.....

13.What is the reaction of family members towards teenage pregnancy and teenage motherhood? and how do they offer support to pregnant teenagers and teenage mothers?

.....
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.....
.....

14. Explain any good and bad case that you had handled in the area of teenage pregnancy and teenage mothers.

.....
.....
.....
.....

15.How is the health insurance system playing a role in promoting a healthy life for these teenagers?

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.....
.....
.....

1.What kind of services do you offer to regional Institutes of Public Health?

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.....
.....
.....

2. What inform your practice in terms of policy issues that relates to teenagers, pregnant teenagers and teenage mothers?

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.....
.....

3. How do you coordinate services with other regional Institutes of Public Health?

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.....
.....
.....

4.How do you plan policies in meeting the life perspectives of teenagers and teenage mothers?

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.....
.....

5. Did you conduct studies on the following issues:

Mark x in the appropriate box

	YES	NO
Teenage pregnancy		
Prevention on teenage		
Abortion		
Support services for pregnant		
Support services for teenage		

Sex education		
Sexuality education		
Chlamydia		
HIV/AIDS		
Policies on teenage issues		
Other		

6. Can you explain the outcome of the study in areas that are marked yes in the above table?

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.....

7. How do you monitor and evaluate services pertaining to teenagers and teenage mothers in the regions?

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8. Evaluate the standard of public health care services in the regions by marking an x in the appropraite box.

Poor	
Good	
Partially good	
Excellent	

9.What challenges do experience in dealing with matters relating to teenagers and teenage mothers?

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10. How can you improve services and programmes that deals with teenage matters in the regions?

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Appendix F: Coding Table

Themes, subthemes, direct quotes with number of participants in brackets and interpretation

Theme	Quotes	Subtheme	Interpretation
Knowledge on prevention	SOUTH AFRICA Yes, I knew about and nobody told me and I just decided to go (clinic) because people are just going. I left them because the father of my child said, she needs a child and then I stopped. (Participant 2, page.....). I will say it was a mistake because I left prevention because I was feeling sick (Participant 4, page.....) Aai... they did not teach us mainly that far in classes because I did not do life skills, I stopped doing life skills. (Participant 3, page .....) Yes I knew about prevention matters, I had used them before my first child and I had arrived at a situation when I stopped using them. Eish I saw my body increasing too much.(Participant 3, page.....). I think the government should inform the people about women condom and how it can be used. (Participant 4,line .....) Then I am disappointed as the child was born with a loop. My loop came out after this child. (participant 6, page.....) According to me, I did not receive guidance to say how will this one affect a person. So I heard my mother. They work at the clinic SAP. They said this one and this one will make your egg strong and they say deppo and another thing for this..There is no..., at the clinic there is nobody who discuss about it. (Participant 8, Page....).	Information on the usage of contraception (Participants 2;3;4;5;8 and FG 9,page.....). Misassumptions (Participant 3,4) Relationship manipulation (2, 6). Unreliable protection(Participant 6, page.....).	Some of the participants did not have a detailed information about sexuality issues, the after effects of having relationships with partners and how contraceptives such womens' condoms could be utilized. Few participants were fully aware of the usage of contraceptive measures, although they discontinued to utilize them due to the pressure from their partners; irresponsibility and cultural norms and obligations. Some participants fell pregnant utilizing protective prevention measures. It appears as if there is a need for double protection to avoid risky situations. From these quotations it apppears as if the problem of teenage pregnancy is a connected to several variables.

	Before I have my child, I was no longer listening to my mother. I was busy with boys...I was busy with him, the very one I had a child with him.(Participant 10, page.....). The peer influence to say I want to have a child and I also said me too, I wanted to have a child not knowing the after effects of having a child. (participant 10, page.....) Yes, I did know. Then we were knocked down by the issue of our culture at home. My grandfather, the father of my mother is a person, those that are responsible for initiation schools. So they are those that we do not use western culture, we use tradition. So if you did not have the first child, you were not supposed to prevent.(Participant 5,Page .....) Yes, I did not know and even to do prevention injection I did not know. But what I knew was a condom only. (Participant 8, Page.....) If you had started to have a relationship you must go to the clinic, and even my parents did not tell me that you need to do so.(Participant 9, page.....). I do not know how abortion services are working. (Participant 2, page.....) No, no I do not know anything about it, and furthermore when I was pregnant, I just said I will go to the doctor, and the doctor will explain to me what is happening about it. (Participant 3, page....) Never, I had never heard about abortion..no, I did not hear. Participant 4, page.....). I do not know how abortion services are working (Participant 2, line.....).	Failure to listen (Participant FG 10, page.....). Peer influence (Participant FG 10, page.....). Knowledge on abortion: 2,3,4 and 6,7,and FG 9,10 and 11) Cultural influence (participant 5, page.....). Attitude on the usage of	It appears as if there is a dearth of knowledge on abortion services although the church and the culture also appears to have a strong influence against abortion.

	No,no ....(Participant 7, page ......). No,no (Participant 9, page.....) The had never talk about it (clinic). (Participant 10, page.....). They had never talked about it.(clinic). Even the time I was going to weigh, I had never heard them talking about it (clinic).(Participant 11, page.....). SLOVENIA I wanted a baby, a child. (Participant 13, page .....) I am not using contraception but I am using protection. In the middle of the month I will go to the doctor to see if I can use the loop. Participant 13, page.....). Ee...it was coincidence.Well we were being careful But its like I have never done (sex education)(Participant 19, page .....). No (she nodded). My husband's mother died because of it (spiral/loop). My husband is not very keen about contraception. His mother had some problems with spiral and that's why he didn't want me to have this spiral for 5 years.(Participant 19, page.....) Yes, of course, of course (information on contraceptives), it was just an accident, it was eeh being naive and thinking, he would, he would do it physically and he would go out before and its okay, I won't get pregnant. Everybody does it, like that. We were unprepared neh, we didn't have a condom otherwise we would use it.(Participant 12, page.....). Yes, I knew what is contraception. But I did not want to take the pill because you get fat.We using a condom but it	contraception (Participant 19). Risky decisions Planned pregnancy (Participant 13,19,) Unplanned pregnancy (Participants 14,12,115,17) Lack of sex education Misassumptions (Participant 15,12,17,18) Unreliable protection (Participant 15,16).	SLOVENIA From what the participants said, it appears that most of them have knowledge on the usage of contraception. Some teenage mothers did not utilize it because of misassumptions that they will not fall pregnant and also to avoid to gain weight. Alcohol was also mentioned as a contributory factor for teenage pregnancies. Some had applied protective measures like condoms which was unreliable as mentioned by the respondents. It was also disturbing to find that some participants fell pregnant despite protective measures that were utilized. Such practices may need professionals to encourage teenagers on the usage of double protective measures.

	happened.(Participant 15, page....). Yes, but I am against it. (abortion).(Paticipant 15, page.....). No,no nothing. I didn't use any contraceptive, then and now, nothing. No, we didn't have any contraceptives but once, that was December. My husband had a birthday in 6 December. Oh!!! our friends have gave him a bottle of wine and around this bottle were condoms. And we had sex and the condoms...no the condom exploded. Yes, we didn't use any protection before or after but only then.....hahaaaaa!!!! you can imagine. I hope that my daughter will never find out for this.....hahaaaaaa!!!!..(Participant 17, page.....). Ja, I had eeh... information about this but eeh... I have in mind that I will not have children before 20 because my mother eeh was 20 when she had me and I was always thinking that she is not matured enough. So I always say I won't have children. And if I will have it eeh... I will have it later in 20 or 21 or 22. (Participant 17, page.....). I was actually on birth control and I got pregnant eeh!!!!.(Participant 16, page.....). No, I wasn't using any protection.Because I thought I cannot become pregnant.I never imagined I could stay pregnant, it was impossible for me.(Participant 18, page....). I wasn't aware of the consequences at all. (Participant 18, page....).	Influence of alcohol(participant 16,17,18). Unreliable protection (Participant 16). Exploration (Participant 18).	

	SOUTH AFRICA I think we got it because nurses were able to talk with us that diseases of these nature and showed us photos and these and to say we should do this and do not do that.(Participant 3,	Information on sexuality issues and sex education (Participants 3; 4;8,11).	Few participants reported to have received guidance on sexuality and sex education, although the guidance was not offered on regular basis. Other participants appeared to have

	page.....) In the family, I was with my sisters and they did not explain that if you have sex you will get a child. Even at school, I did not get that kind of education. Even other preventions I was not aware of them because I did not get information from people that are older than me.(Participant 8, page.....) I knew because I was doing LO (life orientation)in form I. I knew that if you sleep with a person you become pregnant but I did not have a person, or a sister who can tell me, or tell me more about it. I knew that if you start to see a menstruation, and if you can start to sleep with a man, you become preganant, but that, one, I was not ready for it when I sleep with him and I did not even think about it, it just happened (participant 8, page.....). Eeih!!! I do not know. Maybe at schools, if they can bring, if they can talk about issues of intercourse, maybe as youngsters we will be open minded (Participant 11). SLOVENIA Yes, I heard something about this in school. We had this sex education only once for 45 minutes.(Participant 13,page.....). Well we had it. Ja, it was twice a week in something...it was with biology. (Participant 14, page.....). Yes, this is a long time ago.(Participant 15, page.....). Yes, already in primary school, we had it at biology. (Participant 18, page....).	Lack of proper knowledge (Participant 14, 15,).	explored with risky situations. Such responses may need different professionals to offer guidance in a practical way to assist teenagers to link life issues with future consequences. SLOVENIA The majority of the participants appeared to be knowledgeable, although some of the participants did not receive a comprehensive information as they indicated. It appears as if there is a need for regular services to be offered to these teenagers in order to assist them to cope with life challenges.

Life Challenges	SOUTH AFRICA When I was pregnant I was going to the clinic, and I regret to say why did I not ask. I did not go to CSG (Child support Grant Offices). (Participant 1, page.....). Sometimes they often say, you can take the child to his father and one day they will say no this child..., you should stay, we had taken care of the child and what, what. Sometimes you regret to have a child. (Participant 4, page.....). The life was very heavy and I started to regret and I was afraid to go to school and when I go to school, then no, I said I will go back to school and they refused me at school. And they said I am big but I did not know what to do.But I just stayed with the child and I raise up my child to grow and I did not have problems. (Participant 2, page.....). I do not feel alright because there are so many colleagues of mine that had completed schooling and some are waiting to market, and I am unable to talk about...I do not have anything. I think too much about them, to say maybe I should have said...the school first. (Participant 6, page.....). Then I was sad and if I met a person and I was even afraid to get outside the house but when I go to school I was forcing but teachers too, they were suprised to say, that child who was quiet...today is the one who is pregnant.(Participant 6, page.....). I had failed grade 12 because of shyness, all these things, shyness and to become pregnant early as I was not prepared. (Participant 6, page .....). Then I am also disappointed as the child was born with a	Feelings during pregnancy and after delivery: - Regret (Participants ,1,2, 4,6) Sad (Participant 6, 7).	The majority of participants were very regretful about their experiences. One of the participant did not even apply for the child support grant because of the moral support she had received from her parents. We can see from such remarks that some parents or families are really taking full responsibility in terms of offering financial assistance to these teenage mothers. Some participants appeared to have learned through their mistakes as they did not want to have repeated pregnancies. Some of them were kept reminded by their parents about the difficulties of child rearing. We can see from these quotations that there are some school authorities that are still denying teenage mothers the right to resume schooling although the law does not debar them. Such practices pose a challenge on the current educational policies about measures that are in place to deal with such problems. While some participants were denied the rights to resume schooling, others envied peers who have succeeded with their studies and further regretted that they could have opted to continue with their studies in order have good opportunities in life. Some participants were sad because life was difficult for them and they were ashamed of themselves. Counselling intervention services may be helpful in this case to to strengthen them to be able to deal with life

	loop. My loop came out after this child.(Participant 6, page.....). Then she said, you are pregnant, are you aware of that? Then I said no I am not pregnant. Then I became shy and I was stressed, then I started to cry. (Participant 8, page.....). To be a teenage mother is not a nice thing. You must go to school, and be educated and when you complete you must work and be able to look after yourself. (Participant 1, page.....). Eish!!!...to have children while you are still young it is a problem because those things that your parents were doing, would not do anymore. They are going to take care of your child and you too are unable to buy a mere shoe and you start thinking about the child, and the hait that you use to do before... you are no longer able to do because of the children. (Participant 3, page.....). To have a child truelly speaking it is very heavy, honestly speaking. To have a child is problematic because sometimes they remind you about your mistakes to say what is the child eating, how and sometimes they talk with you the way they like. (Participants 4, page.....) I had a challenge when I was 16 years. I was kinapped by people about six. There were 4 men and six women so those people... never, it is to say that they were abusing me like rape and beat me and staff like that. And during that time, I did not know what a man is. After that so, those people stayed with me for a period of 8 months and released me, after they had received money. (Participant 5, page.....).	Shy, stress (Participant 5,6,7 and group participants 8,9 and 10) Challenges of teenage motherhood (1,3,4,5). Physical and sexual abuse (Participant 5, page.....).	challenges. Few participants were very disappointed about some prevention protective measures that were unreliable. Some of the respondents fell pregnant despite applying contraceptives. Such situations leaves us with unanswered questions about the knowledge the participants had in terms of effective protective measures. Participants mentioned teenage motherhood as a problematic situation. The majority of the participants indicated that they were no longer receiving the benefits their parents used to offer. They regarded child rearing as a big responsibility as they were no longer having leisure time with their colleagues. Some of the participants reported that they were kept reminded by their parents about their mistakes of having children as teenagers.. We can see from these quotations that teenage parenting was a challenging task to most of these participants. The majority of the participants had serious problems with their partners and were no longer in good terms with them. The participants indicated to be faced with challenging situations of child rearing without help from their partners. Such practices reflects irresponsibility on their partners due to the fact that child rearing was regarded as a demanding role by these participants. Initially, parents of the participants were reported to be not happy and disappointed when participants fall pregnant, although they became very supportive later.

