

FACTORS CONTRIBUTING TOWARDS AND SUPPORT GROUPS FOR YOUNG WOMEN WHO ARE EXPERIENCING UNWANTED PREGNANCIES

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DECLARATION OF ORIGINALITY

I declare that this dissertation, *Factors contributing towards and support groups for young women who are experiencing unwanted pregnancies*, is my own work, that it has not been submitted before for any degree or examination in any other university, and that all the sources I have used or quoted have been indicated and acknowledged as complete references.

Thandokazi T. Khehiwe

December 2012

Signed.....

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ABSTRACT

Unwanted pregnancy among young unmarried South African women still remains a challenge. It has been identified that young unmarried women who are living in rural areas are more vulnerable to unwanted pregnancy. Bronfenbrenner's theory of systems has been used in the study. The participants were sourced from eMbobeni location, a rural area in Bizana in the Eastern Cape Province. The data was collected through focus group interviews and analysed through content analysis. Group interviews were tape recorded and transcribed. Group support was provided for the participants in the focus group. Through the study it has emerged that lack of knowledge about sexuality and the protection of oneself still remains a challenge. Factors contributing towards unwanted pregnancy among young unmarried women were identified as being lack of parental support; lack of knowledge and the stigma towards contraception; pressures from the partner; ignorance, carelessness and restrictions; and shift of responsibility.

Keywords: young unmarried women, rural economically underdeveloped areas, unwanted pregnancies, support group evaluation.

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Chapter 1

INTRODUCTION OF THE STUDY

1.1 BACKGROUND INFORMATION

Contextual factors such as gender social norms result in sexual coercion and unprotected sexual intercourse (Mantell, Harrison, Hoffman, Smit, Stein & Exner, 2006). The prevalence of young women who are experiencing unwanted pregnancy is disproportionately high among young unmarried South African females in low income communities. This seems to be taking place due to the fact that human development occurs in the midst of vibrant, complex environments (Bronfenbrenner, 1994). From a psychological perspective the environment is largely defined by social and cultural practices and institutions that provide the experiences that people have. Unwanted pregnancies can have an effect on a woman's mental health and result in pre, peri and post-natal emotional problems (Huang, 2005). Insufficient research on the contextual factors which contribute towards unwanted pregnancies has hampered effective support group interventions (Lesch & Kruger, 2004). There is, therefore, a need to undertake such research and offer support groups for these young women.

Mantella, Needhamb, Smitc, Hoffimana, Cebekhulu, Adams-Skinnera, Exnera, Mabudec, Beksinskac, Steina and Milford (2009), indicated that expectations about how women and men should behave are structured by cultures and societies, and this influences the way in which sexual interactions are negotiated. The terrain of gender roles in South Africa is both complex and diverse and gender inequalities persist at many levels in the economy as well as in social institutions, households and sexual partnerships. Nzioka (2004), seems to agree by

indicating factors contributing towards unwanted pregnancy as those that inhibit girls from taking protective measures including the host of negative symbolic meaning associated with condoms. To many young girls, condoms connote prostitution, infidelity or sexually transmitted infections (STIs). Other factors include gender norms emphasizing sexual submissiveness, which makes young girls reluctant or ashamed to discuss condoms or protective sex with their partners.

Huang (2005), indicated that previous studies of mothers' pregnancy intentions have consistently found that women who are unmarried, with low educational attainment and with low income are more likely than others to experience unwanted pregnancy.

1.2 MOTIVATION

The motivation for the study developed due to the high rate of unwanted pregnancies in young unmarried females from low income South African communities, the impact of these pregnancies on their mental health and lack of support groups available.

1.3 AIMS OF THE STUDY

1. To explore the contextual factors contributing towards unwanted pregnancy in young unmarried women.
2. To offer group support for the women.

1.4 CHAPTER ORGANISATION

Chapter 2 provides a review of existing literature on the topic in question. It includes a discussion of theories, themes and definitions identified by previous research. Finally, this

section aims to identify the theoretical framework employed by the study and highlights the relevance of this framework in relation to the nature of the study.

Chapter 3 outlines the methodology used to generate, understand and interpret the data. Participatory Action research is discussed, specifically in relation to content analysis and interpretation. The participants selected and the tools of analysis are explained. This chapter explores ethical issues that may arise due to the research, as well as mechanisms to ensure the validity of the findings.

Chapter 4 illustrates the process of data analysis and interpretation. The transcribed interview data is collated into various categories and sub-categories which are outlined. A discussion of each category is provided. This relates to information gathered from the data as well as that from the past research.

Chapter 5 provides a summary of the content findings, outlining the impact the results should have on future research and current theory. Recommendations for future research are provided, as well as the limitations of the current study.

Chapter 2

LITERATURE REVIEW

2.1 INTRODUCTION

Unwanted pregnancy is a concern throughout the whole world. Aria (2003), refers to the situation in the UK regarding youthful pregnancy and parenthood where it is considered an important social and health problem and as a result is the focus of current government intervention. In South Africa young people face high levels of unwanted pregnancy and Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS). The South African government has cited the high incidence of unwanted pregnancy among youth as one of the major challenges facing the country. Indications are that more than one-third of women nationally have their first child before age 20. The overwhelming majority of these pregnancies occur outside of marriage (Maharaj, 2006).

Maharaj (2006), continues by indicating that contemporary policy approaches depict early unwanted pregnancy as a consequence of relative deprivation and lack of opportunity, leading to low expectations among youth, and also as a result of sexual mixed messages and poor knowledge about contraception. Blanc, Tsui, Croft and Trevitt (2009), on the other hand, indicated that the reproductive choices made by young women and men have an enormous impact on their health, schooling and employment prospects. This is better explained by Bronfenbrenner's theory where it is indicated that human development takes place through processes of progressively more complex reciprocal interaction between an active, evolving biopsychological human organism and the persons, objects and symbols in

its immediate external environment. To be effective, the interaction must occur on a fairly regular basis over extended periods of time (Tudge, Mokrova, Hatfield & Karnik, 2009).

According to Bilchik and Wilson-Simmons (2010), there is no debating that young people face a range of challenges as they make the often difficult transition from childhood to adolescence to young adulthood. It is during adolescence when changes in biological, cognitive, psychological and social functioning often occur simultaneously that many young people begin to feel increased pressure to succeed in multiple domains. At the same time they are expected to do well academically and socially, navigate family-related issues effectively, and resist pressure from peers and sometimes adults to engage in risky behaviour, including that which may result in unwanted pregnancy and early parenting.

The study conducted in Soshanguve Secondary School by Maholo, Maja and Wright (2009), indicated that young women do not realise the consequences of their love and sex relationships. Communication about sexuality is lacking and young adults have no risk perceptions. Furthermore, the culture and society in which an individual grows up and lives in contributes to how the individual feels about her life and sexuality. On the other hand, gender norms encourage men to engage in risky sexual behaviour and the subordinate female status entrenched in many African societies contributes to the high rate of unwanted pregnancies.

Bilchik and Wilson-Simmons (2010), also indicated that no youth lives in an ideal world, meaning that a multiplicity of environmental factors shape their knowledge, attitudes and behaviour. Therefore, an ecological perspective is gained by examining the domains in which young people live such as their families, schools, communities and peer groups, incorporating the potential risk and protective factors within each of these domains.

2.2 FACTORS CONTRIBUTING TOWARDS UNWANTED PREGNANCY

According to Brown (2010), it is indicated that 7 in 10 pregnancies among unmarried women in their 20s are unplanned, reflecting the fact that a significant proportion of sexually active, unmarried young adults who, by their own admission, do not want to be parents right now, are not fully protecting themselves from unwanted pregnancy. The critical question is why? According to MacPhaill, Pettifor, Pascoe and Rees (2007), large numbers of young people in South Africa live in conditions of poverty where lack of access to reproductive health services could translate into increased levels of unwanted pregnancy and disease among this group (young woman). Nzioka (2004), on the study done in Kenya, indicated that in most developing countries reproductive health care programmes do not cater for the needs of young people.

Mantella et al. (2009), indicated that although new gender norms may have evolved in the post-Apartheid context, the structure of persistent gender relations and the ensuing power dynamics means that some women are less empowered and less capable of negotiating protection with partners than others. Therefore, these women are vulnerable to unwanted pregnancy. Nzioka (2004), also argued that young women are pressured into sex through money and gifts. Therefore, when young women receive money or gifts from male partners for sex, the resulting asymmetry in power relations makes it difficult for the girl to demand condom use and some thus end up having unprotected sex even when the risks of contracting STIs/HIV and of unwanted pregnancy are apparent. On the other hand, Gelberg, Lu, Leake, Andersen, Morgenstern and Nyamathi (2008), also indicated that partner disapproval or dislike is also an important predictor of contraceptive non-use or rare use.

Huang (2005), indicated that race and age are important determinants as well, as it was inferred that young Black women are more likely than other women to have unintended, unwanted pregnancies. In addition, human behaviour can be affected by the external environment. Some studies have found links between welfare assistance and teenage fertility. Chhabrah, Palaparthi and Mishra (2009), also indicated that poor rural adolescents are vulnerable to sexual exploitation and its consequences due to having less education, ignorance or no access to contraceptives. Faghihzadeh, Rochee, Lmyian, Mansourian and Rezasoltani (2003), indicated that cultural factors such as parental education are important determinants of unwanted pregnancy.

2.2.1 Risky sexual behaviour

A major factor in unwanted pregnancy is sexual risk-taking by young women. It is not known if risky sexual behaviour has a genetic basis or if it is only influenced by social and cultural conditions. Adolescent Conduct Disorder has also previously been linked to risky sexual behaviour and has been found to be influenced by both genetic and environmental factors. Furthermore, psychiatric disorders and risky sexual behaviour often occur in the same people at age 21 with unusual prevalence. Although risky sexual behaviour and sexually transmitted diseases are common among this age group, a disproportionate burden is carried by those with psychiatric disorders (Verweij, Zietsch, Bailey & Martin, 2009).

Verweij, Zietsch, Bailey and Martin (2009), also defined risky sexual behaviour as behaviour whereby young people fail to use protective measures such as failure to use condoms or other birth control methods, participation in concurrent sex partnerships, or non-discriminating sex when engaging in sexual intercourse. Ma, Ono-Kihara, Cong, Xu, Pan, Zamani, Ravari, Zhang, Homma and Kihara (2009), indicated that young people who initiate sexual activity

early are at greater risk of unwanted pregnancy as well as a wide range of sexual and reproductive health problems which are attributable to early sexual initiation. In South Africa early sex initiation seems to be prominent. Bronfenbrenner's framework indicates that risky behaviour can also be related to individual psychological factors such as self-esteem, loss of control, need for acceptance, anxiety levels, sensation seeking and eagerness to act like adults (Visser, 2003).

A study done by Chhabrah, Palaparthi and Mishra (2009), indicated that unmarried individuals with unwanted pregnancies claimed that they did not know anything about conception, had not heard of contraceptives and did not know that abortion could not be performed beyond 20 weeks' gestation.

2.2.2 Unwanted pregnancy and mental health

Facing an unwanted pregnancy is a challenging situation for any woman and often results in complicated and chaotic feelings. If the situation carries a mainly negative connotation, she may experience shock along with feelings of unreality. Usually, the shock phase is followed by feelings of despair, anger, helplessness and guilt (Tornbom, Ingelhammar, Lilja, Svanberg & Moller, 1999).

The mental health status of an individual who has experienced unwanted pregnancy is affected in different ways. There is evidence that poorer mental health is associated with pregnancy and parenting in the teenage years. Unplanned or unwanted pregnancy can be a major crisis for women of any age, and there are several ways in which that crisis can be resolved, of which abortion is a major method. But the important point here is that many of the factors that make a pregnancy unwanted are in themselves stressful, and could perhaps be

associated with lower scores on tests of mental health. The experience of sexual violence or coercion, lack of a supportive partner, poverty, and the factors that lead to lack of confidence in parenting ability are all challenging (Dwyer & Jackson, 2008).

2.2.3 Unintended and unwanted pregnancies

Macleod and Tracey (2010), pointed out that there is unwanted pregnancy as well as unintended pregnancy. In this study the focus is on unwanted pregnancy with the idea that most unintended pregnancies are likely to be unwanted as Adler (1992), indicated that the term unwanted pregnancy is often used interchangeably with unplanned or unintended pregnancy. D'Angelo, Gilbert, Rochat, Santelli and Herold (2004), indicated that the health effects of unintended pregnancies are commonly studied by combining data on mistimed pregnancies and unwanted pregnancies and considering the joint impact. This is done for all unintended pregnancies and for those ending in live birth. However, the repercussions of mistimed and unwanted pregnancies, as well as the circumstances in which they occur, are important and have not been well described.

2.2.4 Societal factors

In many parts of the world, discrimination against women is the norm. Therefore, it begins before they are born and stays with them until they die. Throughout history, female babies have been unwanted in some societies and they are at a disadvantage from the moment of birth. Today, in many places, girls and women are still denied the same rights and privileges as their brothers at home, at work, in the classroom, and in the clinic. They also suffer from poverty, low social status, and the many hazards associated with their reproductive role. As a result they bear an unfair burden of disadvantage and suffering, often throughout their lives (Faghihzadeh et al., 2003).

In the study of Lesch and Kruger (2004), it was indicated that young women do not see themselves as active agents in their own sexual lives. They respond to males' requests with answers they think are expected of them. They do not know how to use their own experiences, whether of pleasure, discomfort or uncertainty, as the basis for a direct or explicit response to a request for sex. They act according to the belief that men are the sexual agents and in control of sexual events. The male partner's persistent requests for sex are often perceived as forceful against which the young woman is defenceless.

The ever present possibility or threat of the use of physical force by men suggests that this is a prevalent feature of heterosexual relationships and unwanted pregnancies. Furthermore, it is possible that outdated and unfounded sex role stereotypes are still dominant and, to a large extent, determine women's responses during sexual interactions. Most of the women indicated that their male partners did not only initiate and orchestrate the process of sexual intercourse but they also, in most cases, took responsibility for contraception or brought it up as an issue (Lesch & Kruger, 2003).

2.2.5 Power Imbalance

According to Lesch and Kruger (2003), many women believe that sexual intercourse is the price to pay to ensure the continuation of a relationship, therefore it is not what happens during the specific interactions that determine a woman's interpretation of the situation but rather what she knows about gender relations in society at large. On the other hand, verbal persuasion and verbal coercion by men is viewed as a major problem contributing towards women's behaviour regarding sexual intercourse which could lead to unwanted pregnancy. Persuasion refers to situations where women consent to unwanted sex because of social

pressures or the fear of losing a relationship. In such cases, the man does not take any overt action to exert pressure on the woman to make her feel that she should comply. Young women also tend to be reluctant to describe men's behaviour as violent, unless they have been physically hurt. Verbal persuasion from men could be experienced as coercive by women, based not directly on the man's behaviour, but rather on the woman's assumptions and beliefs about men and the consequences of non-compliance. Women often feel responsible for a man's state of arousal and feel responsible for providing release.

Shah and Chandra-Mouli (2007), discuss the persistence of inequities in health, with poor and other disadvantaged population groups bearing a disproportionately high burden of ill health which remains a public health, ethical and human rights challenge. Addressing inequities in health has been a central concern of development aid and government policies. Significant findings are the persistent differentials in access to and use of modern contraceptives by the wealth quintile.

2.3 CONSEQUENCES RESULTING FROM UNWANTED PREGNANCY

According to Grant and Hallman (2008), the South African Department of Education reported that 30 percent of non-enrolled and non-matriculated 15–18 year-old females named pregnancy as the primary reason for not continuing their education. Even though most schooling disruptions are attributed to economic constraints, among 20–22-year-old females who have experienced a schooling disruption, more than one-fourth attributed their disruption to pregnancy.