	SLOVENIA Yes, there were no problems (Participant 14 Page.....). And it was really hard for me putting money with the school, being without parents' help, have been in a relationship with a young father, who was responsible suddenly for me and the baby.(Participant 12, page.....). I was young with little baby but I still managed to employ myself in eeh wood fabrick. It was lazzy job very dirty for low paying but I knew that I must get money.I worked there 2 years and then I get pregnant again, but then I was 21 years old. And the eeh...it was a situation like first time. I must pay the eeh...something for insurance but one year received money and then again looking for a job and I had it. (Participant 17, page.....). I do not know I think that because I was eeh...when I was... had tough childhood because I was along with my mother and half-sister eeh... at my grandparents. I was without Dad eeh...in a family that had to get money but like this eeh (Participant 17, page.....). It was really big shock because I was on birth control and it's supposed to be 98% . It was a little tough to tell eeh (laugh) the baby's father. So it was a big shock for him as well. The hardest part was eeh...the starring. People who were starring everywhere. I went with this huge belly and I was sad. Eeh...my boyfriend lost his job last month, his company eeh...he was fired. Now he is looking for a new job and it doesn't go that well because jobs are hard to find.(Participant 16, page.....). I can't go out everynight, everyday because I have a baby and the baby is hungry and he needs me and I don't go out as	Independant (Participant 16,17) Shock (Participant 16,18). Happy (Participant 16 ,	It as also clear from what these participants are saying that their parents went through stressfull situations due to the fact some of them became angry, speechless, and cried when they discovered that they were pregnant, even though they have accepted the situation later by offering support. One participant reported to have been traumatized because she was raped and kidnapped for a period of 8 months. Such incidents may need special attention to be offered by different professionals. The law can apply severe rules to deal with perpetrators and also to apply legal protective measures that are currently in place to protect children and teenagers against crime and abusive situation. SLOVENIA Some teenage mothers went through horrible situations especially with regard to finance as some were forced to look for employment at an earliest age in order to survive. Some of these teenage mothers did not have problems as they had planned to have babies although their financial position was found to be not good. Such situation may lead to poverty in the lives of teenage mothers and their children. Although teenage pregnancy has been regarded as an obstacle for some participants to enjoy their leisure time, it has also assisted a lot of them, to be more responsible as matured parents.

	much anymore. But I don't really miss that life. I am really happy.(Participant 16, page.....). Good things because my sweet boy, I don't know my life changed absolutely. I became more responsible than I was before about school about everything, because I know everything I do, I don't just for myself. And for my baby as well. I eeh... before I got pregnant me and my mother eeh we were constantly ever fighting. We didn't get along. Me and my mom are like best friends and we are really getting along eeh a lot of of good things.(Participant 16, page.....). I have lost lot of friends. When I go out with the baby everybody still stare of course and people say bad things about me. Eeh...I am bad mother because I am so young , I am not ready for this kind of responsibility. But I think I can, I am doing a very good job. So, ja that's the bad thing. I don't really care what people think, but its not very nice when you go out everyone stares like I don't know. (Participant 16, page.....). And then we met each other and he asked me if I get married to him, If I lived with him, first I said no and he said look, we will come, me and my father, to your home and we will ask your family and I said, look it's there is no point if you come, because mine (family) won't accept, they do not want to let me get married. I was like their servant. Do you understand me? It's like if I would tell you now , take this there, go to work, go there or there. You can't always tell me what to do. Wait a minute! I also need to breathe. Isn't like that? And then he got me. I didn't want to get married, but he got me. Because I was fighting so much with mine (family) and this is how he got me. He said look better with me. You rather live with me, tolerate me better than this yours (family). Who knows what might happen? Maybe one day you go and kill yourself and then I was thinking about it and said you are	18). Loss of friends (Participant 16,18). Responsibility (Participant 16, page.....). Bad attitude from neighbours or community (Participant 16). Conditional marriage (Participant 18, 19). Bad treatment by family members (Participant 19) Suicidal thoughts (	Some participants did not feel comfortable about the negative attitude displayed by some community members as well as bad remarks that were mentioned by the people against them. Such remarks may contribute for stressfull situations for teenage mothers especially if the teenage mother does not have full support from the family, and the family members. We can see from this quotation that one participant went through a challenging situation of giving birth without, the support of her mother. Such situations may contribute for poor parent-teenage relationships. The State may revise strategic ways of helping these teenagers as some of them reported to have experienced financial problems even though they were receiving child support grants.

	right. Isn't it like that? One day it could come and I would hang myself. And so I lived with him and now thanks the Lord, its o.k.(Participant 19, page.....). She is dead for me because she doesn't like my children, She never calls them. Haa... what else can I tell you. When I gave birth, well when I was still pregnant, she told me to die while giving birth. So when I go to birth I should die and this is not a mother for me. Isn't it?. She can talk, you know sometimes when there are other ladies there. She says I am going to my daughter, but these are all lies. I gave birth to two, and she did not want to come. There is no other lady that can help you like your mother. Isn't like that? A neighbour is a neighbour.(Participant 19, page...).	Participant 19).	
	Shock at first, I was refusing the child, really for 7 days, I didn't want to see him. Then also, the second after the labour the father of the child went to Bosnia and I was left alone. And it was shock, of course, so I was rejecting the child. (Participant 18, page....).	Poor family relationships (Participant 19). Denial (Participant 18, page.....).	
	When I look at my peers, were going to school with me, for example, I wouldn't want to be in their position. I am happy , that I have a child, at this age. He actually gives me, a bigger push. Because I know I have somebody at home, who is waiting for me and of whom I have to take care of and he always demands 100% of me and I have to show myself in the best light because of being a role model, that he would have a good role model and that he could proudly say, this is my mother. Ja, but this is true, when I look at these peers of mine, everything has to be in order. You have to go to school. You are good girl but the ones for example, that are parting and drinking, who take drugs, these kind of persons I don't understand. This one that is afraid, because I was very lively when I was 15 and there was this going out and everything.	Influence of peer pressure (Participant	

	Simply, I am happy that I went out of this, because God knows what would happen to me, if I wouldn't become pregnant. That's why I am actually greatful that I got a child and that I have him (Participant, 18, page.....).	18). Religious believe (Participant 18).	

Involvement of teenage fathers	SOUTH AFRICA The problems that I experienced is the father of my child only. I never thought that my parents will not help me when my boyfriend ran away. (Participant 1, Page .....). And we had a child and when he found out that I am pregnant and then he started to refuse paternity and we started to fight. (Participant 2, page.....). I had the first child and I did not have a problem and I had accepted, the father of my child was close and he did everything for the child. Then a time arrive when me and him separated because of pressure from his parents.(participant 3, page.....). The worst part was the issue that, the boy was able to continue with his studies and he went to Pretoria and he could not come back and he did not have time to come back.(Participant 6, page.....). So, I had...had...with boyfriend and I had difficulties with him. We fought and he did not want it.(Participant 8, page.....). SLOVENIA	Discontinuing of relationships (1,6,3) Responsibility (3,) Lack of responsibility (Participant 6). Rejection of paternity (Participant 8).	From what these teenagers are saying, it appears as if a lot of teenage fathers did not assume responsibilities in assisting teenage mothers with the issue of support, both social and financial wise. Only two teenage fathers were able to offer moral support. Lack of support by teenage fathers may contribute to unhealthy life for teenage mothers and their children. SLOVENIA

	That the father does not want to come and I am nervous because the child is always with me and the child has no contact with the father. (Participant 13). And then, next experience was that I could not receive.... no social support because after this one year I moved out with my boyfriend.We rented a place, he had some money. He was 18 years old not matured but he already finished high school and he didn't want to go to study, he start working, he had some money and we started living together.(Participant 12, page.....). I was...I was scared and like this but my boyfriend and said that I have him and we will keep this baby. So we keep her eeh.(Participant 17, page .....). He supported me during my pregnancy. Eeh, he was really my rock (laugh). My boyfriend was at work the time he (baby) was born. He came 5 minutes before they took it out of my place (Participant 16, page.....). Because we were both underage we needed the approval from the Social Work Center, psychiatrist and permit from the court. When we went through all of these, they confirmed the wedding. And we got married. He moved from Bosnia to Slovenia. We lived together with mine (family). His parents didn't approve. The pregnancy went nicely up till the 7th month. Then I found out I got the pressure (Bp) and this what I got because of fighting with my boyfriend well husband because he wanted to go to his parents. He didn't want to be with me. He did not want to accept the child because it was too much for him. And I was disappointed and from all of these I got the pressure (Bp). So in 7 and half months, they had to induce labour because of the pressure (Bp) because	Lack of communication and irresponsibility (Participant 13). Lack of state support (Participant 12) Scared (Participant 17). Full support from partners (Participant 17 , 18). Pregnancy complications (Participant 18). Dissappointment (Participant 18).	The same situation was also applicable to Slovene teenage mothers although two of the teenage fathers had really performed a good service of offering support during pregnancy period and after delivery.

	Boysanna (baby) was left without oxygen. (Participant, 18, page..). Haaam!!! We don't have any contact at all. At first it was hard but then I got employed when the little one was one and half years old. I found a job and now I support myself and the child alone. And I have no problems (Participant 18, page.....).	Independant (Participant 18).	

Service delivery and coordination of services	SOUTH AFRICA I think that in the school they should discuss that when you go to a man you must know that you will be pregnant, and she must use the pills or injection or they must just live all together. They are children, children should abstain and stop untill their future developed. They must tell us about what is happening and they must explain that a boy will do what and we must know and because you do things...because you do not know because if they tell you , you will know and you will think that if I do so, this will happen and if they do not tell you, you will not know.You will be astonished when things happen and you will ask yourself why things are like this?(Participant 2, page.....) Then if they can take this matter to the schools. They were supposed to talk with children.....girls because boys are not having children. They talk with these girls at least if they can provide food or another thing that they can do so that teenagers should not have children while they are still young. (Participant 3, page.....) In this area of education, let me say, they must continue, and	Different Departments Clear explanation on consequences of teenage pregnancy. Proper sessions with girls. Elderly scholars to be	It appears that lot of proffessionals and service providers are rendering effective services to the teenagers and teenage mothers. The problem of teenage pregnancy appears to be multifaceted as mentioned by the respondents. In other words the problem appears to be caused by a variety of reasons, such as ignorance of teenagers about the usage of contraceptives, exploration on sexual activities, influence of the peer pressure, lack of knowledge on sex education on sexuality issues, the negative attitude from some proffessionals in offering services especially in clinics, lack of proper counselling, lack of recreational activities, lack of open communication amongsts teenagers and their parents, lack of programmes that shows practical consequences of having children at an earliest stage, lack of support groups in the villages as well as lack of services that can be offered by experienced teenage mothers to act as peer counsellors to the youth. Participants suggested that departments can write pamphlets that could

	must not say if you are so many years, we expel you from school or do what. Let them leave those who are still schooling even if they are big to leave them to proceed with their studies. And in sports even if in villages they bring poles, balls and make grounds well so that at least we do not go to alcohol places or to think to go elsewhere or to sit in group and gossip about people. At least if there could be periods then you know that at 5 I shall have finished cooking, I go to the period, practising, ok..Saturday we go for soccer there and there and these things keeps us busy and we reduce the problem of going to alcohol places and to sit with boys in the bush. And this one of Social Workers also I see if they can go out to schools and talk with these children who are orphans and be able to talk with them, because these orphans honestly speaking are tiring, because a person will tell you that you cannot tell me anything because I do not have parents. And there is nothing you can do and even if they can go to school and call them and sit down with them and these children too should tell social workers their problems that in our families these is the way we live, and these is what is happening and I think this will be able to reduce lot of issues. Health must look for tablets or something, a certain medication that can affect... or pour them in schools for the girls at least for preventing the issue of pregancy.(Participant 3, page.....). Eee!!! If they can run campaigns or maybe this teenagers will be able to understand what is happening in life. The issue of teaching youngsters about the issue of pregnancy, to say it is dangerous or, I mean to what extent is dangerous if you are still young. I think the Department of Education and Health, Department of Health can do pamphets of teenage pregnancy and sent them to Department of Education and give them to children and be able to be educated (Participants 4, page.....)	given the latitude to remain schooling. Establishment of recreational activities. Social workers to offer talks to orphans. Proper distribution of prevention medication in schools for girls.(Obligatory prevention) Awareness campaigns on pregnancy issues.	be sent to Department of Education and be distributed to children. Lack of empowerment for teenagers to re-engage with their studies appeared to be a serious issue that contributes for repeated pregnancies.

	. I think that they can meet and donate and they help one another. Then each and everyone if you want to attend school, you attend school, you see, then you work and they train you, you work, then at least this problem of falling pregnant will be reduced and poverty will be reduced. Hm!!!(Participant FG 11 page.....). To add to participant 11, the way she has talked is sharp, because a lot of us we do children, saying we are looking at the money for the grant. If we can have jobs, these children will be low, because I will be working. I will not do children saying the money is too little. Because I will not look at the issue of saying the money is too little or too big. Because if I say is too much, I will say if I can have 2 children it will be too much, and I am not looking at my age that I am still young. But if they can help us, the number will be too low and it wont' be too much like this. (Participant FG 10.....). I think maybe the government can help us, maybe if they can do a hall, then us, having children in this way. We group ourselves according to our background. (Participant FG 19.....). This is to say, she say, we motivate other youngsters maybe if they had not yet have children so that they should know that if you are there, it means we explain to them our experiences to say we have reached this way and this way and how is the.... (Participant FG 10.....). I think the government should pitty us, and for those who care are unable at home, then they must push them at least to go to school and those that are failing, let them look for simple jobs for them, then children should be able to grow up, because my mother cannot take care of my child up untill and I just seated at home. Indeeed she is going to grow and want to go to school, now I can manage her, because the	Availability of funding from various departments for teenagers to continue schooling as well as job trainings. Ex teenage mothers to serve as peer counsellors. Continuous motivation and job creation by the government.	

	school is still free, but when she passed matric (grade 12), the colleges and universities need money, and you will find that she had not performed very well that she can get a bursary. If they can supply us maybe with jobs and education it could be much better. (Participant FG 11.....). SLOVENIA I think its really important to look at the eeh. ..girls case by case to check if they continue studying that should be awarded, even though they live with their parents and the parents are entitled to take care of them eeh and the eeh..that eeh... the government looked at family affairs if the girl didn't live with their parents and started to live with their father. I think that it would be good if eeh some subjects in school will be included. For example eeh like social, some social behaviour not social behaviour not sex education, that is stupid, anybody knows how to make a child. But eeh subject of hmm...humanistic subject of soci...sociology.What does it mean if you have achild. What does it mean if you know a person and you want to sleep with him and have sex? What does that means? What is that commitment to eeh...edu...educating yourself? What does it mean for the country for the eeh...self respect?.So people, so young people could not only think of maths, english, geography, history, biology, but also a subject about life...about meaning of life. The other thing eeh...government could do I think is with the eeh...through the media through television eem...video. For example it will be a subject about childhood motherhood, neh...teenagemotherhood and we show it on the television. Maybe programme for youngsters that are quality programme not just bullshit hollywood, quality programme, educating programme that prepared attractive for young people or maybe eeh to open their minds. Not just to focus on the eeh	To identify whether girls are furthering their studies and encouragement on parental responsibility. Introduction of additional important subjects that are connected to life experiences (e.g Sociology). The use of technology (video, TV) on important aspects of life, educational progranmmes. Interactions with elderly people on important life	SLOVENIA Participants have mentioned that it would be important for the State to assess teenage girls individually in order to empower them to continue with their studies especially with financial assistance. Teenage mothers wanted the State to ensure that both parents play a responsible role to assist teenage girls to further their studies. The participants mentioned a need for relevant subjects that are on par with Sociology discipline. They regarded such subjects as important in leading teenagers to be able to deal with real social life issues. The use of TV, through attractive video educational quality programmes was suggested as a good method of relaying life issues to teenagers in order widen their thinking horizon. Elderly people were also mentioned as valuable people that youngsters can visit on regular basis to know more about what life entails. Children can also have discussions with parents to know more about the consequences of becoming pregnant as a teenager. Establishment of outreach programmes to communities were also suggested as important due to the fact that some members of the cimmunities still were having

	how being beautiful or how being eeh popular. What is life that older people exists.Without company, go to visit older people. If you have sex you can have a child. If you have abortion that means something in your life. That is not just like that eeh ... that we should eeh...segregate the waste, something biological eeh...paper, something plastic and to provoke the young to think about what they do. Not just to do things because is fun.(Participant 12). I think there is not anything that the government can do. (Participant 14). They can educate them in school so they will use protection, this eeh and I think it is very good that the children are speaking to their parents about this that eeh what are the consequences of getting pregnant and this is it. I think that programme is eeh.. changing now that is more help that it was when I was pregnant because now there you can hee...there is insurance for these teenage mothers so they can be insured that they get eeh...this help on a center for social work, eeh...ja, social benefits eeh... and this is it.(Participant 17, line .....). Eeh...my daughter is telling me that eeh, they have education in school about sex and consequences and like this.Eeh...I see that the community eeh...then looked at me as someone who has a problem not someone who don't have a clue about baby and the social problem like this. And the community can eeh... give you, can damage you.So its hard. So they thought my daughter is my sister. Even now sometimes it happens, because she is taller than me heheeeeee!!! And it's difficult and ackward situation (Participant 17, line.....). Social Workers, could eeh...speak about this and eeh... could	issues. Feeling of hopelessness.Teenage pregnancy is viewed as something normal. Communication with parents and schools to take responsibility on protective educational matters. Community education on positive attitude towards teenage mothers.	difficulties to accept pregnant teenagers and teenage mothers. Such situations can serve as stumbling blocks for the teenagers to live in peaceful enviroments and to progress further with their anticipated future lifes. Other participants were of the opinion that the government was doing a lot in terms of offering guidance to these teenagers. Few participants did not perceive the issue of having children during teenagehood as a problem and they had even remarked that the government does not have to intervene with the issue of teenage pregnancy. Such comments may need support services that are currently in place to intervene.