Unwanted pregnancy has an enormous impact on a young woman's life. Faghihzadeh et al. (2003), indicated that there are psychological responses to abortion that must be considered in

comparison to the psychological impact of the alternatives for resolving these unwanted pregnancies, such as adoption or becoming a parent. Indications are that there has been little scientific research about the psychological consequences of adoption, therefore researchers speculate that it is likely that the psychological risks for adoption are higher for women than those for abortion because they reflect different types of stress. Stress associated with abortion is an acute type of stress that usually ends with the procedure whereas with adoption and with unwanted childbearing, the stress may be chronic for those women who continue to worry about the fate of the child. On the other hand, Dwyer and Jackson (2008), argue that young women who respond to pregnancy by having an abortion experienced higher rates of mental health problems.

Clearly it is not only the women who experience problems during or after their unwanted pregnancies, but that children born from these pregnancies may also be at risk for various adverse birth outcomes, including neonatal death, congenital anomalies and very low birth weight. They may also experience long-term psychosocial difficulties such as low educational attainment, criminal behaviour, and poor social and emotional adjustment in adulthood (Herman et al., 2006). According to Barber, Axinn and Thornton (1999), the consequences for children born as a result of unwanted pregnancies are more severe than any other form of pregnancy such as mistimed pregnancy. Also Faghihzadeh et al. (2003), indicated that babies born to young parents are at increased risk for a variety of health-threatening events, including physical, sexual and mental abuse, economic and educational deprivation, as well as neglect.

2.3.1 The experiences of pregnant women

According to Lundquist (2008), there is no lived experience comparable to pregnancy. In most cases, pregnancy, labour, delivery, and the postpartum period entail a wide range of new sensations and cryptic emotions for the pregnant women. Pregnancy also entails disrupted perceptions of subjectivity, and shifts in perceived spatiality and temporality. Although women may have similar experiences during their pregnancies, the assumption that their lived experiences are qualitatively similar is inaccurate. When they undergo analogous biological processes, for example, the willing and unwilling pregnant subjects describe their experiences in very different terms. One difficulty in providing an account of unwilling pregnant subjectivity is that many of the ambiguities and paradoxes experienced by the unwilling pregnant subject are also present, though perhaps reflected in different ways, in positively accepted and even in expressly intentional pregnancies.

For the pregnant woman who never positively accepts her pregnancy, the sense of splitting subjectivity is usually radically different to the experiential mother-child differentiation of chosen pregnancy. Women whose unwanted pregnancies must be carried to term may undergo the same basic biological processes as willing mothers, yet these processes are perceived or interpreted in substantially different ways. They cannot convey their pregnancy experiences in unequivocally positive terms. Therefore it makes sense that women undergoing unwanted pregnancies may suffer in silence, especially in cultures where motherhood is taken to epitomize the feminine gender role (Lundquist, 2008).

2.3.2 Child-Mother relationship

Parent-child relationships are a central component of social life, important in many ways for the individual well-being of both parent and child. Poor quality parent-child relationships are associated with psychological distress among parent and child, learning disabilities and anxiety disorders in children, withdrawn behaviour in daughters, and aggressive behaviour in sons. Research has shown that unwanted childbearing leads to lower levels of well-being among both mothers and children because the parent-child relationship is an important resource that children use to improve their aspects of well-being. On the other hand it is indicated that some children born as a result of unwanted pregnancies become wanted by the time they are born (Barber, Axinn & Thornton, 1999). Bronfenbrenner's theory also indicated the relevant features of any environment, including not only its objective properties but also the way in which these properties are perceived by the persons in that environment. Very few of the external influences significantly affecting human behaviour and development can be described solely in terms of objective physical conditions or events. The aspects of the environment that are most powerful in shaping the course of psychological growth are overwhelmingly those that have meaning for the person (Ngaujah & Dirks, 2003).

2.4 PREVENTION OF UNWANTED PREGNANCY

Philpott, Knerr and Maher (2006), indicate that the global burden of morbidity and mortality associated with sexually transmitted infection (STI) and unwanted pregnancy is a prominent global public health issue and an urgent need exists to amplify effective use of evidence based measures to diminish this burden. A study done by Shupe, Smith, Stout and McLaughlin (2000), indicated that a critical problem facing the field of maternal and child health is lack of local data for program planning and evaluation. Local health departments are

expected to correctly identify risk groups, develop strategies to decrease or ameliorate health problems, and to evaluate the effectiveness of those strategies. These tasks are virtually impossible without specific information about the local population.

According to Williams and Bonner (2006), unplanned pregnancy commands attention as a serious problem in the social, economic, political, and individual realms. Numerous attempts have been made to reduce the incidence of unplanned pregnancy, and birth control education has been investigated repeatedly as a key component of such efforts. Philpott, Knerr and Maher (2006), indicate that promotion of pleasure in the use of male and female condoms alongside safer sex messages is one strategic way of eliminating STIs and unwanted pregnancy, facilitating consistent use of condoms and boosting their effectiveness. This can be successfully accomplished through education. Furthermore, Chhabrah, Palaparthi and Mishra (2009), indicated that when safe abortion is available, it is not sought timeously and unwanted pregnancies develop beyond the legal limits for abortion. Awareness and availability of emergency contraception is therefore necessary, and through the Pregnancy Advisory Service, emergency contraception should be seen as a permanent solution, as unprotected sex does occur and is a fact of life.

According to Mantella et al. (2009), in post-Apartheid South Africa, women are constitutionally guaranteed protection and freedom previously unknown to them. This may have positive implications for women's ability to negotiate sexual protection with partners, thereby preventing unintended, unwanted pregnancy and decreasing their risk of HIV.

According to Brown (2010), one strategic and powerful way to help prevent unwanted pregnancy is to reduce poverty and help teens and young adults wait to have children until

they are prepared for the lifelong responsibilities of raising a child. And for those who are already parents, we should do all we can to help them plan for their future family goals and to think about how additional children might affect their relationship, their finances and their ability to be the best parents they can be. Shah and Chandra-Mouli (2007), agree on the basis that effective family planning programmes can reduce the fertility differential between the wealthiest and the poorest quintiles and make a major contribution to poverty reduction. On the other hand, MacPhail, Pettifor, Pascoe and Rees (2007), further explain that investing in family planning as a component of good reproductive health has benefits that go beyond the obvious prevention of pregnancy and reduction of disease burdens.

According to Williams and Bonner (2006), a better understanding of the variables associated with unwanted or unplanned pregnancy can help psychologists, educators and others to design and implement more effective methods for reducing the number of unwanted pregnancies.

The fact remains that male and female condoms remain the only methods available that guard against unwanted pregnancy and STI, including HIV infection, during sexual intercourse. Although this fact is widely accepted, and male condoms have been a primary component of sex education over the past 20 years, disappointing gains have been made in increasing widespread use of condoms. Studies on the barriers to condom use have largely focused on supply, access and affordability, and only infrequently on demand. Obstacles to condom use include the extra effort needed, embarrassment, and the perception of reduced pleasure (Philpott, Knerr & Maher, 2006).

2.5 CONCLUSION

The increase in unwanted pregnancies is a serious social problem; it causes disruption of life activities in the world of these young unmarried women. Young women undergo several changes during their development. These changes include responsibility, gradual preparation for vocational or professional work through education, emancipation from parents, and various adjustments in society. Most of these processes are affected by unwanted pregnancy (Hardman et al., 1990). The focus should, therefore, be on exploring the factors that contribute towards unwanted pregnancy among these young unmarried women.

Chapter 3

METHODOLOGICAL FRAMEWORK

3.1 INTRODUCTION

The purpose of this chapter is to discuss the research methodology used to collect data with the aim of testing the assumptions and answering the questions in chapter one.