	speak about this and consequences and how to deal and how to search help and like this. Here we have eeh... nine grade in Primary schools, so they could have converastion with this population in 9 or 8 grade. They are fourteen or 15. I think in 14, 15 they start to have sex (laugh). And family of course. I think the family is very important and that it's very important to talk aloud so that children are feeling safe and they share something like this.(Participant 17, line.....).	Educational talks by social workers (about the problem of teenage pregnancy and its consequences as well as offering guidance on available support network structures).	
	I think government is doing enough. Ja, well eeh...a lot of teens are, I had this webpage so people could ask me questions and get a lot of questions from girls eeh... I don't know between 15 and 19 years old saying they want a baby. What is my opinion of this?, what should I suggest for them? I said I suggest, don't do it is hard eeh. I won't say your social life as a teen major and going out and the staff is over but I don't know. Life would not be the same again. But don't do it. I understand that it happens if you get pregnant eeh... you keep the baby. But plan it that young it's just stupid hahaaaa!!!. (Participant 16, line...).	Effective services from the government.	
	Eeh, huu!!! I don't know what they can. I think they can do anything about it because, I think there is a lot of protection, eeh there is a lot of people who suggest and advertising eeh...birth control protection and any kind of protection but I know a lot of girls who do not even care about it. They don't care if they don't have a condom. I don't care...care they just have sex at random with people. So I don't know if that would ever change. But say we go out and we are at a park so girls gets drunk meet some guys who want to have sex and they go and they make bullshit... they do it and I don't know why they do it but there is a lot of girls eeh... who just don't care. And I see every year there is younger girls do it. I don't know how is that possible. When I was 13 years old I didn't know what sex is. But now I see, I hear a lot of 13 years...14	Ignorance on the use of protective measures. Abuse of alcohol and carelessness.	

	years old having a lot of sex. (Participant 16, line...). To ensure a job for them (teenage mothers). And then well firstly ensure the education, enable them free education and maybe that they could get some non profit apartments; so that the rent will be lowered. Well I think everybody in a way is ashamed especially their daughters if the parents, they are ashamed of their children especially their daughters if they get pregnant. They are afraid to say out loud but I think, it should be more talked/this should be more talked about. So that they would simply I don't know, life for example, the way they asked me, my primary school. When they found out I got pregnant. They asked to come and talked about it. So to tell them about, how it happened and why? So that even this happens to somebody else, that she is not afraid to say it. On one side I was hmmm... I mean not sad, but when I saw how suprised everybody was, that I fell pregnant when I was 16, for everbody was hm...hm....like something isn't right with me. That's how in the beginning, but then in the end, everybody congradulated, everybody was like wow!!! Really good that you decided like that and so..... and anyway the teachers, they were really proud, yes, then I kept him and finished everything(school). And it was nice because in the beginning everybody was looking at me especially the parents. Well of course, the children in primary school don't realise these as much. Like the parents can, the parents were really looking at me and my mother was me. And she really saw that they were looking at us in the bad way. Basically the State really should talk more about us, about teenage mothers, because most of them, want to , eeh... they want to make abortion on their own. They are afraid of doctors for example, this school mate of mine, when she was hitting herself on the stomach and I don't know what everything else	Education attainment,creation of jobs and reduction of rent cost apartments. Involvement of teenage mothers and parents of teenage mothers to speak out about teenage pregnancy. Ex-teenage mothers serving as motivational speakers. A need for effective involment of the state to speak about the problem.	

	because she was afraid to tell her parents, that she was pregnant. And she didn't go to the gynaecologist alone. Basically I don't know, simply... they just hurt themselves. And then they get into even bigger trouble, because they are afraid to tell. They should just know , that even if she does get pregnant, nothing is wrong that everything can be solved. That there are abortions, that there are pills. I don't know. That they should mostly... to the girls because boys ....nono. They should tell them about this 24hr pills and they should be free.(Participant 18, page....).	Backyard abortion. Creation of conducive enviroments for teenagers to relate with parents and proffessionals.	

Family , parental support and role model	SOUTH AFRICA I love my sister, because she is able to sit down with me and she will talk with me and she guides on life how should I live and show me wrong and right things. (Participant 2,line.....). Eish!!! What will I say she is, you know my mother...the part that she had played on me, yes, I will say she can be my role model because, ever since my father passed on years back and it is then that I had my younger sister, I am 27 years and my younger sister is having 11 years.(Participnat 3,line.....). The person that I think of in my life is my mother. My mother supported me from my childhood and took care of me untill now, she is taking care of me. She makes me grow and gives me guidance.(Participant 4, page.....). It is to say, the person that, is to say in my heart, in my spirit, is forever there, is a certain person , but it is a politician person. I love this person for the fact that in most instances he likes telling the truth although most people do not like	Role model Good moral support from family members. Parents viewed as playing effective role in supporting teenage mothers. A politician regarded as	Parents, families and relatives appears to be offering support to these participants. A lot of participants reported to have received good support from their mothers and others have mentioned family members like sisters, uncle as their role models because of the valuable contribution they have made for their upbringing. It was very interesting for one participant to mention a politician as her role model based on the fact that the politician likes honesty.

	him. They say that he is swearing at people but...I understand this person.Then this person, his problem is the fact that he does not look at people to say who is bigger, who is young. It is to say that, if a thing is a book, it is a book to him.You understand me? He will put it the way... as it is but I understand this person. It is Julias Malema.(Participant 5, page.....)	a role model based on his honesty.	
	My role model is my uncle. My uncle is the person that had schooled and this issues of girls and staff he saw them later, when he was a grown up and at tertiary level. And when he was at tertiary level, he was able to find a girl and even now he is still staying with her and they even got married. And the way he explained it , this girl is the first girl in his life.(Participant 6, page.....).	Uncle, envied for his good behaviour.	
	Mama. Mama is the person who likes to give people guidance. She likes to...when people are doing mistakes, she forgives them.(Participant 7, page.....).	Proper guidance from mothers.	
	It is my sister. Because now, my child that I gave birth, she started to take care of the child whilst the child was young. When I was at school, she would take care of the child, and she would even buy things for me even now when I am schooling in Capricorn, she is the one who bought me clothes. And she is the one who helped me with transport (Participant 8, page.....).	Effective contribution for basic needs by the sister.	
	It is my mother. She was able to take care of my child when the child was young. She was working and did not exclude my child. She was working. She treated my child as if it was hers. During December, you know how boys are?,when they were going to buy clothes, they will buy mine clothes too, like their children. Even the food, everything that I was	Proper care and child rearing by mothers.	

	complaining about.(Participnat FG 9, page.....). Is my sister, unfortunately she departed last year. She used to sit down with me and said do you see me?, I had a child when I was 25 years. Even you, ...try to push, and be over 20, 21, you reach 25 and be like me. (Participant FG 11, page.....) My role model is my uncle. He is a paramedic. He is the one who motivated me to go to school, so that I should be like him. Already he had promised to take me to school. Even though I had dissappointed him.(Participant FG 10, Page.....) SLOVENIA Eeh!!! I wouldn't go to work so quick if I had some money from social support and if I had support from my mother and I would study eeh..., in that scenario, I was studying but studying with the job and the child so...no sleep, no having fun young mother, young woman, just working, studying, child, working, studying, child...(Participant 15, page.....) I have a lot of them, one of them is my cousin, because she also had a child and stayed with him alone and she rosed her child good. If I don't know what do to with my child I ask her what to do.(Participant 13, page .....). I was getting social support and Daddy helped me a lot. Ex-mother in law...(role model) she is a real help for me.(participant 15, page.....) My mom of course in a sense that she was really.., she also have a very interesting story behind her that is why it was really difficult for her when I got pregnant. A role model was she, because she is so firm and so oriented on the eeh...start	Lack of social support from the mother. Cousin, envied for being independant in child rearing. Fathers offering support. Support services offered by ex-mother in law. Mother, envied for	SLOVENIA Few participants did not receive support from their parents. A lot of participants have received support from their mothers. It was quite interesting and important to note that one participant mentioned her ex mother in –law as her role model as such incidences rarely happen. It was also quite disturbing for one participant who went through a traumatic situation as her mother wanted to kill her with poison. The participant was even forced to beg in the street as well as to engage in prostitution for the family to survive. Parents are usually regarded as playing a protective role in the family especially for children and teenagers. The participant's situation was very pathetic and unusual and such situations may need special assessment to be done by different role players in order to identify gaps that needs to be addressed within families.

	and the end not the end but the, oriented on the goal. And she taught me to hmn...be humble and to be eeh...you can say no to something. No to things that are not important.. On the other side she was not a good psychologists or she, she didn't have enough intelligence in emotional way. That's why I was running from her. In your child there is a different person. When he is at home he puts on a mask. If you don't find a way to connect with your child, so its really important for me to connect with people to talk to people, to get to know the people you are working with, you are living with, try to accept who they are.(Participant 12, page .....).	support and her teaching for assertive skills. Encouragement for mothers to have open and good relationships with their children.	
	I ...eeh watch people around me my family and neither one person who I would like to be or a role model because I see that everybody has some kind of problems now when I am an adult I see that eeh I don't know. My father is eeh.. I think my father is cheating my mother... step -mother. Now like he was cheating my mother, so there is lying all the time. There is....some eeh... situation. She have 3 daughters and they are arguing about this. So they are....yes, so I don't know. I don't know wanna be like eeh... any one of them.(Participant 17, page.....).	Family disorganisation and untrustworthiness of partners amongst each others.	
	Hahaaa...I don't already have one. Not really, maybe my mom. Because she is really brave eeh...my mom and my dad actually got divorced 6 years ago. So my little brother, is a half brother. She stay with my father because of me and my sister we love them very much and she... I don't know, she is just a very brave woman, very nice very supportive eeh, I don't know, she is just be like... she is a really good mom.(Participant 16, page.....).	Parents especially mothers are valued for their supportive role.	
	So, the father of my husband maybe. My husband's family not mine because my mother got married to a sir but he is not		

	sir but he is a hobo. Well lady! I tell you how it is. Yes of course, if you understand me, if you don't like me and my children, how am I suppose to like you because you didn't like me when I was a child? How are you suppose to like me now? This person she got married to. Supposedly she was already married to him before and she didn't leave with him. But she was making him babies in the bushes so she made him my brother, my half brother. This is my brother in half. And my brother was in an institution up till he was 15. Then he got married with the wife. Then this man took my mother again supposedly just to have papers (for clearance documents).(Participants 16, page.....). Then I came, and my mother was beating me up a lot and she was preparing for me food. But she put eeh...how do you call it, this what you give to mice when you want to kill the mice, the poison. Then I saw what she put in my food and I did not want to eat it and I went there at the school and told and I was blue (with bruises). And I went like this to school and my mother did not know that I was going to school. She told me to go to beg. And then I was hoer (prostitute) for her, a hoer for her, all the things is possible.(Participant 19, page.....). I really wouldn't like to be like my mother. I am gonna say it three times. But I do not know what awaits for me in my life. But I would never live my children like that. She was getting child benefit (mother) and she never bought me, not even one chocolate. I got more from some random ladies, then from her. I want to sent my children on a better path, different from the one I had.(Participant 19, page...). Why I don't know, because she sees only positive things in everything. There is nothing negative with her. And with everything she sees a solution.(Participant 18, page.....).	Father in-law was valued. Manipulation of women by partners. Sexual, social, emotional and physical abuse coupled with attempted murder. Mother was valued.	

Parents' reactions about pregnancy	SOUTH AFRICA Aaa!!! When they saw the pregnancy, then they first yealled at me, then after that few weeks, they had accepted but they treat my child as their last born.(Participant FG9, page .....). They made me sit down and asked me and I had said yes it is true and they did not talk anything with me from that day henceforth. They spent a week before they could talk to me. They talked nicely with me and said you should never repeat that and it must be the last. And I saw that I had done a mistake, you know the way I had disappointed them, she (mother) had even cried. (Participant FG 10, page .....). Aaa!!! The first it was not heavy and they had just said to me, because you are pregnant, there is nothing that I could do. You will stay at home. The second one, I will never allow.(Participant FG 11, page.....). So I...I fell pregnant at 12 years. At home they saw me when I was six months. So it did not treat them fine and they told me that if a person is delivering a child, she is delivering for herself. (Participant 8, page.....). Mmm!!! The first one they did not have a problem, with the second one, is the one that we fought. When I had arrived home, I just stayed with them and I did not have problems and my pregnancy was growing and they saw it and they started fighting with me again and they became furious and did not talk to me. (Participant 2, page.....) It is to say my mother was a noisy person. And they never shouted at me, and they understood the reasons where I came from. Yes, it is to say they had accepted and like even to	Frustrations at the earliest stage followed by acceptance. Uncomfortability followed by guidance. Understanding with moral support.	It appears that some parents of participants were frustrated when they discovered that their teenagers were pregnant. Such situations may need proper counselling sessions to be offered by professionals to families of teenage mothers. It was also quite disturbing for some participants to have more that one child despite the support that their parents offered under difficult circumstances.

	support... they gave me moral support. They did not have a problem. (Participant 5, page.....). SLOVENIA Eeh, she was quite and eeh... and concern how will I live because she couldn't help me eeh... how will I support this baby.(Participant 17, page.....). Later on I joined the maternity home, house where nine women lived one year, because I could not live at home. I had really complicated eeh!!! There were some complications with my mother, my parents, my mama, and she....we couldn't live together.(Participant 12, page.....). Eeh, she didn't want to accept the fact that I am a mother, young mother. And that was something really bad for her and she felt like she was a failure because of that in front of her family. She was alone with her child, her religious family and her own child, girl pregnant as she is 15.(Participant 12). Eeh, 1st obstacle was that we did not have home and when I get pregnant when we tell ...his parents they were very angry.(Participant 17). When I was 16, I met a boy. We fell in love and I became pregnant at 16. When I found out there was a shock. At first I did not want to tell anybody not even my boyfriend because I had to. First I told my mom and she was very suprised but she told me to decide on my own what to do. But she she said that I have to tell everybody meaning my father and my mother. So I told them and they were both angry at the beginning but not with me, with my boyfriend. But in 2, 3 months, they also accepted it.(Participant 18, page.....).	Concern with no support. Availabilty of maternity home as support structures. Failure to accept the situation. Parental angry feelings. Suprise filled with support from the mother Rejection by in-laws from their own son and the teenage mother together with her child.	SLOVENIA Some parents were unable to accept their teenagers when they became pregnant. It may be proper for different proffessionals to intervene with their different expertise in such cases, to help parents to come to terms with such challenging situations and to assist pregnant teenagers and teenage mothers to be able to cope with challenges.

	His parents didn't approve. They didn't accept me already from the beginning because I allegedly ruin their son's life. They simply didn't accept me nor this child.They also gave up their child. They didn't want to hear about him anymore.(Participant 18, page....).		

Qualifications and future Aspirations	SOUTH AFRICA I am in grade 11 and when I pass I will do grade 12. I want to further my studies, I want to be a nurse.(Participant 1,page .....) And they refused me at school and they said I am big but I did not know what to do but I just stayed and I stayed with the child and I rose up my child to grow and I did not have problems. I do not see a good future because I am not going to school and there is nothing that will be fine.(Participant 2, page.....) I work at Road and transport.(Participant 3, page.....). And when I had my child I went to do ABET and I succeeded in Abet. (Participant 4, page.....). I was doing grade 11 and my mother was not working. Then I am unable to go to school, at home... were suffering. So we stayed at home untill I was holding piece jobs, there and there for building and to reap out in the field, so that at home we must be able to eat. Then I held support group for J.Mamabolo, it is here at Segopje. Support group for J.Mamabolo... I became responsible, even now I am still responsible. I ended up entering...like this year I was enrolling with ABET. Ee!!! yes, but I did National Diploma	Studies,job Opportunities Failure to practice the school policy. Unemployment Temporary jobs Independant.	Most of the participants appeared to have discontinued schooling due to lack of money and lack of child minders. Although these teenage mothers have discontinued schooling, many of them were able to enroll with ABET to finish high school level. They may be a need for teenage mothers who discontinued schooling to further their studies as in order secure employment for the the sake of their future. Such situations can contribute to the cycle of poverty.

	in user computer. I have leadership skills, I have business management, I have building programme and I had graduated in the campus during June.(Participant 5).		
	Then I did grade 12 for the second time and I had passed. Yes, I am unable to go to school because of them (children) because I must first make them grow up first.(Participant 6, Page.....).	Lack of child minders.	
	After I passed matric (grade 12) they took me to this thing...they took me to college in town MEC college. I am doing human resource. (Participant 7,page.....).	Positive parental support.	
	Then no, when I had failed matric in 2007 I did not go anywhere I was just sitting, taking care of the child until 2010 I went to ABET school and when I arrived at ABET, I passed.Now I am at Capricorn FET. (Participant 8, page.....)	Child rearing.	
	I am doing grade 11. I , the issue that I am looking at is to pass my matric well. Then be able to go to school. (Participant FG 9).		
	I wrote matric then I failed. The following year I wrote again and I had failed. The following year I wrote again and I had failed and I discontinued. I thought that maybe I will pass, then when I pass, then I go to paramedic. Now I am staying because I wrote three times and failed. So it means I should sit down and look for simple jobs and it is just to enter in Indian shops and you just work and they do not need anything, they just need an Identification document. If I can attend school, the issue that is bothering me is to have matric, I then proceed forward to be able to do paramedic, I do even management.(Participant FG 11).	Failure to proceed with studies due to the double role of being a scholars and a teenage mothers.	
	I wrote matric (grade 12), when I am supposed to write the		

	child is crying then I stop reading and this means I take care of the child. I failed, then I understood that I should stop because even supplementary, I am still going to fail because the child is still small. Then me, honestly speaking, if I can find money and I go to the college, then I write again the subjects that I had failed then I will be successful. (Participant FG 10). I, the issue that I am looking at, is to pass my matric well (grade 12). Then I will be able to go to school.(Participant 9, ...). When I read at night the child wakes up. I would put the child at the back and he will cry and he was disturbing me regarding my matric studies. Then I had failed matric in 2007. Then no, when I had failed matric in 2007 I did not not go anywhere. I was just sitting, taking care of the child until 2010. I went to abet school and when I arrived at Abet, I passed. (Participant 8,.....) SLOVENIA To have a purpose goal to have a job.(Participant 13). I left high school in third year, so I did not finish it, I still have one to finish but I am not in school anymore. And now I just need the third one.(Participant 14). I want to find a job as soon as possible.(Participant 15). I couldn't imagine leaving my school. I couldn't imagine my future without studying. And I know... I knew that if I organise myself really good and put the child to bed 8 o' clock in the evening untill 11 in the evening, I could have each day 3 or 4 hours to study.(Participant 12).	Unemployment. Discontinuing of studies. Unemployment. Planned future aspirations. Independant. Lack of education caused by parents.	Unemployment seems to be a problem to participants that did not complete their studies. Their future may be distorted if they fail to re-engage with their studies. Few participants were employed and they were able to further their studies and they were having a positive future.

	And so the eeh...but now its eeh...is almost nine years that I am working in a nursing home and I like it. (participant 17). I am a student now ,we are Social Work part time students (in the Faculty of Social Work. (Participant 17, page.....). I finished 5 grades. But I tell you, I was one day in school. It's not like you go to school for 5 days and then you are home for 2 days. For me it was I went there for 1 day and maybe I was gone for 1 month. There was no school for me.(Participant 19, page.....) Ha!...I do not know. I only want to go to school. I wish I wouldn't get married so soon. I would finish my school. I would have something in my life. Now I have nothing. (Participant 19, page...). So I also finished school. The economical high school and a higher economy school or something else (Participant 18, page .....).	Regret on conditional marriage due to lack of education.	

Religion and Culture	SOUTH AFRICA I told myself that I will struggle with my child and I will never commit abortion. I dreamt being dead when I commit abortion. No I will never commit abortion even if I did not dream about being dead. My church does not commit abortion. My church does not allow abortion....there is a rule in the church...my parents does not allow abortion because they follow the church's rule.(Participant 1, page....). Yes, the church does not. It is to kill a person. The culture does not allow... it says they should bear as many children (ba tswale ba ate).(Participant 6, page.....). No, they say it is a taboo..(Participant , page.??'?.....).	Negative attitude on abortion based on religion and the culture.The church and the culture, playing a dominant role against abortion. Family members' influence on abortion.	The majority of participants responded negatively about the use of abortion. Abortion was not preferred by most of the participants and some of them have regarded the child as a gift from God. Only few participants wanted to commit abortion and they did not succeed due to the influence of parents, the culture, the church and the pressure from friends. It appears as if abortion is not regarded as a solution to deal away with unexpected pregnancies, although it is legalised. It was also evident that even though abortion has been legalised, teenagers still relied on their parents, family members, friends, religion and the community regarding decisions

	No, in my family, we are not doing such things as abortion. No,no. The church too does not allow it.(Participant 7, page...). The church that I am affilliated to, does not allow abortion and even if I had find out that I am pregnant I had nearly tried it but but my sister noticed that I am like this, and she had prevented me to say or maybe I, if I am trying to kill the child, it is possible that I can loose my life. Yes, it is to say abortion by right I do not stand for it. (Participant 8, page.....). And I arrived at a decision to abort and at the end I finalized that it is the same if I commit abortion why should I do it, this is a gift from God and I should just leave it as it is, it will grow and there is nothing wrong with the child. Even the Bible say " bear children and be many". Jesus Christ did not allow abortion. (Participant 3, page.....). Abortion to be honest, there is no way that they allow it. To start at the child, they can pray for you the whole day, it is a sin, you sin to do abortion. That is why even in the family, if you tell that you had aborted, I don't know what will they do. (Participant FG 10, line.....). They cannot be happy, but there are those that they can give their child money to go to do abortion.(Participant FG 11, page.....). I do not think that these parents are the same. Me, my mother will never allow it, and I do not think so. Even myself, those days when we go to the clinic I said to my mother, if is true I should do abortion. I felt stressed and my mother...refused and said mmm!!!. When I had arrived at the clinic, I had asked a certain nurse to say is it possible and she said, yes. I was with my mother and my mother said no.(Participant 9, page.....).	Abortion is regarded as a gift from God. Abortion is regarded as a sin. Stress feelings Parental decision on abortion.	that they made pertaining abortion matters. The culture of the people is still valued in this regard especially in rural areas. However, few participants mentioned that although abortion is not acceptable in their culture, some parents appeared to be not against it. It appears as if it will be important for the different structures and the communities including teenagers to design and implement a good strategic plan that is on par with the culture of the people in order to help teenagers to reduce the rate of teenage pregnancies especially in communities that still practice their culture against abortion.

	My friends told me not to abort. (Participant 2, page.....). SLOVENIA Young generation, we, my religion is not so strict and not so important to me that I wouldn't do that because I was afraid of God, or my religion. Hmm Christian is quite easy and not so strict but eeh mm...the values your parents put inside of you when you are a child, you carry them with yourself and my religion tells me is not good to make abortion. Its good to give eeh...child a chance life a chance and that's why I decided to have a child for I was really afraid of abortion as I was so young in my youth. And also because of my cumma. I believed in that period I eeh... read a lot about cumma and the cancelling energies dadadaaa... and I said to myself if I give abortion, it will be really bad for my cumma, for the whole of my life.I think if I was 18,19,20 maybe I would eeh do abortion more complete than when I was so innocent. I was so young, I believed in good and then I said, I will have this child. (Participant 12). I had all time in my mind that I must be good mother and I must do everything for my child but eeh I didn't think about abortion, because I think that rights of everywomen and the right of some countries or society or that's free will for me.(Participant 17, page.....). Eeh...my mom, eeh with...me and my mom and my family no one support abortion, so I was quite sure,right there that I am gonna... going keep the baby.(Participant 16, page.....) I already have my child and I have 5 children and 5 I threw (aborted).(Participant 19,page.....). I would have 10 children and I think I am pregnant	Peer influence against abortion Some teenagers still having an influence on the religion against abortion even though abortion is practiced and not viewed negatively by others. Influence of some family members against abortion. All family members are against abortion. Abortion committed on several occassions. Utilizing of own legal	SLOVENIA Athough some of the participants did not value religious issues, they did not want to commit abortion. They believe in the principle of client self determination for the people to determine what is good and wrong. Some parents did not want their teenagers to commit abortion. Although few religious people still were against the issue of abortion, teenagers are protected by the law in relation to abortion. Some of them were having repeated abortions. There may be a need for professionals to educate teenagers about proper prevention measures in order to avoid repeated pregnancies that end in abortion.

	again.(Participant 19, page.....) Ohh!!! Ja supposedly. I shouldn't do it but what can you do, you have to. So whether religion says you are not allowed to do abortion, haaa!!! We are not allowed to.I don't know. Its a sin.(Participant 19, page.....). I had doubts in the beginning to do abortion and I had everything prepared. The next I was supposed to have an abortion. I laid down next to my mother. She hugged me and told me.....Dominishia ehh!!! I should have that child. I looked at her and said...then I will. And this is how it started. (Participant 18, page....). A lot of women would like to have children but they can't and God gave one to me. That's why I have to keep it. (Participant 18, page.....). I am a religious but I don't go to church (Islam). The child is the next of your kin and you are not allowed to do it.(abortion). Because the child was supposed to be something sacred holy. (Participant 18, page....).	rights to commit abortion even though religion is against it. Parental influence on teenagers against abortion Children are still regarded as sacred holy by some teenage mothers.	

Support services	SOUTH AFRICA Nurses also helped me very well at the hospital.Participant 1, page .....). When I take my child for weighing and when I want prevention they give us assistance (clinics).(Participant 7, page.....). The clinic at home and they give services, but they do not treat people very well, others are treated well and this is as far as I know. If you are sick they give you panado for children, and they do not give you something proper, maybe	Good support from professionals Bad treatment of clients by some local clinics. Lack of medication.	From the data gathered, it appears as if professionals were rendering qualitative services as the majority of the participants have received a lot of support from proffessionals. In certain cases some participants were dissatisfied with the attitude of some professionals regarding the delivery of services. Relevant sectors may do a fact finding mission together to identify gaps in service delivery and to address such gaps.

	they do not want to explain that medication is not available.(Participant 1, page.....)		
	I did not receive help anywhere because I did not have a certificate. I do not have a certificate, I had the card from the clinic. When I wanted to process my documents (to get child support grant) they refused (Department of Home affairs) and sent me from pillar to post and tell me that things have been suspended and I did not know, what to do. And even now I went back and the certificate is not there.(Participant 2, page.....).	Lack of support from Department of Home affairs.	
	I went well to the clinic, because I use to take the child for weighing and if they say I must come and give me a date and I will take the child for weighing.(Participant 2, page.....).	Proper service offered by nurses.	
	In the clinics, we had received help when I was going for weighing and had received it properly with no problems and until the last time when I was going to mankweng to have a child. Futhermore the day I went to Mankweng, they turn me away for the first time, I went in the morning and they told me that the hospital the beds are full and I was forced to go home and stay the whole day and at night a time came where I could not stay at home anymore and then they looked for a car and I went again to Mankweng and I got a baby girl. (Participant 3, page.....).		
	I go to the clinic, and when I arrive at the clinic, I talk to the nurse, I say give me, to use nestrate and it takes a month.(Participant 4, page.....)	Positive service delivery by nurses at clinics.	
	And our local Social workers are not treating us alright, they will put you outside for 2 hours. And they will tell you that they are going to the meeting and after the meeting they go	Bad treatment by some local social workers.	

	for tea time after tea time they will tell you this and that, this and that and you will end in going back because when you go that side the following day when you go to VCT, they will tell you that you go VCT, they tell you that you go to the Social worker first. And at the end I was forced to go to the Hospital Mankweng. So the Hospital at Mankweng, I found the Social Worker and that is where they have talked with me, by then I was with my mother.(Participant 5, page.....)		
	I had received a proper service. I was going to the clinic until the last month of the nine, when I go to the Hospital to have a child. (Participant FG 11, page.....). I did not encounter problems. I had received a proper service.(Participant FG 9, page.....). Even me, I was going to the clinic and the service was sharp. (Participant FG 10, page.....). They (some teenagers) are afraid to go to clinic, because, nurses you find that they are harrasing us. Ooh!!! most of them, it is because of the kind of treatment, that they receive from nurses.They do not talk, especially with us youngsters. They do not talk nicely with us, they talk in a harsh manner. Then that thing is contributing for teenage pregnancy.When they think of going to the clinic to be yealled by nurses, a person just say, "it is better that I have a child". (Participant FG 11, page.....). To add to what Participant FG 11 has said, I had a date to go to the clinic on the 25th. I went to the clinic on the 25, when I had arrived at the clinic , it is the exact date you know. When I had arrived at the clinic, that nurse, I had found her watching Nigerians (movies). Then she said hei!!!what do you want? Then I said, I came it is my date today. Is it your date? And I met others at the gate leaving, they said she had yealled at them. Then I said to them did she inject you? They said yes, she had injected them but she was not willing.I had	Proper service offered by nurses. Failure of some teenagers to attend clinic regularly because of bad communication by some nurses.(viewed as a contributory factor for teenage pregnancy)	

	entered and said it is my date.Then that nurse said to me Hmmm....no,no it is not your date. I said it is my date, it is the 25 today. I came to the clinic. She said to me " needles are finished but the others, she had injected. She said the needle that you use for nestrate is finished but those others she had injected... it was available. When I left eihh!! my heart was very soar. I say why the nurse could do so when they were saying that prevention is the one that is sharp. I was at the gate,??? I went, and when I arrived she gave me condoms. I said I am sharp. I am here to receive information and you tell me to take condoms, I don't need them. I left, but my heart was very painful to say why is the nurse doing so. (Participant FG 9). Because they are the ones... it is them nurses when we go to the clinic that they say to us prevent, injections are always available but when you go there, they tell you that it is not available. I went on the 28th, I found that the other one was not there, I had explained to say, I was here on the 25th. She was busy checking children, because she wanted to turn me back also, and saying if you are pregnant, have you missed the date? I said I was here on the 25 and another nurse expelled me. Then she said why did you not check her name tag and write her name and put in the box?, you were going to know who is the person.Then I said, I had forgotten because I was angry.(Participant FG 9). SLOVENIA And then when I came back to the gynaecolog they were negatively suprised. Are you sure you want to keep the baby that is a greater eehh!! Responsibility and I said I am sure and the good staff was that they later on gave me support. And the second thing that was good and the!!..eeh!!! matter of this country was the school system. They ee!! in my high school, they didn't hmm!!! put me out of the school. They ee!!!	Refusal to offer relevant treatment needed. Utlization of name tags for reporting incidences.	