3.2 PERMISSION TO CONDUCT RESEARCH

Permission to conduct this research was obtained from the University of Zululand Senate Research Committee. Permission was also requested from the participants. The researcher explained the purpose of the study to the participants. Informed consent letters were given to all participants of the study and were signed and given back to the researcher (Appendix A).

3.3 RESEARCH METHODOLOGY

A triangulated design was utilized, which used a participatory action research approach involving focus group interviews and support groups informed by and assessed through quantitative and qualitative methods and techniques.

According to Levin (2003), action research is constructed by combining action and research. Accordingly, operating as an action researcher implies the capacity to link action and research, combining knowledge generation and problem solving in the same process. Connecting action and research is mandatory in order to identify research praxis as action research. According to Mc Dermott, Coghlan and Keating (2004), the goal is to make action

more effective while simultaneously building up a body of scientific knowledge. The central idea is that action research uses a scientific approach to study the resolution of important social or organisational issues together with those who experience these issues directly.

According to Schoen and Bullard (2002), action research is founded on a commitment to improve the quality of life of others through reflection and inquiry. Hampshire (2000), also indicated that the purpose of action research is to implement change and also to generate new knowledge. Action research is thought to be particularly valuable in bringing the practice divided by encouraging individual reflection, therefore it is a natural extension of reflective practice. Action research is participative and democratic. Mc Dermott, Coghlan and Keating (2004), also advocate that members of the system being studied participate actively in the cyclical action-reflection process outlined above. Such participation is frequently described as research with people rather than research on people

According to Mc Dermott, Coghlan and Keating (2004), research is the production of knowledge whereas action is the intentional modification of a given reality. Action implies consequences which modify a specific reality, regardless of whether the action is successful or not in terms of the intention to modify the reality in question in a determinate direction. It was further indicated that action research is both a sequence of events and an approach to problem solving. As a sequence of events, it comprises iterative cycles of gathering data, feeding it back to those concerned, analysing the data, planning action, taking action and evaluating, leading to further data gathering and so on. As an approach to problem solving, it is an application of the scientific method of fact-finding and experimentation on practical problems.

3.3.1 Selection of the sample

Ten young Black African Xhosa women, from eMbobeni, an economically disadvantaged area in Bizana in the Eastern Cape, participated in the study. The women were between the ages of 16 to 25 years, with a mean age of 19.70 and standard deviation of 3.20. Participants were chosen using purposive qualitative criteria: they were known to the researcher, were young women from a rural disadvantaged area, had experienced unwanted pregnancies which resulted in miscarriages or parenthood, were willing to share their experiences and partake in the action research focus group and support group process. The 10 participants were divided into two groups. Group 1 consisted of 5 participants whose unwanted pregnancies lead to miscarriages. Group 2 consisted of 5 participants whose unwanted pregnancies lead to parenthood.

A convenience sampling method was used in the selection of the sample for this study. The convenience sampling method was chosen purely on the basis of availability. Respondents were selected because they were accessible and articulate (Struwig & Stead, 2001).

According to Maree, Creswell, Ebersohn, Eloff, Ferreira, Ivankova, Jansen, Nieuwenhuis, Pietersen, Clark and van der Westhuizen (2007), this method refers to situations when population elements are selected based on the fact that they are easily and conveniently available. The motivation for the chosen community was based on accessibility to the researcher because the researcher had prior interaction and subsequent familiarity with the community situation and subjects since she was brought up in the same community. The population was also chosen because they shared the same experience (unwanted pregnancy).

3.3.2 Instruments of the Study

3.3.2.1 Quantitative data measures

The participants completed the Beck Depression Inventory - Second Edition (BDI-II) before and after the support groups. The BDI-II is a 21 item scale, which calculates a depression rating. Beck, Steer and Brown's (1996), scoring technique and norms were used. Participants completed the BDI-II before and after the support groups. The BDI-II questions, scored high by at least 3 out of 5 group participants, were focused on in the support groups.

The participants were given the Beck Depression Inventory - Second Edition (BDI-II), a psychological screening test for the purpose of tackling the way they had been feeling about their unwanted pregnancy prior to the support group offered by the researcher.

3.4 DATA COLLECTION

3.4.1 Focus Groups

Two qualitative focus group interviews were undertaken in order to acquire in-depth information and prepare the participants for the support group. Participants met at Bizana community hall, which was a safe environment to express their feelings. Data was collected over three days with different time slots allocated to the two groups. Focus group interviews were employed based on the assumption that group interaction would be productive in widening the range of responses, activating the forgotten details of experiences that the young women had gone through, and releasing inhibitions that could discourage participation and the disclosure of information. According to Terre Blanche, Durrheim and Painter (2006), a focus group is typically a group of people who share a similar type of experience, but a group

that is not naturally constituted as an existing social group. For example, our focus group consisted of young women who have experienced unwanted pregnancy but they do not know each other in the normal course of their lives. According to Forrester (2010), focus groups are advantageous for interaction between participants. The interaction among the participants gives the researcher more access to naturalistic processes of communication which includes storytelling, joking, arguing, boasting, teasing, persuasion, challenge and disagreement.

Audio recordings were used to collect the data from the discussions within the group and the researcher also made notes during the group discussions in order to formulate an intervention strategy to support the group members. Transcripts were written in a question by question format to capture what the group had to say regarding each question (Appendix B).

3.4.2 Support Groups

The two support groups were undertaken three days a week for two weeks totalling six sessions. Discussions covered the five systemic interactive, biopsychosociocultural factors which contributed towards the unwanted pregnancies, which emerged from the content analysis of the focus group interviews, as well as selected BDI-II questions.

3.5 DATA ANALYSIS

Due to the small sample size not being normally distributed, non-parametric quantitative data analysis was undertaken. Wilcoxon Signed Ranks Tests were used. Descriptive statistics were calculated. The data was analyzed using the SPSS statistical data analysis package. Inductive content analysis was used to evaluate the content of audio and written qualitative communications in order to ascertain higher order themes.

According to Elo and Kyngas (2007), content analysis is a research method for making replicable and valid inferences from data in its context, with the purpose of providing knowledge, new insights, a representation of facts and a practical guide to action.

On the other hand, White and Marsh (2006), describe content analysis as a research technique for making replicable and valid inferences from texts. Content analysis was employed due to the fact that it is a flexible research method that can be applied to many problems in studies, either as a method by itself or in conjunction with other methods. Cole, cited by Elo and Kyngas (2007), in their study defines content analysis as a method of analysing written, verbal or visual communication messages. The researcher has chosen to use inductive content analysis. This process included open coding, creating categories and abstraction. Open coding means that notes and headings were written in the text while reading it. The written material was read through again, and as many headings as necessary were written down in the margins to describe all aspects of the content.

The aim of employing inductive content analysis was to attain both a condensed and broad description of the phenomenon. The outcome of the analysis provided categories describing the phenomenon. Usually the purpose of those concepts or categories was to build up a model, conceptual system, and conceptual categories. The aim of grouping data was to reduce the number of categories by collapsing those that are similar or dissimilar into broader, higher order categories. When formulating categories by inductive content analysis, the researcher came to a decision, through interpretation, as to which things to put in the same category (Elo & Kyngas, 2007).

Content analysis was used in this study because it is an observational research method that is used to systematically evaluate the symbolic content of all forms of recorded communications. These communications can also be analyzed at many levels thereby creating a realm of research opportunities (Kolbe & Burnett, 1991).

3.6 ETHICAL CONSIDERATION

The ethical clearance was given by the University of Zululand for the research to be conducted. As this study involved working with individuals from different backgrounds, the ethics were taken into consideration from the onset in the process of recruitment, hence the informed consents were provided for participants. The participants remained anonymous, that is their identities were protected in the research report. Participation was voluntary and it was explained verbally to the participants that they were entitled to withdraw from the study at any stage. The participants were ensured of confidentiality. Counselling was available for participants, where needed, after the interviews. The recorded interviews and transcripts were kept in a locked filing cabinet, accessible only to the researcher.