	supported me and I could stay at school until the end of my pregnancy.(Participant 12, Page.....) The second action was maternity Hospital when I gave birth ee!! a Social Worker came to me asking, will I keep the baby? And it was devastating for me at that moment because I was under hormones and I was afraid and some women came to me and interviewed me.Will you keep the baby? eeh.. where will you live with the baby? Is everything o.k? Do you have connection with the father of the baby? Eeh!!! I said that I will keep the baby and that everything is ok goodbye!.(Participant 12). And because I was still educating myself, eehh!!! On regular basis my mother had to financially take care of me by the law, my parents.(Participant 12). Eeh!!! I still continued to have friends eeh.. .because I am a really social person opened eeh... and eeh, I was quite popular in school before I had my child. Also I was popular eeh... amongst teachers because I was a good student. So they all gave me chance especially when they saw my mother eeh... they gave me a better chance. They saw that I really have a problem there and they helped me out. For example, my school decided like that " you don't have to be in school everyday. You can come to school when ever you can come. We really won't count the hours you were... the hours you weren't. And then well the teachers and the students were proud of me because I succeeded. And then they helped me even more. They helped me, they brought literature to me. They came to my place even we studied together. The teachers eeh...asked me, how can I help you to do these, with some extra literature or extra dates.(Participant 12). So the...obstacles in my pregnancy and the, when I had a little baby was that one day I get, I go to the center for Social Work for eeh one time social help and didn't wanna give me	Decision anticipated by the gyenacologist without the client's involvement. Good support offered by proffessionals. Moral support from the school. Lack of proper questioning skills by the social worker. Intervention of the Law for the mother to take responsibility.	SLOVENIA Professionals appeared have offered an important role in the lives of teenage mothers. There are issues that still need to be considered. From what the participants said, there may be a need to train some professionals about the proper way of communicating with teenagers and teenage mothers. Some of these participants felt that they have a right for self determination to deal with issues pertaining to their lives.

	that. When I was a teenager, because I live in a little rown and they said they know my mother in law. She is very good eeh... rich. So they won't give me. They said that I must talk to her and she can help me. So I am very disappointed because I think that the money in the system is for everybody.(Participant 17,page.....).	Lack of financial support from the state.	
	Eeh, because I was insured eeh I eeh... I had eeh...prenatal...my insurence was eeh... paid for all staff that I need eeh to the prenatal and birth. Alright. (Participant 17,page.....).		
	I was at high school during my pregnancy. I made an agreement at school not to attend classes but still remain as a student.(Participant 16, page.....).	Insurance health protection.	
	And I went directly to school. When I came to school I started to cry. And then they put me in children's home. So I was in a home and my grandfather came and took me out of this home. I didn't want to go. I knew that they were the same like my mother, her mother is exactly the same and I said I want to stay here and nothing. They took me out of home. I lived with my grandmother and I had the same problems, with my grandmother. And I was 13,14,15. She didn't let me go out with my friends. Everybody goes but I have to stay inside all the time 24 hours. You cannot sit in one place. You cannot. I have 5 children and I still cannot sit in one spot for 5 hours no way. I need to move a little bit, you know? And then everything came and they were beating me up everytime and they were telling me all the things.(Participant 19, Page.....).	Exemption from classes (school system support). Lack of governmental structures to intervene in protecting the participant.	
	I said look teacher... I had a teacher name Drapisa. She was a really good woman, this lady was really on my side.(Participant 19, Page.....).		

	Then a Social Worker came, a psychiatrist actually. She had a little talk with me. My mother came to me and they confronted me with the fact- if I don't accept the child, they will put it up for adoption. Then I was left alone in the room, with my mother. And she started to tell how difficult it was for her, to get pregnant, that she couldn't have children for 11 years. That she was so excited to get me.Well, she told me her story and a lot of things I didn't know before. So, she basically, its not that she convinced me but she brought me to realise that I have to accept the child because I decided on my own to accept the child, to give birth to it and to keep. And I have to accept the consequences.(Participant 18, page 18). They brought him every 3 hours for 5 minutes in order for me to get use to him, to get the feeling, oh! to get to know him. Oh... so in 3 days , I accepted him and I loved him more and more with each other. Now I don't regretted, one bit. I am happy, I am happy to have him, but I did miss out on school. I regret setting school aside for 2 years. But with the help of my mother, I of course I couldn't do it alone, she enabled me to go to a special school. I had a psychologist and the one also that helped us before the wedding.I stayed in contact with her. I often called her, and ask her about some advice.(Participant 18, page.....).	Intervention by proffessionals. Support from parents.	
Period of Pregnancy	SOUTH AFRICA I was 19.(Participant 2, page.....). I started at 19 years (Participant 3, page.....) I had a child when I was 16 years (Participant 5). I delivered my child at the age of 19 years (Participant 6,page.....). I fell pregnant when I was 18 years (Participant 7, page.....) I became pregnant when I was 17 years old (Participant 8, page.....).	Early sexual	

	I started to have a child at the age of 14 years (participant 9 FG, page.....). I had a child when I was 19 years (Participant 10 FG, page...). I had a child when I was 18 years (Participant 11 FG, page.....).	relationships and late sexual relationships.	
	SLOVENIA I was sixteen when we started.Then I got pregant.(Participant 14, page.....) I got pregnant at sixteen. (Participant 15, page.....). I got to know that I was pregnant when I was 15 years old (participant 12) , page.....). I get pregnant when I was 18 and I have birth in eeh one and half months before 19...19th ee birthday (O.K).(Participant 17, page.....).		The majority of participants fell pregnant at the age of 18 and 19 years. Although most of the participants became pregnant at a later stage, professionals appeared to be faced with a challenge of disseminating information to teenagers at an earliest stage to reduce the problem of teenage pregnancy.
	When I was 16, I met a boy, we fell in love and I became pregnant at 16. (Participant 18, page.....). But 18 already I have my child and I have 5 children and 5 I threw.(Participant 19, page.....).	Early sexual relationships	Most of the participants fell pregnant at an earliest age of 16 years. The situation may signal a call for professionals to render guidance services at an earliest age to avoid teenage pregnancy.

Socio-economic background	SOUTH AFRICA You will find that I do not have the money to buy the child's issues, and there are no diapers, the child does not have food.(Participant 2, page.....)	Lack of money	

	After standard 9, I was supposed to go to matric then, at home it was that time when there was no money and my father died when I was doing grade 11 and my mother was not working. (Participant 5, page....).	Discontinued with studies (lack of money).	
	With regard to finance to finance, it is not to say I have problems too, because they support me here at home and my mother's family.(Participant 7, page.....).	Full financial support by parents.	
	No, it does not, it is able to patch there and there. It does not because the current things are expensive. Things in the shop are expensive.(Participant 4, page.....).Teenage mothers from poverty stricken families: (Participants 2;5;6) Teenage mothers that were able to meet basic requirements: Participant 3;7 Teenage mothers depending solely on social grants: Participant 4 Teenage mothers working: Participants 3;5	Child support grant .	
	SLOVENIA Eeh... right now I still have the money I get from the first day while the child was born. Eeh...but we still have some money from my boyfriend's job because we saved money. So we still have enough.(Participant 16, page.....verify).	Financially on a sound footing.	
	I get the child and also for example, that I am not paying for the kindergarden. Hundred and fourteen euros is the child's benefits till age of 18 of the son or untill he finishes school (Participant 18, page.....).	Financial support from the state.	

Prevencija najstniških nosečnosti in podpora najstniškim materam v podeželjskem okolju v Sloveniji in v provinci Limpopo v Južni Afriki (povzetek)

Najstniške nosečnosti in pomoč najstniškim materam predstavljajo oviro mladim ženskam in njihovim otrokom na poti do boljše prihodnosti. Obstaja vedno večja javna in strokovna razprava, ki temelji na znanstvenih dokazih o problematiki najstniških nosečnosti in najstniškega starševstva (Brookes-Gunn in Chase-Lansdale, 1995; Coley in Chase-Lansdale, 1998). Raziskovalci (Mebane idr., 2010; Ule idr., 2000) pojmujejo adolescenco kot obdobje raziskovanja na različnih področjih življenja. Tvegano vedenje pri mladih je posledica različnih vzrokov, med katerimi je tudi pomanjkanje ustreznega znanja o spolnosti in seksualnosti (Lekganyane, 2003; Chigona in Rajendry, 2008; Bernik in Klavs, 2011). Disertacija povzema znanstvene dokaze, ki temeljijo na tem problemu. Študija pokaže kompleksno skupino spremenljivk, ki so povezane s problemom najstniških nosečnosti, podporo najstniškim materam in problemom abortusov. Vsebuje oceno in analizo pomembnih dejavnikov, ki so med seboj povezani: okolje (domače in institucionalno okolje), družinska razmerja, izobrazba najstnikov, spolna vzgoja, socialno-ekonomski, kulturni in verski vidiki ter podpora učiteljev, socialnih delavcev, medicinskih sester, zdravnikov in nevladnih organizacij. Glavni cilj je bil raziskati življenjske zgodbe najstniških mater in analizirati politike, storitve in programe, ki jih izvajajo institucije za pomoč najstniškim materam, ter tako ugotoviti vrzeli v stičišču vprašanj, ki se nanašajo na preprečevanje najstniških nosečnosti in na pomoč najstniškim materam.

V analizi sistema in življenjskih okoliščin bodo uporabljene feministična, konstruktivistična in ekološka teorija ter Habermasov koncept življenjskega sveta. S teh vidikov bodo proučeni posebni dejavniki, ki se nanašajo na spol in vplivajo na pojav najstniških nosečnosti. Želeli smo opredeliti, v kolikšni meri ti dejavniki vplivajo na socialni položaj najstniških mater, na oblikovanje njihovih strategij za preživetje in skrb za otroke (vključno z njihovimi družinami). Presečišče teorij bomo uporabili, da bi dobili globlji vpogled v zapletena vprašanja, povezana z življenjem najstniških mater in razmislili o preventivi in pomoči (Leskošek, 2012).

Študija se nanaša na dve državi, Slovenijo in provinco Limpopo v Južni Afriki, zato se eno od začetnih poglavij posveča opisu značilnosti obeh držav. Slovenija se je osamosvojila

leta 1991. Obsega območje 20.256 km^2 in ima približno dva milijona prebivalcev. Večina prebivalstva predstavljajo Slovenci (približno 88%). Država je ponosna na svojo kulturno identiteto, ki temelji na slovenskem jeziku in ima še vedno precej homogeno populacijo v smislu narodnosti in veroizpovedi. Večina ljudi se izreka za katoličane. Državna ureditev je parlamentarna demokracija. Slovenija je bila tako kot sosednje države Avstrija, Madžarska, Hrvaška in Italija v preteklosti podvržena hierarhični družbeni strukturi in patriarhiji (Pahor, 2008). Med regijami v državi obstajajo razvojne razlike, predvsem v smislu gospodarstva, ki se jasno kažejo med zahodnimi in vzhodnimi regijami Slovenije. Zaradi primerne institucionalne strukture v državi in politične stabilnosti ni večjih neenakosti.

Slovenija ima zelo dolgo tradicijo izvajanja zaščite zdravja žensk in otrok v okviru javne zdravstvene mreže (Albrecht idr., 2006). Na podlagi raziskav opazimo upad rodnosti pri mladostnicah (15-19 let), od 37,2/1000 leta 1981 do 7,8/1000 leta 2008 (Pinter in Grebenc, 2010). Številke kažejo znaten upad rodnosti med najstnicami zaradi učinkovitega širjenja informacij o reproduktivnem zdravju in spolni vzgoji s strani relevantnih institucij. Statistika o umetnih prekinitvah najstniških nosečnosti (2012) kaže število 277 splavov, opravljenih skupno v vseh regijah Slovenije (Pomurska – 10, Podravska – 56, Savinjska – 38, Zasavska – 8, Spodnjeposavska – 6, JV Slovenija – 33, Osrednjeslovenska – 72, Gorenjska 19, Notranjsko-Kraška - 5, Goriška - 6 in Obalno-Kraška - 13). Statistični podatek o številu umetnih prekinitev najstniških nosečnosti še vedno predstavlja izziv različnim ponudnikom storitev v smislu oblikovanja strategij za izvajanje storitev za nadaljnje zmanjšanje te problematike.

Po drugi strani pa je glede na poročilo Evropske unije o reproduktivnem zdravju iz leta 2011 v Sloveniji stopnja najstniških nosečnosti, ki se končajo s splavom, ocenjena z oceno povprečno.

Južna Afrika je postala demokratična država v letu 1994, po več letih zatiralskega sistema apartheid. Apartheid je bil končan, ko je bil leta 1994 kot prvi črnski predsednik Južne Afrike uradno izvoljen Nelson Rolihlahla Mandela. Zatiralski sistem je imel ogromen negativen vpliv na socialno pravičnost in gospodarstvo te države. Država ima v vseh provincah skupno približno 50 milijonov prebivalcev, 20 etničnih skupin in 11 uradnih jezikov. Južna Afrika je trenutno ena vodilnih afriških držav v smislu socialno-

ekonomskega razvoja, vendar pa določena pomembna področja socialnih vprašanj še vedno niso urejena, predvsem problematika najstniških nosečnosti, za katero se zdi, da je prisotna tudi v nekaterih drugih državah v regiji. Vsako volilno okrožje ima svobodo izbire veroizpovedi, kot je določeno v ustavi (Gurtov, 2007; Južna Afrika na dlani, 2013-2014). Približno 80% prebivalstva v Južni Afriki je kristjanov, približno 15% jih je versko neopredeljenih in 5% je muslimanov, judov, hindujcev in drugih.

Zaskrbljujoče številke, ki jih navaja Morake (2011) iz deželnega ministrstva za šolstvo province Limpopo, kažejo, da se je število najstniških nosečnosti v zadnjih nekaj letih podvojilo, kljub desetletju namenjanja sredstev za spolno vzgojo mladih in ozaveščanju o virusu HIV in aidsu. Reproduktivne zdravstvene storitve, ki jih izvajajo medicinske sestre, so na voljo najstnikom v različnih okrožjih, vendar se problem najstniških nosečnosti in najstniškega starševstva kljub tem ukrepom na letni ravni stopnjuje (Kaufman idr., 2001; Varga, 2002; Panday idr., 2009; Urad za socialni razvoj province Limpopo, 2011). Zdi se, da trenutna oblika aktivnosti nima želenega učinka in ne prispeva k reševanju problema najstniških nosečnosti in najstniškega materinstva. Eden od ciljev in področje uporabe te disertacije je bil ugotoviti znanstveno utemeljene odgovore na vprašanje zakaj je situacija takšna.

Raziskovalni interes je bil ugotoviti, kako omenjeni državi urejata delovanje storitev in programov skladno s politikami v zvezi z vprašanjem najstniške nosečnosti in pomoči najstniškim materam. Študija je bila osredotočena predvsem na empirično oceno o življenjskih izkušnjah najstniških mater in o strokovni podpori, ki jim je nudena. Raziskava se osredotoča na problematiko visoke stopnje najstniških nosečnosti v Južni Afriki ter na število splavov najstniških nosečnic v Sloveniji, ki se sicer zmanjšuje. Raziskava temelji na predpostavki, da obstoječe storitve, programi in politike na tem področju ne vključujejo pogledov najstnikov in najstniških mater, na način, kot bi bilo to potrebno.

Glavni cilj doktorskega dela je oceniti, ali ciljno usmerjeni vladni instrumenti in nevladne organizacije vključujejo življenjsko perspektivo teh najstnic pri reševanju problematike najstniških nosečnosti in pomoči najstniškim materam v smislu politik, storitev in programov. Habermasova teorija (1987) komunikativnega delovanja je bila uporabljena za opredelitev vrzeli na teh področjih.

Glavno raziskovalno vprašanje ima tri podvprašanja, ki se v svojem bistvu osredotočajo na institucije in politike, ki se ukvarjajo s preprečevanjem najstniških nosečnosti in s pomočjo najstniškim materam v Južni Afriki in v Sloveniji. Raziskovalna vprašanja so naslednja:

- Katere institucije in politike se ukvarjajo s preprečevanjem najstniških nosečnosti in s pomočjo najstniškim materam v obeh državah?
- Kako se izvaja pouk spolne vzgoje in kakšni so izzivi, s katerimi se sooča izobraževalni sektor v smislu podpornih storitev za najstniške matere?
- Kako se institucije za zdravstveno in socialno varnost ukvarjajo z najstniškimi nosečnostmi in materinstvom v smislu zagotavljanja storitev?

V teoretičnem delu je najprej predstavljen glavni nabor konceptov in teorij, ki predstavljajo ogrodje za analizo.

V študiji je uporabljen dinamični model s štirimi medsebojno povezanimi teoretskimi okvirji, ki se nanašajo na pojav najstniških mater: Habermasova teorija, feministična teorija, teorija socialne konstrukcije in ekološka sistemska teorija.

V teoriji komunikativnega delovanja, življenjskega sveta in sistema, Habermas (1984, 1987) daje večji poudarek razmerjem in odnosom moči med sistemom in življenjskim svetom. Njegova teorija je temeljila na dejstvu, da je glavni problem sodobnih družb kako ustvariti »komunikativno delovanje« namesto vzdrževati družbeni red. Habermas poudarja integracijo družbe, čeprav vidi družbene konflikte podobno, kot jih vidijo neo-marksisti (1980). Habermas (1987) govori o življenjskem svetu, ki se nanaša na splošna prepričanja, vrednote in norme, ki izhajajo iz neposrednih stikov v vsakdanjem življenju v različnih družbenih skupinah, kot so na primer družine in skupnosti. Življenjski svet, kot ga pojmuje Habermas, je koloniziran s strani sistema zaradi dejstva, da imajo člani skupnosti le malo prostora za komunikacijo, saj je družbena moč koncentrirana v sistemu, ki ga predstavljata politična in ekonomska moč in denar, kar lahko privede do kriznih razmer indružbeno dezintegracijskih procesov. Vendar pa je potrebna odprta komunikacija med sistemom, ki ga reprezentirajo institucije in življenjskim svetom, da zagotovimo spodbudno okolje in ohranimo družbeni red. Odprta komunikacija preprosto pomeni popolno izražanje misli, ki se ohranja skozi trdne temelje zaupanja med udeleženimi stranmi. Dobri odnosi so po navadi zgrajeni na stalni odprti in pošteni komunikaciji. Ko gledamo na problem najstniških mater v tem kontekstu, lahko obstaja potreba po odprti komunikaciji med

družinskimi člani, najstniki, strokovnjaki in društvi, da bi negovali dobre odnose, ki bodo ugodno vplivali na najstnike in najstniške matere.

Feminizem kot ključni pristop obravnava multikulturni okvir vključevanja razprave o potrebah žensk, ki so socialno ogrožene in njihovo zmožnost, da otroke rodijo in vzgajajo v spodbudnem zdravem okolju. To pomeni, da je potrebna razširitev storitev za mladostnike, najstniške nosečnice in najstniške matere, ki presegajo zgolj vprašanja preventive in reproduktivnih pravic. Študije v ZDA so več let sledile ženskam, ki so postale matere v obdobju najstništva. Raziskovale so stereotip, da so najstniške matere kronični prejemniki socialne pomoči (Furstenberg idr., 1987; Harris, 1997). Mnoge od teh žensk, ki so jih spremljali v longitudinalni študiji, so dosegle izobrazbo, opravljale plačano delo in povečale svojo stopnjo zaposlenosti. Kljub temu pa so bile pogosto v stiski zaradi pomanjkanja cenovno dostopnih storitev varstva otrok (Harris, 1997). Ko feministično teorijo prenesemo v prakso, se srečamo s predpostavko, da neenakosti in razlike v smislu kulturnih pričakovanj, ki izhajajo iz posameznih, medosebnih in strukturnih elementov povzročajo različne dejavnike tveganja. Takšni dejavniki tveganja prispevajo k tveganju nepredvidenih spolno prenosljivih bolezni in nenačrtovane nosečnosti pri najstnikih. Na podlagi teh predpostavk se zdi, da se ta dva pojava med seboj prepletata in ju je mogoče enakovredno oceniti, saj vsebujeta različne dejavnike tveganja in izpostavljenosti, ki prispevajo k ranljivosti mladih žensk. V vseh kulturah so najstniške matere bolj obremenjene z bremenom skrbi za otroka v finančnem, socialnem in čustvenem smislu v primerjavi z najstniškimi očeti.

Perspektiva socialnega konstruktivizma se osredotoča na to, kako ljudje skozi vsakdanje interakcije z drugimi ljudmi opredeljujejo svoje mesto v svetu, da bi razumeli vedenje (Hutchison in Charlesworth, 2007). Mlade vidimo kot družbene akterje v socialnem okolju. Njihovo dojemanje okolja je odvisno od tega, kje živijo in v katero smer gredo. Njihova življenjska pot je odvisna od njihovih odločitev, zaznavanj in ovir, na katere v življenju naletijo (Hutchison in Charlesworth, 2007). Z drugimi besedami, ta vidik obravnava najstniške matere kot socialna bitja, katerih socialna interakcija v fizičnem svetu temelji na njihovem razumevanju sveta. Na podlagi tega lahko rečemo, da se socialne delavke soočajo s pomembno vlogo pri razumevanju temeljnih dejavnikov za najstnike in najstniške matere pri interakciji z družino, vrstniki, posamezniki, skupinami in skupnostmi na njihovi družbeno-ekonomsko-izobraževalni ravni. To preprosto pomeni, da bolj kot se

socialne delavke zavedajo dejavnikov, povezanih z najstniškimi nosečnostmi, bolj so sposobni razumeti njihovo posledično družbeno interakcijo, kar jim pomaga pri odločanju o intervencijskih ukrepih.

Bronfenbrennerjeva teorija je bila na področju socialnega dela sprejeta kot osnovna praksa o ekologiji (Higham, 2006: 129). Življenjski model opira svoja načela na dejstvo, da so ljudje stiku drug z drugim v okolju, saj nihče ne obstaja v vakuumu. Cambridgeov slovar definira okolje v smislu okolice, v kateri posameznik živi, in načina, kako okolica vpliva na naše počutje in delovanje. UNICEF (2011) za pozitivno okolje smatra tisto, ki je primerno za izvajanje zakonodaje, politik in programov. Iz tega sledi, da najstniki in najstniške matere prav tako potrebujejo izboljšave za njihovo pripravljenost v smislu zmožnosti, ciljev, potreb in okoljskih virov (Nash idr. 2005: 35). Na podlagi tega lahko trdimo, da slaba pripravljenost za interakcijo med okoljem, najstniki in najstniškimi materami lahko ovira njihovo razvojno delovanje, kot tudi delovanje njihovih bratov in sester. Najstniške matere ta teorija postavlja v kontekst in raven kakovosti okolja, v katerem živijo. Pomembni vidiki kot so medosebni odnosi, prijatelji, družinske zadeve, gospodinjstva, šole, delo, okolje, norme skupnosti, prepričanja, prakse in zagotavljanje storitev so bistveni za preživetje posameznika. Iz tega sledi, da ta vidik daje več poudarka na politike, zakonodajne storitve in programe ter hkrati upošteva prepričanja in vrednote najstnikov in najstniških mater v njihovih okoljih.

V nadaljevanju smo naredili pregled problemskih področij najstniških nosečnosti in materinstva in pregled storitev v obeh državah.

Južna Afrika ima nižjo stopnjo najstniških nosečnosti v primerjavi s splošno stopnjo v podsaharski Afriki (Makiwane idr., 2006). Država ima populacijo 51,77 milijona ljudi (www.statssa.gov.za/census, 2011). Južna Afrika je na isti ravni s številnimi državami srednjega dohodkovnega razreda, vendar višje od mnogih evropskih držav. Statistični podatki kažejo, da ima država več najstniških materinstev, ki se v večini primerov pojavijo zunaj zakonske zveze, v primerjavi z drugimi podsaharskimi državami (Makiwane idr., 2006). Trenutni južnoafriški programi in politika obravnavajo reproduktivno in spolno zdravje kot glavno prednostno vprašanje pri nudenju pomoči in zagotavljanju zdravja. Preprečevanje najstniških nosečnosti in zagotavljanje pomoči najstniškim nosečnicam in materam prispevata h glavnemu cilju povečati reproduktivno zdravje (MacLeod in Tracey,

2001). To predstavlja izziv za oblikovalce politik, da opravijo pregled svojih strateških načrtov skupaj z intersekcionalnostjo spola, vrednot, norm in prepričanj; kot tudi vključevanja najstnikov kot odjemalcev. Smernice Ministrstva za izobraževanje na področju zdravja mladih pokrivajo naslednja vprašanja: zagotavljanje spodbudnega in varnega okolja; preoblikovanje zdravstvenega sistema; zagotavljanje svetovanja; razvoj spretnosti za pomoč najstnikom pri doseganju ciljev, ki so si jih zadali. Zagotavljanje pomoči in izvajanje izobraževanja sta ključni spremenljivki pri uresničevanju ciljev omenjenih strategij pomoči. Izvajanje programov za ozaveščanje o reproduktivnem zdravju ovirata pomanjkanje osebja in pomanjkanje časa za svetovanje najstnikom o kontracepcijskih metodah.

V Sloveniji je situacija nekoliko drugačna. Stopnja rodnosti in število splavov pri mladostnicah v Evropi sta ključni spremenljivki pri oblikovanju programov načrtovanja družine. Poleg tega sta pomembna podatka pri reševanju problematike neizpolnjenih potreb najstnikov v smislu kontracepcije. Strategije za dvig ravni znanja o učinkovitih kontracepcijskih metodah vključujejo obsežne programe spolne vzgoje v šolah in skupnostih, spodbujanje odprte razprave o vprašanjih spolnosti, kot so na primer izobraževalne kampanje, objave v medijih, in ne nazadnje tudi zakonodaja o varnih načinih prekinitve nosečnosti, dostopnost kontracepcije, mladim prijazne storitve in programi izobraževanja (Albreht idr., 2006).V zvezi s tem Svetovna zdravstvena organizacija (WHO 2005: 1) navaja sledeče: "Otroci so naša naložba v družbo prihodnosti. Njihovo zdravje in način vzgoje v dobi mladostništva bosta vplivala na blaginjo in stabilnost držav v Evropski regiji v prihodnjih desetletjih." Citat jasno označuje dejstvo, da zdrav življenjski slog vse od obdobja pred rojstvom do adolescence služi kot vir za dober gospodarski in družbeni razvoj.

- Slovenska zdravstvena reforma iz leta 1992 je oblikovala sledečih pet glavnih ciljev:
- doplačilo za določene vrste zdravstvenih storitev;
- pričetek sistema socialnega in zdravstvenega zavarovanja;
- uvedbo zasebnih zdravstvenih praks;
- prenos odgovornosti za načrtovanje in izvedbo z vladne ravni na občine in strokovna združenja ter

- uvedbo licenciranja in ponovnega certificiranja zdravstvenih delavcev (Albreht in Klazinga, 2009).

Uporaba kontracepcije in njene razširjenosti med najstniki se razlikuje po posameznih regijah Evrope. Stopnja najstniških nosečnosti je v zadnjih dvajsetih letih upadla. Razlog za to je povezan s kombinacijo spremenljivk, kot so višja povprečna stopnja izobrazbe, ki je še v porastu, dostopnost kontracepcije, izboljšanje znanja, zmanjšanje pričakovanj družbe glede zgodnjih porok in posledično rojstev ter uvedba obveznih ur spolne vzgoje v šolah (Haldre idr., 2005; Singh in Darroch, 2000). Slovenija spada med evropske države z zmerno stopnjo najstniških nosečnosti (40-69,9). Zanimivo je, da se je več najstnic odločilo za prekinitev nosečnosti kot za obdržati otroka v Ruski federaciji, na Švedskem, Danskem, Finskem, v Franciji, Estoniji, na Nizozemskem, Norveškem, Islandiji in v Sloveniji (Avery in Lazdane, 2008). Statistika iz 2010 kaže, da je bilo približno 7% vseh splavov v tem letu opravljenih pri najstniških nosečnicah. Pri tem sta imeli Pomurska in podravska regija najvišjo stopnjo umetnih prekinitev nosečnosti (Albreht in Klazinga, 2009; Zdravstveni Statistični Letopis, 2010). Slaba dostopnost tovrstnih storitev v nekaterih podeželskih območjih v Sloveniji se omenja kot resen problem (Antolič, 2005), čeprav je država odgovorna za obstoj teh storitev in je hkrati glavni koordinator za celoten zdravstveni sektor (Seamark, 2004).

Teoretični del doktorske naloge smo zaokrožili z izkušnjami najstniških mater, kot so jih zajele različne študije na tem področju. Odprle so nekatera pomembna problemska področja najstniške nosečnosti in materinstva. Najstniške matere so postavljene pred izzive v zvezi z vzgojo otrok, na katere običajno vplivajo razvojne faze, s katerimi se srečujejo v obdobju adolescence, ter dostopnost pomoči. Zadovoljiti morajo svoje potrebe in hkrati potrebe svojih otrok, kar je težko doseči, še posebej, če je finančna podpora nezadostna (Gyesaw, 2013). Wilkinson in Pickett (2010) ugotavljata, da je najstniško materinstvo pogosto povezano z medgeneracijskim ciklom prikrajšanosti[10].

Študija v Južni Afriki in v Sloveniji kaže na podobne ugotovitve, ki se nanašajo na problematiko najstniških nosečnosti (Dlamini in Gyesaw, 2002; Mezeg, 2013). Izsledki raziskav kažejo, da so se najstniške matere, ki imajo pomoč svoje socialne mreže sposobne samozavestno soočiti z izzivi starševstva, njihova prihodnost je bolj obetavna, kažejo pa

[10] Proces nadaljevanja revščine iz ene generacije v drugo. Krog revščine ostaja stalen proces skozi generacije.

tudi manj znakov depresije (Van den Berg, 2012). Postavlja se vprašanje, ali okoljsko in kulturno ozračje prispevata k pojavu najstniških nosečnosti ali pa morda najstniki nadzorujejo kulturno okolje. Najstniška nosečnost in porod sta težavi, ki ju ni moč primerjati z ostalimi in imata vpliv na razvoj identitete posameznice. Poststrukturalistična feministična perspektiva gleda na subjektivnost kot »biti individualen ali imeti osebno identiteto« (Weedon in Capper, 1993). Najstniška mati v tem kontekstu bi morala biti obravnavana kot posameznica z edinstvenim ozadjem v določenem družbenem okolju. Z drugimi besedami, najstniških mater ne smemo obravnavati splošno, temveč individualno, saj so razlikujejo, čeprav so v enakem položaju, kot je navedeno v literaturi, ki je obravnavana v nadaljevanju.

Sedanji pristop k reševanju problematike najstniških nosečnosti je osredotočen na najstniško vedenje. Poudarek je na dogajanju v tej sferi življenja in ne na fazah odraščanja. Iz sociološkega vidika Habermas (1990) poudarja odprto komunikacijo med svetom sistema in svetom življenja. Ko govorimo o odprti komunikaciji v kontekstu najstništva in najstniškega materinstva, je za sistem (strokovne delavce in organe) pomembno, da vedo kaj se dogaja v svetu najstnikov s pomočjo odprte komunikacije z namenom izvajanja ustreznih posegov, da bi se izognili negativnim posledicam, ki lahko zavirajo napredek najstniških mater. Takšni ukrepi koristijo najstnikom in najstniškim materam, da ti jasno razumejo posledice tveganih ravnanj. To dosežemo le na podlagi odprte komunikacije. S perspektive socialnega dela je družba odgovorna za pomoč mladostnikom kot družbenim akterjem v socialnem okolju, tako da jim pomaga razumeti in sprejeti svojo spolnost na odgovoren način (CWLA, 1998). Literatura nam še vedno ne poda odgovorov na vprašanja o najstnikih, ki so ranljivi, niti na to, kakšni naj bodo ustrezni praktični ukrepi politike za zaščito teh najstnikov, še zlasti v državah, kjer zakonodaja ni najstnikom prijazna v smislu obravnavanja primerov posilstva in zlorab.