3.7 REFLEXIBILITY

Throughout the research, the researcher was consciously aware of the way in which her personal values, experiences, interests and beliefs in life could influence the study. Much awareness was exercised in data interpretation, as this could probe the researcher's personal views, judgements, preconceptions and bias. The researcher needed to be aware of her own role within the research process and how she may have influenced the participants. The researcher needed to be continuously aware of how she projected her own subjective views onto the research, so as not to change the meaning and content of the information. The data collected may additionally have been influenced by the researcher's presence in the interview

procedure, prior to the analysis process. The presence of the researcher created a new system within the participants' suprasystem. This systemic shift may have influenced the participants' attitude towards her, affecting the interview process.

Chapter 4

RESULTS AND DISCUSSION

4.1 INTRODUCTION

The first purpose of this study was to explore the contextual factors contributing towards unwanted pregnancies in young unmarried women from the community of Embobeni, which has traditionally been an economically disadvantaged area in Bizana in the Eastern Cape Province. The second purpose was to offer support groups for these young women.

In this chapter, the results of the research process will be presented and discussed. The chapter will conclude with a summary of the key issues derived from the study. In order to gain understanding and knowledge from the vast amount of data obtained through the interview process, content analysis was utilised. The use of content analysis provided the empirical basis for monitoring shifts in public opinion. It was a useful technique for allowing the researcher to discover and describe the focus of individual, group, or social attention. Content analysis extended far beyond simple word counts, however. According to Stemler (2001), what makes the technique particularly rich and meaningful is its reliance on coding and categorizing of the data.

In the sections that follow, verbatim accounts are provided as verbalised by the participants of the study, which provide support and evidence for the categories and subcategories. Each category will be coded and considered in relation to the existing literature as outlined by the literature review.

Five categories were identified in this study, namely: background and parenting, stigma towards contraception; restriction, carelessness and ignorance; power and pressure from partner; and shift of responsibility. There was also an additional category about the stressors and experiences of young women during and after their unwanted pregnancy. This additional category was identified within the study as a means of offering support to the young women. The support was offered in two groups according to the young women's experiences, one being the experience of miscarriage, and the other the experience of becoming a parent.

The data was framed by the theory of Bronfenbrenner (1994), the ecological models of human development. Ngaujah and Dirks (2003), explained the environmental context in which the growing person acquires a more extended differentiated and valid conception of the ecological environment. The person becomes motivated and able to engage in activities that reveal the properties of, sustain, or restructure that environment at levels of similar or greater complexity in form and content as the major role.

For the purposes of anonymity and assuring the protection of the participants' identity, the participants will be referred to as 'Participant'.

4.2 BACKGROUND AND PARENTING

The subjects that arose in this specific category were associated with the participants' background and their relationship with parents which presented as the determinant for their unwanted pregnancies and the stress related to it.

4.2.1 Experiences and Relationships

The participants in the study believed that their parents were not taking part in their life activities to the extent that they had to figure out everything about the world themselves. They believed that parents were embarrassed to discuss sexual activities and the dangers associated with sexual activities with them. They also believed that their parents were either too strict or too permissive so they had to experience the world on their own; they had no point of reference because the parents were unreachable.

“My father is a Christian person so I had to watch what I say to him, I felt like he was going to think that I am disrespecting him when I ask about when to involve myself in sexual activities and what is it that happens, and therefore when I had a chance to see my boyfriend I used it, whether there was protection or not, I never wanted to be pregnant. ” (Participant 8)

“My parents were always reflecting on the badness of boys, if you had a boyfriend you were a bad person with no respect for parents, I felt like I would had been disobeying my family rules if I told them I had a boyfriend, I felt they were too strict, it felt like they were expecting too much from me, I felt like they were treating me like a 2 year old and I had to prove myself.” (Participant 1)

“My mother was always too busy, she approved of everything I did, she never had time to really check what was going on with me, when I told her I have seen a guy, she would say, go for him if u like him, I felt like she did not care, and my boyfriend was always there, I never wanted to have a baby but I had no choice.” (Participant 4)

The responses as depicted above are subjective views of how these participants view their own experiences of contributing factors towards unwanted pregnancy. The responses included the way they grew up, their relationships and communication with their parents.

Literature had shown that, for young women who had experienced early life distress, having a child can be seen as a relatively 'ordinary' behaviour. This does not imply that birth was not a major event for these women, but that compared with events before pregnancy, it was relatively mundane. More than one young woman, on finding herself unexpectedly pregnant, said that she had 'just got to get on with it'. This type of comment might be interpreted as a sign of fatalism; it also indicates a stoicism and realism in the face of hardship and lack of opportunity (Aria, 2003). Basically the culture and society in which an individual grows up and lives, contributes to how the individual feels about her life and sexuality (Maholo, Maja & Wright, 2009).

Previous findings seem to be in line with the study by indicating that parents' failure to contribute was reflected in their inappropriate communication with their daughters regarding the developmental changes and realities of life. The literature has reflected that mothers would share false or vague information with their daughters regarding sexuality issues, starting with their menstruation. The literature also has shown that it is a concern when young girls are not adequately informed or prepared for menstruation as they become negative and may not know what to do or how to behave. Lack of appropriate information may also lead to young girls' vulnerability to risky sexual behaviour. One study showed evidence that mothers or grandmothers provide statements or instructions without explanations (Maholo, Maja & Wright, 2009).

Previous research has also found that poor quality parent-child relationships are associated with psychological distress among both parents and children. Parent-child relationships happen to be the central component of social life, important in many ways for the individual well-being of both parents and their children (Barber, Axinn & Thornton, 1999).

The subject that arose from the participants in the study reflected on their individual experiences in relation to their unwanted pregnancy which occurred as a result of the relationships they had with their parents. It was clear enough that the young women had mixed messages from peers, the media and so many other irrelevant sources but they did not have a point of reference to assure and guide them between right and wrong.

Parents wanted what was best for their children but it was clear enough that the role they had to play concerning sex and sexuality needed to be addressed as early as in childhood. These young women who had gone through the experience of unwanted pregnancy enlightened the research study about how deprivation of good parent-child relationships had impacted on their risky behaviour. The research study was also informed of the importance of availability, understanding and support from the significant parent figure in the prevention of unwanted pregnancy for these young women. As some participants had reflected their feelings by stating *"I feel my mother was too permissive"*, it appears to communicate a cry for help, needing structure and guidance.

Bronfenbrenner's Bio-Ecological perspective on development gave an insight lens for understanding the environment these young women grew up in. It was indicated that the world of every individual consists of four systems of interactions: microsystem, mesosystem, exosystem, and macrosystem. Within these systems it was stated that each system depends on

the contextual nature of the person's life and offers an ever-growing diversity of options and sources of growth (Swick & Williams, 2006). For these young women who had experienced unwanted pregnancy it was clear that there was a breakdown in their ecological system.

Bronfenbrenner described the first system, the 'Microsystem', as a system that consists of the most immediate environment of an individual, which is where an individual starts learning about the world and also has a source of reference (Swick & Williams, 2006). Parents served the purpose of the microsystem and it emerged that they had failed the young women's expectations, therefore allowing the breakdown of the system to take place. As a result, in the study, participants pointed out the lack of support from parents and point of reference as a contributing factor to their unwanted pregnancy.

4.3 STIGMA TOWARDS CONTRACEPTION

The findings in this category indicated that young unmarried woman who experienced unwanted pregnancy for the first time had certain perceptions towards contraception use. The research revealed that women were not using contraceptives consistently due to the stigmas, for example they might not have babies if they used contraception before having their first child. On the other hand, specifically looking at condom use, these young women felt that they would appear to be a 'slut' in the eyes of their partner if they negotiated for condom use, which would jeopardise their relationship, therefore they were at risk of unwanted pregnancy.