Za analizo vrzeli v izvajanju preventivnih ukrepov in pomoči na področju sveta življenja najstniških mater je bila v tej študiji uporabljena kvalitativna metoda (Babbie in Mouton, 2001; Mouton, 2003; Cresswell, 2003; De Vos idr., 2000). Študija je sprva temeljila na kvalitativnih in kvantitativnih metodah, vendar je bila ideja opuščena zaradi okoliščin izven nadzora raziskovalke. Na podlagi tega je bilo v raziskavo vključeno manjše število sodelujočih.

Osebni intervjuji so bili izvedeni z osmimi najstniškimi materami v Južni Afriki (poleg treh udeležencev iz fokusne skupine) in z osmimi najstniškimi materami v Sloveniji. Nekatere najstniške matere v Sloveniji niso pristale na pogovor. Glavni poudarek je bil na osebnem življenju najstniških mater, njihovih izkušnjah in izzivih, s katerimi se soočajo kot najstniške matere. Obravnavana so bila tudi družbeno-ekonomska, izobraževalna, kulturna in verska vprašanja ter vprašanja spolov. Fokusna skupina treh udeleženk je bila izvedena v sproščenem domačem okolju udeleženke FG 10 v Južni Afriki. Udeleženke so lahko izrazile svoje misli o najstniškem materinstvu zaradi pozitivnega domačega okolja in vpliva duha skupinske identitete. Skupina je razkrila podroben opis izzivov in izkušenj s katerimi se soočajo kot najstniške matere. Medtem, ko so udeleženke na najstniško nosečnost gledale predvsem kot na težavno situacijo, ki jim preprečuje doseganje njihovih ciljev, so podale tudi dragocene alternativne predloge, ki bi jih bilo mogoče uporabiti za zmanjšanje števila najstniških nosečnosti. Udeleženke so bile na primer pripravljene prostovoljno pomagati razširjati poglede njihovih vrstnikov v prizadevanju za zmanjšanje stopnje najstniških nosečnosti.

Vse najstniške matere, ki so sodelovale v raziskavi, so po pogovoru prejele delno strukturiran vprašalnik, ki se je nanašal na področja, ki niso bila obravnavana. Prav tako so ga prejele članice fokusne skupine, da bi na podlagi vseh odgovorov lahko raziskali, kako so se do problematike opredelile v okolju skupine. Intervjuji so bili posneti in transkribirani. Transkripcije iz Južne Afrike in Slovenije so bile natančno prebrane in na podlagi tega so bile identificirane osnovne zgodbe najstniških mater. V Sloveniji je bilo to zaradi dejstva, da raziskovalka ne govori slovensko, narejeno s pomočjo socialnih delavcev, dveh študentk socialnega dela in nekaterih kolegov. Sodelujočim v raziskavi so bile informacije prevedene. Dovoljenje sodelujočih za snemanje pogovorov je bilo pridobljeno po predhodni seznanitvi z namenom snemanja.

Podatki so bili zbrani s poslušanjem in beleženjem življenjskih zgodb, ki so jih izpovedale najstniške matere, ter na podlagi intervjujev, vprašalnikov in vprašanj za razjasnitev na podlagi vprašalnikov v primeru strokovnjakov. Fokusna skupina je bila uporabljena kot način za zbiranje informacij na drugi ravni in tudi za namen opazovanja interakcije med članicami skupine. Raziskovalka je vodila pogovore, ki so bili zvočno snemani. V Sloveniji bi bilo težko izvesti fokusno skupino, saj so območja, ki jih je zajemala raziskava, preveč razpršena, število udeleženih najstniških mater pa omejeno. Podrobni

vprašalniki so bili v elektronski obliki in osebno dostavljeni osmim slovenskim strokovnim udeležencem na vodstvenih položajih na Inštitutu za varovanje zdravja, klinikah za umetne prekinitve nosečnosti, materinskih domovih, socialnim delavkam, medicinskim sestram in ginekologom, ki opravljajo delo povezano s področjem raziskave. Iz Južne Afrike je sodelovalo pet strokovnjakov s področja šolstva, socialnega varstva in organizacije Fanang Diatla.

Pet vasi v okrožju Capricorn District so bile Segopje, GA-Mailula, Makotopong, Thuune in Makwalaneng. Vasi in mesta v Sloveniji so bila Murska Sobota, Dokležovje, Litija, Cerknica, Ljubljana in Dragomer. Tako v Južni Afriki in v Sloveniji je bila ciljna populacija mlade matere, ki so pred kratkim rodile kot najstnice, vendar v času intervjuja niso bile več najstnice. Sodelovalo je še pet predstavnikov institucij v Južni Afriki (province Limpopo) in osem predstavnikov institucij iz Slovenije.

Udeleženke so bile sposobne predstaviti podroben razmislek o njihovi nedavni izkušnji najstniške nosečnosti in materinstva. Njihove zgodbe so bile dragocene za identifikacijo pomembnih vidikov, ki so potrebni izboljšave na področju vladnih ali državnih sektorjev. Tematska analiza temelji na sistemu podatkov in je bila izvedena za opis izkušenj najstniških mater, ki so zanosile in rodile v najstniških letih, vendar v času, ko je bila izvedena študija, niso bile več najstnice. Raziskovalka je življenjske zgodbe najstniških mater gledala z vidika njihovega dojemanja sveta življenja. Metoda pripovedovanja zgodbe, metodološko orodje, ki ga opisuje Urek (2002, 2006) je bila uporabljena za zbiranje podatkov od udeležencev v Južni Afriki in v Sloveniji. Poglobljeni pogovori v živo so bili izvedeni z namenom seznanjanja z življenjskimi zgodbami najstniških mater, ki so nedavno rodile in so bile v času intervjujev stare nad 19 let.

Raziskovalka je odkrila različne povezave med življenjskimi perspektivami najstniških mater in življenjsko perspektivo sistema skozi dvojni hermenevtični proces, s stališča, ki je vključeval vprašalnik in pripovedovanje zgodb (Smith idr., 2009). Raziskovalka je uporabila vprašalnike in opravila razgovore s svetom sistema, ciljna skupina so bili strokovnjaki in nevladne organizacije na področju storitev, ponujenih v okviru življenjske perspektive najstnikov in najstniških mater. Iz zgodb in vprašalnikov je razvidno, da obstajajo nekatere vrzeli v odnosu med najstniškimi materami, starši najstniških mater in

strokovnjaki, ki jih je treba obravnavati. Takšne vrzeli je prvotno ugotovil Habermas v svoji teoriji komunikacije med svetom življenja in svetom sistema.

Podatki o najstniških materah so bili zbrani in pozneje razvrščeni v kategorije. Opredeljene teme so bile razporejene v skupine s pripadajočimi podtemami, ki izhajajo iz empiričnih ugotovitev (Coffey in Atkinson, 1996). Glavne teme in pripadajoče podteme so bile ugotovljene na podlagi življenjskih zgodb udeleženk. Teme, ki temeljijo na teoretični usmeritvi so bili tudi opredeljene glede na vprašanje, ki ga je raziskava obravnavala. Na podlagi informacij iz kategoriziranih tem in podtem so bili podatki sistematično analizirani.

V slovenskih institucijah so bile informacije pridobljene z intervjuji v živo, ki so bili osnovani na sistematičnih vprašalnikih. V Južni Afriki so bili surovi podatki pridobljeni s sistematičnimi vprašalniki in osebnimi intervjuju z zaposlenimi na sodelujoči nevladni instituciji Fanang Diatla. Za namen ugotavljanja dejstev so bili opravljeni tudi neformalni pogovori z nekaterimi sektorji. Neodgovorjena vprašanja so bila udeležencem v Južni Afriki ponovno poslana v elektronski obliki.

V nadaljevanju predstavljamo glavne ugotovitve raziskave v obeh državah.

Glede na pridobljene podatke se je večina sodelujočih najstniških mater iz Južne Afrike znašla v kopici težav, ki so bile med seboj povezane. Večina jih je imela težave v odnosu s svojimi partnerji takoj, ko so zanosile. Največkrat so se te zveze kmalu končale. Večina jih je živela v težkem ekonomskem položaju zaradi dejavnikov, kot so nezaposlenost, odsotnost finančne pomoči s strani najstniških očetov, slab ekonomski položaj staršev in nizek starševski dodatek (udeleženke so ga kljub temu označile za zelo koristnega, čeprav z njim niso mogle pokriti osnovnih potrebščin). Nekatere najstniške matere so se bale prositi za kontracepcijo zaradi negativnega odnosa v nekaterih klinikah. O tem so povedale:

"Čeprav se vlada trudi zmanjšati najstniške nosečnosti, mislim, da ji ne bo uspelo. Naj vam dam primer mojih sosed… ta, ki živi levo od mene, je stara 19 let in ima že štiri otroke. Ta, ki živi na desni, pa jih ima šest. Obe prejemata denarno podporo. Če jima jutri rečejo, naj spakirata svoje stvari in odideta, nimata iti kam. Dandanes pa tudi če želiš službo, zahtevajo kvalifikacije." (Udeleženka št. 5)

"Dekleta se bojijo iti k zdravniku, ker so medicinske sestre tam zelo neprijazne. Večina jih ne poišče pomoči le zaradi obnašanja sester. Z nami ne govorijo prijazno, ampak zelo osorno. Po mojem mnenju tudi to prispeva k najstniškim nosečnostim. Ko dekleta pomislijo, da bi šle v ambulanto in poslušale, kako se sestre na njih derejo, si raje rečejo, da je bolje, da pač kar imajo otroka." (Udeleženka FG 11)

Nekatere udeleženke si niso mogle privoščiti, da bi otroka vpisale v varstvo ali v vrtec. Njihovi starši in stari starši so tu odigrali pomembno vlogo pri vzgoji in varstvu otrok, nekatere pa so od staršev prejemale finančno pomoč, če so bili ti zaposleni. Nekatere udeleženke so imele težave pri opravljanju dvojne vloge biti mati in hoditi v šolo. Ena od njih je izjavila:

"Otroka sem imela pri devetnajstih. Še preden sem zanosila, svoje matere nisem več poslušala, zanimali so me le fantje, zanimal me je ta, s katerim sem potem zanosila. Ko se je to zgodilo, sem ravno opravljala maturo. Nisem je naredila. Moja mama za to ni vedela. Zvedela je po treh mesecih v decembru, ko me je vprašala, če bom prihodnje leto nadaljevala šolanje. Rekla sem, da ne bom. Ko sem povedala, da sem padla na maturi, so starši rekli, da moram nazaj v šolo. Rekla sem, da ne grem in da bom raje končala skrajšan program. Vprašali so me, kaj če ne bom naredila niti tega, pa sem jim odgovorila, da bom." (Udeleženka FG 9)

Udeleženke so imele različne negativne občutke ob zanositvi. Navedle so žalost, strah, obžalovanje in frustriranost. Največkrat so povedale, da ima stres zelo negativno vlogo v njihovem življenju.

Podatki v literaturi so skladni s temi izjavami najstniških mater. Najstniške matere se soočajo s težavnim izzivom zadovoljevanja svojih in otrokovih potreb – njihova situacija je še posebej težavna v primeru nezadostne finančne pomoči (Gyesaw, 2013). Ta argument jasno potrdi Van den Berg (2012), ki predpostavlja, da se najstniške matere z dobro primarno socialno mrežo uspešno spopadajo z izzivi starševstva in redko kažejo znake depresije. Takšne podporne mreže lahko pomagajo najstniškim materam pobegniti iz medgeneracijskega kroga revščine, ki ga Wilkinson in Pickett (2010) smatrata kot problematičnega. Na podlagi teh ugotovitev in literature se postavlja vprašanje, ali obstoječe formalne podporne mreže (sistemske in institucionalne storitve) res v praksi vključujejo stališča teh najstnic, še posebej v primeru zadevnih institucij in upoštevanja

politik. vprašanje politika upošteva prizadete institucije. Rešitev problema se osredotoča na strateške ukrepe, ki bi jih lahko izvajali različni strokovnjaki, ki bi upoštevali izjave teh udeleženk.

Podatki iz Slovenije kažejo, da je večina udeleženk v raziskavi prekinila šolanje zaradi skrbi za otroka ter da jim očetje njihovih otrok niso pomagali pri skrbi in vzgoji. Nekatere so imele velike težave s starši takoj po tem, ko so zanosile. Ena od udeleženk je morala zaradi družinskega nasilja celo oditi v materinski dom. Nekatere pa so nosečnost celo načrtovale in je niso smatrale kot težavo, čeprav so poročale o resnih finančnih težavah, ki so se pojavile takoj, ko so rodile. Nekatere so izgubile svoje prijatelje in nekatere so bile v družbi stigmatizirane. Udeleženke so povedale:

''Dekleta se bojijo zdravnikov. Moja sošolka se je na primer boksala v trebuh in ne vem, kaj še vse, zato ker se je bala povedati staršem, da je noseča. Ni šla h ginekologu. Preprosto se raje samopoškodujejo. In potem so še v večjih težavah, ker se bojijo povedati. Morale bi le vedeti, da ni nič narobe, če so zanosile in da se vse da rešiti. Da obstajajo tablete in splav." (Udeleženka št. 18)

'' Videla sem, da ni preveč navdušen nad otrokom, ker me je med nosečnostjo začel pretepati, potem sva bila spet skupaj…zelo sem se bala za svojega otroka, nisem hotela, da mi ga vzame. Niso mi dovolili, da spi pri meni, ker se je ponoči zbujal, zato so ga vedno odnesli stran in tako sem razvila občutek strahu." (Udeleženka št. 13)

''Zelo je bilo težko plačevati stroške in biti brez pomoči staršev. Bila sem v razmerju z prav tako mladim očetom, ki je bil kar naenkrat odgovoren zame in za otroka. Bilo je stresno skrbeti za otroka in mu skušati zagotoviti dobro prihodnost… ni nama uspelo in nisva več mogla živeti skupaj zaradi pomanjkanja denarja in odšla sem nazaj k staršem." (Udeleženka št. 12)

Udeleženke so se na ugotovitev nosečnosti odzvale različno: nekatere so bile šokirane, nekatere so imele občutke zanikanja, zelo malo pa jih je bilo nad dejstvom navdušenih. Nekatere so bile pod stresom zaradi tega, ker očetje njihovih otrok niso želeli sprejeti odgovornosti. Nekatere udeleženke so poročale, da državna pomoč v obliki starševskega in otroškega dodatka ni dovolj za preživljanje matere in otroka. Večina ni imela močnega socialno-ekonomskega zaledja. Izsledki odsevajo vidik izobrazbe v povezavi z

usposobljenostjo, izobraževalne vsebine, ki jih izvajajo šole, v povezavi s preventivo in pomočjo, zdravstveni vidik, sociološko-kulturološke verske vidike in socialno-ekonomski vidik.

Ministrstvo za šolstvo v Južni Afriki izvaja preventivne programe, kot na primer trening življenjskih spretnosti, spolno vzgojo, učne ure o medvrstniškem nasilju, alkoholu in drogah, motivacijske pogovore in vzgojo o seksualnosti (izvajajo se na četrtletni ravni). Učitelji so za to usposobljeni in informacije kakovostno podajajo učencem in dijakom. Vsi ti programi so preventivne narave, ne ponujajo pa posebnih vsebin ali storitev za najstniške matere.