Bronfenbrenner's perspective gave an insight in terms of systems functioning if we look at the third system, the exosystem. This is composed of the context that, while not directly involving the developing person, has an influence on the person's behaviour and development through the limitations of health services in rural areas for the young unmarried

women who find themselves experiencing unwanted pregnancy. This system is seen as an extension of a mesosystem, which embraces specific social structure, both formal and informal. It does not contain the developing person but impinges upon or encompasses the immediate settings in which the person is found, and thereby delimits, influences, and even determines what goes on there (Bronfenbrenner, 2005). In the study it was revealed that stigmas and lack of provision of health services had affected the young unmarried women.

“My friends used to say I am decreasing the opportunity of having a child, they told me that pills are damaging my system therefore I might be infertile and my health will also be affected, I never wanted to be pregnant yet I felt I had an option of using emergency contraceptives but I felt I was disadvantaged because I am living in rural areas where it’s difficult to get hold of any method of protecting yourself.” (Participant 7)

“My other friend told me that the injection was going to ruin my body, I felt like I was failing my boyfriend and I also did not want to have an ugly body, I decided to use a condom but we never used it constantly, I felt like I did not have enough information concerning contraceptives and I was young, I did know about emergency contraceptive but I didn’t know where to get them.” (Participant 8)

“I did know that there were emergency contraceptives but I was afraid of using them because we were always told that they are dangerous, I was scared of losing my life or my fertility, I felt that I must ask but I couldn’t because no one knew that I was sexually active.” (Participant 3)

In past research conducted by Macleod and Tracey (2010), it was indicated that most often young women are admonished to stay away from boys, meaning that abstinence rather than contraception is emphasised, therefore they are not knowledgeable about emergency contraception. Indications were that they had poor knowledge when it came to contraception. It was clear that young unmarried woman from rural areas had limited or no knowledge, unlike the young women from urban areas who happen to have some knowledge when it comes to emergency contraception. Literature had also indicated that young women in Tshwane know about contraceptives, yet this knowledge is not necessarily associated with effective usage. It can be argued that this is due to young men and women being exposed to messages regarding sexuality and contraception from a variety of sources. These include elders, peers, the mass media, as well as formal, institutional sources such as life skills programmes and family planning services. On the other hand parents are enjoined by a variety of sources to speak openly to their children about sexuality and to provide sex education. However, this may be an unrealistic expectation, as recent research indicated that it is generally difficult for parents to engage in this kind of interaction with their children. This was also indicated by the participants in the current study.

Studies conducted in the United States of America by Aria (2003), indicated that analyses of awareness and use of contraception have shown that young people are often knowledgeable about contraception, including emergency contraception, and that young women who become mothers are not necessarily hesitant about approaching their general medical practitioners for contraception before conception. Macleod and Tracey (2010), seem to agree by indicating that contraception usage appears to be increasing, but this varies considerably depending on a number of factors including location and education. Conversely, the study done by Maharaj and Rogan (2008), indicates that even though emergency contraception is rated as a core

contraceptive option in South Africa and is recognized as an especially useful method for young people, sexual activity is often unplanned and sporadic, and usually unprotected. Though it is clear that emergency contraception can provide a backup for barrier methods of contraception, and can prevent unwanted pregnancies in women who do not use or have no continuous access to a particular contraceptive method, the main problem seems to be lack of knowledge regarding these emergency contraceptives, access to them, and the use of them.

Blanc, Tsui, Croft and Trevitt (2009), seem to argue a different view by indicating that young women use contraceptives continuously over sustained periods of time, and discontinuation occurs for reasons of failure, method features such as side effects or convenience of use, or change in need. Some women stop using contraceptives altogether or immediately switch to another method, whereas others experience a gap in pregnancy protection of a month or more. Discontinuation is a particularly important issue for adolescents and young women because they tend to have more limited access than older individuals to family planning, as well as more unpredictable and irregular sexual activity, and are probably less knowledgeable about how to use contraceptive methods effectively. Macleod and Tracey (2010), also pointed out the stigma that comes with the use of condoms such as the belief that young women's carrying of condoms or insistence on their use during sex may be seen as a sign of promiscuity, infidelity, or HIV infection.

The participants in the study have also indicated access to and lack of knowledge about contraceptives as the major issue that seems to be the determinant of their unwanted pregnancies. Blanc, Tsui, Croft and Trevitt (2009), also indicated that there are many barriers to the use of family planning services by young people including fear, embarrassment, cost, and lack of knowledge. Some family planning programs continue to restrict unmarried

women's access to contraceptives. Basically, contraceptive practice among young unmarried women appears to involve much experimentation and inconsistent use.

This category presented by participants in the research study had indicated lack of knowledge about contraceptives and risky behaviour due to the stigmas surrounding the use of contraceptives. The study had also revealed the way young unmarried women perceived sexual activities, starting with shame, judgement by the parents, family and the community at large. The geographical area in which the participants grew up and lived seemed to impact greatly on the incidence of unwanted pregnancies by young unmarried women, as one of the participants indicated that “she felt disadvantaged because she was living in a rural area where it is hard to get hold of information and services”.

4.4 RESTRICTIONS, CARELESSNESS AND IGNORANCE

The subject that emerged in this category was the ignorance towards protection against unwanted pregnancy, despite the fact that participants knew that they were not ready to be parents and they had not wanted to be pregnant. It appeared that participants were blinded by many things and therefore failed to concentrate on their sexual lives even though they were sexually active. This category indicated that participants were well aware of the procedures to follow in order to avoid and prevent unwanted pregnancy, but their carelessness and ignorance was exposed. This category also depicted that ignorance and carelessness were not the only factor but might have been as a result of restrictions posed on these young unmarried women by the society (families) they lived in.

“I was using condoms constantly to protect myself because I knew that I was still studying and therefore could not afford to be pregnant, but it was just one day where the condom burst

and I was very busy preparing for my examinations that I couldn't attend to my problem and it slipped out my mind that I had to buy emergency contraceptives.” (Participant 5)

“When I got pregnant, I felt I was not in my right senses because I was drunk and couldn't lose the opportunity to meet my boyfriend because he was going back to work the following day, other than that living in rural area restricted me in many ways because I was not able to plan my sexual activities, things are so far to reach or not even available, so I used to do things without thinking about the consequences, another thing was that if I was using condoms I needed to hide them from my family because I was not allowed to be involve in sexual intercourse. Even though I had information on protecting myself from unwanted pregnancy I couldn't because of restrictions.” (Participant 10)

Blanc, Tsui, Croft and Trevitt (2009), argued about the reproductive choices made by young women and men which tend to have an enormous impact on their health, schooling and employment prospects, as well as their overall transition to adulthood. Bana, Bhat, Godlwana, Libazi, Maholwana, Marafungana, Mona, Mbonisweni, Mbulawa, Mofuka, Mohlajoa, Nondula, Qubekile and Ramnaran (2010), indicated that alcohol consumption has increased in South Africa because of decreased controls over production. They pointed out that the sale and availability of alcohol, combined with other local cultural factors, affect both males and females. It is probable that this may lead to an increase in episodes of unprotected sex, which in turn may contribute to an increase in STIs and unwanted pregnancies.

This seemed to promote an attitude of carelessness among young people at large, especially young unmarried women who reported that they did not want to be pregnant yet still involved themselves in risky behaviour that predisposed them to unwanted pregnancy. Alcohol seemed

to be the external locus of control for young women who experienced unwanted pregnancy. This may be due to ignorance and carelessness about the precautions that needed to be taken in order to prevent unwanted pregnancy. Aria (2003), emphasised the sexual attitudes and lack of knowledge of young women who find themselves in the situation of unwanted pregnancy. In the study it was reflected that the incidence of early pregnancy was explained with reference to the effects of embarrassment or confusion about sex, poor knowledge about how to prevent conception, and ignorance about contraception. However, it had been reflected that the mixed messages and ignorance were explanations that emphasised current policy, meaning that there was greater accessibility in certain communities to contraception and sexual health education/information for young people.

The participants in the study had reflected on the restrictions by their communities which predisposed them to ignorance and carelessness regarding their sexual activities, resulting in their unwanted pregnancy. Anderson, Smiley, Flick and Lewis (2000), argued about the characteristics of the community that influences the rate of sexual activity in unmarried young women, starting from ethnic factors and religious beliefs to other factors. Aria (2003), indicated the relationship between deprivation and early parenthood, which is recognised in early childbearing in young women. Low expectations for their lives by the young women predispose them to early childbearing. The young women who have been disadvantaged in childhood and have poor expectations regarding education or the job market, are the most vulnerable candidates for unwanted pregnancy.

Berk (2000), indicated that exosystem can have a huge affect on the child. In their study it was indicated that parents' responsibilities, such as their work place, affect the well being of their children. If they are not managed well, parents come back home with their stressors and fail

to attend to their children. This type of failure by these significant people exposes the child to situations such as unwanted pregnancy because they usually find another source of reference, whether a member of the community or a friend, who may not give them correct information.

The information that emerged from the participants reflected the value of community/society as the determinant in their individual decisions as young women. It was revealed in the research study that the community/society reinforces behaviour of young people, whether it's negative (ignorance and carelessness) or positive behaviour.

The research study revealed that young unmarried women were pushing the blame onto the whole community, meaning they failed to take personal responsibility for their own actions. The research study also acknowledged the fact that young rural South African women are still disadvantaged in terms of their knowledge concerning conception and provision of services, such as family planning. A research study by Chhabra, Palaparthi and Mishra (2009), indicated that young women from rural areas who experience unwanted pregnancy are most likely to have less education or are either ignorant of or have no access to contraceptives or safe abortion.

Chhabra et al. (2009), pointed out factors that could protect these young women from unwanted pregnancy, such as school involvement that will determine higher achievement and grades, as higher educational expectations are all associated with delay in childbearing. When these women do not have goals to achieve, even when going to school, they are most likely to involve themselves in risky behaviour such as substance abuse and unprotected sex. Sable, Libbus, Jackson and Hausier (2008), indicated in their research study that young people view social support as a strategy to gain their trust and to change their behaviour. The literature

suggested that consistent social support from family, friends and others may help reduce stress and improve compliance with the intervention material, and instrumental support could include transportation to family planning clinics and financial assistance for services. Emotional support will enable the young women to see that they are respected, loved and cared for by others as individuals.

The research study revealed that the chronic emptiness felt by young women led to ignorant and careless behaviour, and lack of support from their families restricted their thinking, thereby exposing them to risky behaviour that led to unwanted pregnancy.

4.5 POWER AND PRESSURE FROM THE PARTNER

The analysis of this category revealed that there was a power imbalance within the relationships of the young women who found themselves experiencing unwanted pregnancy. This category revealed that young women found themselves in relationships where they had neither the control nor the power to initiate safe sex. It was also revealed that the instance of power imbalance took place because of the pressures of poverty, where the young women felt compelled to have sexual intercourse with the men because they were giving them material things including money, and age, where the male partner is older than the woman. There was also pressure from the male partner.

“My boyfriend was a taxi-driver and older than me, I was afraid of him and I had to do everything to please him, besides he used to do every nice thing for me, but I told him I did not want to have a child and he told me that he is not fertile, he will not impregnate me.”

(Participant 3)

“I felt my boyfriend had all the power in our relationship not because he was abusive but because I did not know anything then, he had to teach me everything, he was my first boyfriend, and he told me I will not get pregnant on my first time, when I was pregnant he told me that I was not a virgin, that I lied to him, and he left me. I felt deceived and there was no way out for me because I did not even know about contraceptives and I heard about abortion but I was scared and I wouldn’t even have known where to start.” (Participant 9)

“I grew up in a family where everybody knew that my father was the head, he gives out instructions and everyone must follow those instructions, when I met my boyfriend I knew I was supposed to submit to him, to show him that I respected our relationship, it was difficult for me to initiate for safe sex because I thought he was going to think that I’m a “slut” it is in my culture to submit to a man but it costed me a lot, because I ended up experiencing unwanted pregnancy.” (Participant 10)

The literature review seemed to be in line with the findings as it had indicated that young women did not see themselves as active agents in their own sexual lives. They reacted to males’ requests with an answer they possibly thought they should have given. They did not know how to use their own experiences of pleasure, discomfort or uncertainty as the basis for a direct or explicit response to a request for sex. They acted according to the belief that men were the sexual agents and in control of sexual events (Lesch & Kruger, 2003). The findings were in line with the literature but with deep and in-depth information that ought to explain why these young women gave the power of control to their partners or failed to initiate for safe sex. Yasan, Tamam, Ozkan and Gurgun (2009), indicated in the research study that sexual behaviour differs according to gender in various cultures.

The literature of Mantella et al. (2009), had also pointed out that gender, like race, is socially constructed, with rights, access to resources, power, participation in public life, and is interpreted through a cultural lens. Consequently, expectations about how women and men should behave are structured by cultures and societies which influence the way in which sexual interactions are negotiated. Although new gender norms may have evolved in the post-apartheid context, the structure of persistent gender relations and ensuing power dynamics means that some women are less empowered and less capable of negotiating protection with partners than others. Although they may be more likely to adopt empowering gender norms, they may still be expected by parents and partners to subscribe to traditional gender-role hierarchies that characterized their parents' generation.

The research study revealed that there is so much that needs to be done especially among young rural and disadvantaged women. The findings of the study had indicated that the power imbalance between genders because of cultural beliefs and poverty has taken a leading role in the determinants of young women's behaviour. It was clear that some communities in rural areas are still oppressing women despite the freedom given to women by the government, and this is because of the women's sense of belonging and acceptance. Unwanted pregnancies seemed to be the result of many intertwined factors that need resolution. Mantella et al. (2009), also indicated that although the South African Constitution protects women and enforces their rights, women are not necessarily empowered to protect themselves. On the other hand, Maholo, Maja and Wright (2009), also argued in their study that the culture and society in which an individual grows up and lives, contributes to how the individual feels about her life and sexuality. Gilbert and Walker, cited by Maholo et al. (2009), also indicated that gender norms encourage men to engage in risky sexual behaviour

and the subordinate female status entrenched in many African societies, contributes to the high rate of unplanned pregnancies.

The research depicted that the power imbalances and pressure accepted by young women from their significant partners is a result of their childhood experiences; it is the way they were brought up that determined their behaviour and attitude towards their partners. It was also revealed that young women needed the support from significant individuals (families) during their transformation into adulthood. Culture is a way of living, therefore it should not deprive young women of the opportunity to experience life as it happens, while being protected and free to share their views and perspectives about their lives.

4.6 SHIFTING RESPONSIBILITY

The subject that emerged out of this category was the shift of responsibility by young women to their partners. The category revealed that young women did not take responsibility for their sexual lives because they were expecting their partners to take charge. The shifting of responsibility seemed to be supported by culture and traditions as males were seen as active subjects culturally. Yasan, Tamam, Ozkan and Gurgen (2009), indicated that traditional double standards allow and encourage men to have premarital sexual experiences, whereas women are prohibited from displaying the same behaviour, and such behaviour in women is condemned and considered immoral.

“I expected my man to be the leader of the relationship therefore I was expecting him to take control and I trusted that he was not going to impregnate me, as we both agreed that we were not ready to have a child.” (Participant 9)

“I grew up knowing that the man is the head of the house and you follow his steps as a woman, as a sign of respect for him. My boyfriend never wanted to use condoms and I never thought of using contraception besides I didn’t know much about them.” (Participant 10)

The category revealed that young unmarried women shifted the responsibility to their male partners because of their own personal beliefs on how the relationship should be and also because of the influence of society. According to Bronfenbrenner’s theory (1994), microsystem appeared to have had a huge impact on the behaviour of these young women. Microsystem was a pattern of activities, social roles, and interpersonal relations experienced by the developing person in given face to face settings with particular physical, social, and symbolic features that invited, permitted, or inhibited engagement in sustained, progressive interactions with the environment.