Politika ministrstva je zaščititi najstniške nosečnice in najstniške matere, jih spodbujati k uspešnem dokončanju šolanja in odpravljati diskriminacijo. Območne enote vodijo in nadzorujejo izvajanje teh programov v province Limpopo. Ministrstvo za socialne zadeve je vključeno v ozaveščanje skupnosti in šol in skrbi za socialni dialog. Dialog poteka z mladostniki, najstniškimi materami in njihovimi starši, da bi tako ugotovili, kako lahko izboljšajo storitve. Integrirani program vključuje šole, župnije, klinike in mladinske organizacije.

Organizacija Fanang Diatla (nevladna organizacija, pridružena Ministrstvu za socialne zadeve) ima program za mladino, ki mladoletnim materam nudi napotke in spodbudo za dokončanje šolanja in tudi za vključitev njihovih otrok v vrtec. Center izvaja brezplačna svetovanja za starše in najstniške matere ter spodbuja razvoj življenjskih spretnosti. Področja svetovanja so tudi informacije o virusu HIV / aidsu, spolna vzgoja, domače varstvo in programi LOVE LIFE, ki krepijo samozavest in samozaupanje.

Kljub vsemu naštetemu pa so najstniške nosečnosti še vedno pereč problem.

Ugotovitve kažejo, da je Ministrstvo za šolstvo edino, ki ima posebne programe za najstniške matere. Predstavniki ministrstev (za šolstvo in za socialne zadeve) so poročali o težavah na tem področju, in sicer zaradi pomanjkanja osebja, revščine ter verskih in kulturnih vprašanj. Na podlagi izsledkov lahko ugotovimo, da obstaja še nekaj vrzeli na področju pomoči najstniškim materam, ki jih je potrebno zapolniti.

Znotraj zakona o socialnem varstvu je v Sloveniji predpisano izvajanje pomoči najstniškim materam po metodah socialnega dela. V regijah, kot je Murska Sobota ni nikakršnih

preventivnih programov ali programov za pomoč najstniškim materam. Predstavnica z Nacionalnega inštituta za javno zdravje je povedala, da v šolah nimamo posebnega programa za spolno vzgojo. V nekaterih regijah (npr. Kranj) ekipa strokovnjakov najstnikom predava koristne informacije s področja odraščanja, telesnih sprememb v puberteti, čustev, kontracepcijskih metod in spolno prenosljivih bolezni. Socialni delavci uporabljajo generično metodo skupinskega dela in zagotavljajo tudi individualno svetovanje. Ginekologi izvajajo svetovalne storitve v zvezi z načrtovanjem družine, svetovanje o kontracepciji, predporodno in poporodno svetovanje, preglede in pisne napotitve na ginekološki oddelek v primeru načrtovanega splava. Najstnikom so na voljo navodila o preventivnih ukrepih in odgovornem vedenju v spolnosti. Tem ukrepom in storitvam navkljub pa še vedno določeno število najstnic zanosi. Tudi literatura potrjuje dejstvo, ki ga navajajo predstavniki institucij (Čeh in Pinter, 2005), namreč, da spolna vzgoja ni vključena v kurikulum niti na osnovni niti na sekundarni ravni šolanja. Te teme pokrivajo le izbirni predmeti, delno pa se obravnavajo pri pouku biologije v osnovni in srednji šoli. Na makro ravni, Dutra (idr., 2000) pojmuje najstniško spolnost kot celovit vidik, na katerega v glavnem vplivajo tradicionalne interakcije, vrednote in družbene institucije. Nekatere od teh vrednot in prepričanj lahko ostanejo neizrečene, še posebej, če komunikacija med najstniki, starši, strokovnjaki in skupnostjo ni redna. Ugotovitve so pokazale pomanjkanje posebnih politik za najstniških matere. Kulturna in verska prepričanja pomembno vplivajo na najstniške nosečnosti in odločanje o splavu. Ugotovitve so pokazale tudi pomanjkanje vključevanja najstnikov in najstniških mater s strani strokovnjakov v zadevah, ki se nanašajo na njihovo življenje.

Najstniške nosečnosti in pomanjkanje posebnih storitev za najstniške matere v Južni Afriki je in ostaja zapleteno vprašanje, ki mora vključevati najstnike, starše, družine, skupnosti in strokovnjake, da bi se oblikovala strategija za ustrezne intervencijske ukrepe. Problem se seli z individualnega področja na državo. Vlada na primer porabi veliko sredstev za finančno pomoč takšnim materam zaradi dejstva, da je večina najstniških mater brezposelnih in ima nizko stopnjo izobrazbe. Večina vprašanih je šolanje sicer nadaljevala, vendar jim problem nižje izobrazbe omejuje možnosti na zaposlitvenem trgu, kar vodi do brezposelnosti. Slab socialno ekonomski položaj situacijo še poslabša.

Zapolniti je treba vrzel na področju izobraževalnih storitev. Kljub programom spolne vzgoje pa je na tem področju premalo vključevanja pogleda najstnikov samih, predvsem v

obliki vrstniških svetovanj. Pomanjkanje časa in primeren način širjenja informacij v šolskih okoljih, klinikah, socialno razvojnih institucijah in nevladnih organizacij sta še vedno problem. Nekateri najstniki eksperimentirajo s spolnimi odnosi kljub informacijam, ki so jih prejeli pri pouku. Pomanjkanje osebja je tudi pogosto razlog, da se teh storitev ne izvaja intenzivno. Moralnost danes ni več vrednota pri prakticiranju abstinence. Današnje najstnike zanima svet znotraj in izven njihovega okolja.

Splava večina najstnikov zaradi vpliva staršev ter kulturnih in verskih norm ne odobrava. Pozni prvi nosečniški pregled je še vedno težava, ki nastane na podlagi strahu pred neprijaznimi sestrami. Socialni delavci tudi niso vedno pripravljeni na take primere in s pomočjo, pogovori in svetovanjem večkrat odlašajo. Nekatere izmed najstniških mater so zanosile, ker so jih partnerji v to prisilili. Situacija je povezana z nepravimi odločitvami, ki vplivajo na slabo kontrolo nad lastim življenjem.

V Sloveniji je v primerjavi z drugimi državami stopnja najstniških porodov manjša, ker se veliko najstniških nosečnic odloči za splav. Največ tistih, ki otroka donosijo, je predstavnic romske skupnosti. V tem okolju je tudi na splošno največ najstniških nosečnic. Na najstniške nosečnice, ki otroka donosijo, pa najbolj vplivajo verske in kulturne norme ter njihovi starši. Stopnja splavov sicer upada. Med posameznimi regijami obstajajo neenakosti v zagotavljanju storitev, saj regije delujejo avtonomno. Način podajanja omenjene snovi v šolah še vedno ni prilagojen dejanskemu svetu najstnikov, življenjski problemi najstniškega starševstva pa sploh niso obravnavani. Spolna vzgoja se izvaja le kot del pouka biologije. Mnoge najstniške matere so te šolske ure označile za dolgočasne, saj niso vsebovale za njih koristnih vsebin. Pomanjkanje pravega znanja o življenjskih spremembah ob nenačrtovani zanositvi v najstniškem obdobju so označile kot problematično. Nekaj najstniških mater se je odločilo imeti otroka kljub težki socialno ekonomski situaciji. V precej primerih sta bila alkohol in droge razloga za neupoštevanje informacij o spolnem zdravju in zaščiti pri spolnih odnosih ter prepustitev tveganemu vedenju – nezaščitenemu spolnemu odnosu. Nekatere pa so se preprosto eksperimentirale s spolnimi odnosi, kljub informacijam, ki so jih dobile od strokovnih delavcev.

Razlika je bila ugotovljena v smislu programov izobraževanja najstnikov glede na spol, torej dekleta in fante posamezno, glede spoštovanja med partnerjema na eni in nasilja na drugi strani. Nekatere najstniške matere so ostale v neprimernih odnosih, ker so bile brez

ustreznih znanj, ki bi jim omogočala sprejeti prave odločitve. Pomanjkanje podpore v obliki svetovanja še vedno obstaja, saj so najstniške matere in njihovi starši preobremenjeni z osebnimi ali družinskimi težavami. Redno svetovanje staršem bi po mnenju najstnikov lahko pomenilo učinkovit pristop k ponovni vzpostavitvi ravnovesja znotraj družine.

Brezposelnost in prekinitev šolanja sta bila dejavnika, ki sta močno prispevala k slabemu življenjskemu položaju najstniških mater. Problem poznega prvega pregleda pri zdravniku in pozne potrditve nosečnosti je tudi pomemben dejavnik, saj po določeni gestacijski dobi splav ni več možen, pozen splav pa ima lahko zelo negativne posledice za zdravje nosečnic.

Študija je omogočila nekatere sklepe in priporočila glede izboljšav v raziskovanju in v ureditvi tega področja nasploh.

Najstniška nosečnost in materinstvo sta problema, ki večini onemogočata dosego njihovih življenjskih ciljev. Problem najstniškega starševstva zadeva najstniške matere, njihove družine, družbo in institucije. Habermasova komunikacijska teorija (1087), konstruktivistična teorija (Walsch, 2010; McCall, 1989), feministična teorija (Dominelli, 2002) in ekološka perspektiva (Bronfenbrenner, 1979) se dopolnjujejo v smislu zadovoljevanja človekovih potreb. Z vidika konstruktivistov so pomembne zgodbe posameznikov, da bi na podlagi teh lažje razumeli njihove potrebe in jim nudili ustrezno pomoč. Ekološka perspektiva se ukvarja predvsem z okoljem, v katerem živijo: pozitivno okolje je pomembno za zdravo življenje. Feministični pristop zagovarja tezo, da lahko vsak posameznik lahko svobodno dostopa do storitev, da je spoštovan in obravnavan po načelu enakosti. Habermas (1987) poudarja pomen odprte dnevne komunikacije med sistemom življenja in sistemom sveta. Menil je, da sistem kot močnejši vpliva na svet življenja. Ko te teorije postavimo v življenjski svet najstniških mater v tej študiji, ugotovimo, da še vedno obstaja vrzel v načinu, s katerim najstniške matere komunicirajo s sistemom (institucijami), družino in skupnostjo. Opazimo tudi pomanjkanje polne vključenosti najstnikov in najstniških mater v debato o pomembnih vprašanjih, ki zadevajo življenje najstnikov.

Glede na rezultate študije je priporočljivo, da se naslednji ukrepi izvajajo na družinski, družbeni in institucionalni ravni.

Starše je potrebno vključevati v intenzivne delavnice, kjer bi izkusili odprte pogovore z najstniki o spolnosti in pogledu na življenje na splošno. Družina, najstniki in najstniške matere naj izvedejo delavnice s pomočjo strokovnjakov, usposobljenih duhovnikov, predstavnikov skupnosti in nevladnih organizacij. Starše se lahko tudi spodbuja, da delijo svoje izkušnje z najstniki, institucijami in cerkvijo, da bi tako našli alternativne rešitve za nekatere težave, ki negativno vplivajo na najstniške matere. Starši najstniških očetov bi se lahko naučili, da je treba sprejeti določeno odgovornost in ponuditi finančno podporo staršem najstniških mater.

Skupnost lahko izobražujemo za vodenje kampanje ozaveščanja in pomoči najstnikom učinkovito izkoristiti obstoječe vire. Skupnost je potrebno izobraževati, da ne stigmatizira najstniških nosečnic in najstniških mater. Vse prizadete stranke (družina, najstniki, najstniške matere, institucije, cerkve in skupnosti) so lahko motivirane za krepitev lokalnih mrež za učinkovito zagotavljanje storitev.

Obstaja potreba, da bi različni strokovnjaki zaznavali najstniške matere kot normalne ljudi, ki se srečujejo s problemi in spremembami dinamike v svojem življenju, ki pa so včasih zelo zahtevni. To se lahko doseže s pomočjo nevladnih organizacij, starši, družine, skupnosti in družbe. Potrebno je usposabljanje močnih formalnih in neformalnih podpornih mrež za pomoč najstniškim materam, da bi tako lahko imele boljšo prihodnost. Oblikovalci politike lahko okrepijo neformalne podporne mreže z revizijo in spremembo glavnih javnih politik na tem področju, na primer z zmanjšanjem visokih stroškov za varstvo otrok, financiranjem svetovalcev, ustanovitvijo in financiranjem skupine za socialno pomoč, ki bi se osredotočala na posebne storitve in programe za najstniške matere. Etiološke vzroke najstniških nosečnosti je treba ponovno obravnavati s konstruktivno ekipo področnih strokovnjakov. Pomembno je pogledati na problem najstniških nosečnosti v smislu obstoječih vrzeli, na katere vplivajo kultura ter verske norme in vrednote, kot tudi, kako take spremenljivke vplivajo na oblikovanje storitev in programov.

Težko je izvajati raziskavo in oblikovati priporočila o potrebnih ukrepih, ki jih lahko implementiramo brez predlogov s strani ljudi, ki so težavi podvrženi. Argument je bil osnovan na obratnem pristopu reševanja problema, ki ga imajo ljudje v vsakdanji komunikaciji z okoljem. Določene institucije so bile seznanjene z zgodbami najstniških mater in njihovimi predlogi za izboljšanje situacije. Inovacija te disertacije je

multidisciplinarna študija, ki zajema veliko vprašanj, povezanih z socialnim, ekonomskim, političnim, kulturnim, izobrazbenim in verskim okoljem; ter tudi spolom kot dodatnim vidikom, ki ga ne gre zanemariti, če želimo, da se glas najstniških mater zares sliši.

Študija odseva pomanjkanje ustrezne komunikacije med najstniškimi materami, njihovimi starši, strokovnjaki in družbo v povezavi z planiranjem in izvajanjem politik, storitev in programov, posebno kadar gre za sistem obratnega vidika. Uporabniki storitev morajo biti vključeni v diskusijo in imeti na voljo intenzivno usposabljanje, ki bi se lahko izvajalo skozi svet sistema, da bi tako zmanjšali nasprotujoče si ideologije, ki so prisotne znotraj družine in družbe; tu so pred vsem v ospredju kulturne in verske norme, ki jih je težko spreminjati brez pogajanj, osnovanih na transparentnemu procesu preoblikovanja.

Pripovedi vključenih najstniških mater in strokovni podatki so ponudili nov vidik potrebe po integraciji sveta sistema in sveta življenja s polno podporo družine za izboljšanje sveta življenja najstniških mater. Habermasov koncept o svetu življenja in svetu sistema je pri umeščanji najstnikov na eni in strokovnih služb na drugi strani tukaj ključen. Komunikacija med njimi je zelo pomanjkljiva, predvsem na področju oblikovanja in izvedbe politik. Iz tega sledi, da je v Sloveniji in Južni Afriki potreben holističen, interdisciplinaren sistem, ki bi pomagal mladostnikom in najstniškim materam ne le preživeti, temveč tudi uspeti.

V raziskavi smo uporabili interdisciplinarni pristop, ki temelji na teoriji na področju sociologije in socialnega dela, ki se ukvarja s pojavi v zvezi z življenjskimi vprašanji družine, institucionalnimi vprašanji in vprašanji skupnosti. Rezultati študije utirajo pot k novemu razumevanju potrebe po preglednem sistemu dvosmernega pristopa med uporabniki storitev in ponudniki storitev, ki bo upošteval tudi kulturo, prepričanja, norme in verska prepričanja ljudi. Na drugi strani pa so tudi ponudniki storitev ljudje. Tudi oni potrebujejo podporne storitve na delovnem mestu, da bi lahko zadovoljili svoje lastne potrebe pomagati uporabnikom storitev.