4.7 THE EXPERIENCES OF YOUNG WOMEN

The research study has revealed that young women faced enormous experiences before and after the challenge of unwanted pregnancy. Unwanted pregnancy brought about unpleasant experiences and many consequences into the lives of these young women. The South African government had cited the high incidence of unwanted pregnancy among youth as one of the major challenges facing the country. The research has pointed out that unwanted pregnancy has been cited as the major problem, neglecting the factors that may have contributed towards these youthful unwanted pregnancies. Young women face so many stressors and they receive no support.

The research study identified a need for young women who experienced unwanted pregnancy to be supported. They were then differentiated into two groups with the aim of rendering

psychological support for women who shared the same experiences. The first group consisted of young women whose unwanted pregnancy resulted in parenthood, and the second group consisted of young women whose unwanted pregnancy resulted in miscarriages due to the stressors associated with these unwanted pregnancies.

4.7.1 First group

The participants shared their experiences and difficulties relating to their unwanted pregnancy and becoming a parent. This group shared their struggles in the journey of becoming and being a parent. In the beginning of the support group, participants were given the Beck's Depression Inventory to assess the level of emotions and also to help them deal with the feeling.

“When I found out that I was pregnant and knowing that I did not want to have a child, that was so stressful, but the most stress was caused by my family who literally pointed out that I was an embarrassment and have disappointed them; it was much difficult after the birth of my child, I felt I have caused disgrace for my family, as I was also schooling I had more pressure and I had to focus between taking care of the child and not neglecting my studies.” (Participant 3)

“There was nothing painful like knowing that I was a mother but couldn't be a good enough mother to my child. I couldn't provide the basic needs for my child and my child became my mother's child. She was more like a sister to me and no one in the community knew that I had a child because I was taken away from my community and I stayed with my aunt for the period of pregnancy. It was more difficult during my pregnancy I even felt like I did not deserve to leave, my boyfriend disappeared after I announced the news that I was pregnant

and I wanted to do an abortion but I did not know anything about the process of abortion.”

(Participant 4)

“For me I find that it is so stressful to have a child in your youth years, I feel my life is stuck because I cannot do what other women of my age are doing because I have a child, my mother always remind me when I want to go out that I am a mother and I have to take responsibility, even when I go to the shop I feel stressed because I have to think for the child first before I buy myself something or I will be guilty, sometimes the child get sick and I don't sleep.” (Participant 2)

According to Coleman (2006), it was indicated that it is difficult to make a decision regarding whether or not to go through with an unwanted pregnancy for any woman of any age since it affects all aspects of her life. Therefore, young women find it difficult to make decisions due to limited experience, current developmental limitations and challenges, and pressures exerted by others. The study done in Australia and New Zealand by Dwyer and Jackson (2008), also indicated that unplanned or unwanted pregnancy can be a major crisis for women of any age and it also affects the state of their mental health. But the important point is that many of the factors that make a pregnancy unwanted are in themselves stressful, unaddressed, and could perhaps be expected to be associated with lower scores on tests of mental health. The experience of sexual violence or coercion, lack of a supportive partner, poverty, and the factors that lead to lack of confidence in parenting ability are all challenging.

According to Grant and Hallman (2008), the availability of adult women in the household to share domestic responsibilities may be crucial following the birth of a child to an adolescent/young women when care-giving demands for the baby would otherwise make the

girl's return to school prohibitively difficult (“... *as I have to take care of my child and do not neglect my studies, I find it difficult ...*” (Participant3).

4.7.2 Second group

In this group the young women reported on their experiences concerning unwanted pregnancy and the journey to their miscarriages. It emerged that these young women had accepted their unwanted pregnancy and they were preparing themselves to be parents but unfortunately for them they did not make it through to motherhood. This group was also given the Beck's Depression Inventory to assess the level of emotions and also to help them deal with the loss and the stress associated with it.

“It was very difficult for me when I found out I was pregnant and I never wanted the pregnancy, but I accepted at the second month because at home they are religious people and do not believe in abortion, besides I didn't know anything about abortion or contraceptives, I was always under stress because my father use to reflect on how bad I have disgraced the family I felt like killing myself, one day on my third month of pregnancy I was by myself and I bled so bad that I couldn't do anything about it, then I was told that I lost the baby, and I had to live like nothing had happen after the miscarriage, I felt so empty and I didn't have anyone to talk to.” (Participant 8)

Bronfenbrenner (2005), indicated that if good interaction exists between the child and the parent, their friends and other people, it can help with their development. More specifically, if parents are present in the lives of their children, are supportive and establish good emotional attachment with their children, the child will develop optimally. However, if these interactions do not exist within an individual's environment their wellbeing is at risk, which

then further affects the intellectual, emotional, social and moral aspects of their lives. On the other hand Logsdon and Gennaro (2005), indicated that the macrosystem in the external environment consists of comprehensive influences that are out of the individual's control. Examples of influences in the macrosystem include the young woman's ethnicity; demographics such as parental age, education, occupation and income; and the safety of the neighbourhood in which she lives.

The research study identified that young women who experienced difficulties in their lives had little or no support. Their ecological systems had broken down and therefore they had no direction in making crucial decisions about their lives. However, that exposed them to so many challenges including unwanted pregnancy.

4.7.3 Results

There were two support groups (group 1 and 2). Group 1 - support group for women whose unwanted pregnancies resulted in parenthood. Group 2 - support group for women whose unwanted pregnancies resulted in miscarriages. The tables below indicate the scores of the support groups' pre and post-intervention Beck's Depression Inventory - II data.

Table 1: Support Group 1 and 2 Pre and Post-intervention BDI-II scores - Wilcoxon Signed Ranks Test (N=10)

	Pre-intervention		Post-intervention	
	Mean	SD	Mean	SD
BDI-II score	25.20	10.37	10.10	4.9

* p<.05, ** p<.01

Table 1 refers to the mean and standard deviations of the 10 participants' pre and post support group BDI-II scores. The Wilcoxon Signed Ranks Test indicated significance at the 1% alpha level between pre and post support group ($p = 0.005$).

Table 2: Pre and post-intervention BDI-II scores for group 1 - Wilcoxon Signed Ranks Test (n=5)

	Pre-intervention		Post-intervention	
	Mean	SD	Mean	SD
BDI-II score	18.00	8.12	6.80	2.05

* $p < .05$, ** $p < .01$

Table 2 refers to the mean and standard deviations of the 5 group 1 participants' pre and post support group BDI-II scores. The Wilcoxon Signed Ranks Test indicated significance at the 5% alpha level between pre and post support group ($p = 0.039$).

Table 3: Pre and post-intervention BDI-II scores for group 2 - Wilcoxon Signed Ranks Test (n=5)

	Pre-intervention		Post-intervention	
	Mean	SD	Mean	SD
BDI-II score	32.40	6.80	13.40	4.83

* $p < .05$, ** $p < .01$

Table 3 refers to the mean and standard deviations of the 5 group 2 participants' pre and post support group BDI-II scores. The Wilcoxon Signed Ranks Test indicated significance at the 5% alpha level between pre and post support group ($p = 0.042$).

In both support groups the young women responded positively and shared their experiences. They reflected on so many factors that contributed towards their unwanted pregnancy. They also pointed out what they think should be done that might be of assistance to them and other young women in the future. The provision of health services in rural areas; education concerning contraceptives, and positive and communicative relationships with significant people such as parents, are the primary goals for these young women. According to Logsdon and Gennaro (2005), social support is a powerful force in preventing adverse maternal and infant outcomes in the pregnant adolescent, and can come from several sources in the environment. Effective or adequate support matches the needs and preferences of the recipients.

On the other hand, the lack of a support system was not the only determinant of unwanted pregnancy among young unmarried women. According to Kothari (1999), other professionals have roles to play such as physicians who must give counselling concerning contraception and also check the level of knowledge about contraceptives when they see patients including these young women.

The study concluded that unmarried young women faced a lot of challenges that expose them to unwanted pregnancy and therefore they need support to face those challenges from all the significant individuals in their lives. The study also revealed that societies need to be actively involved in the development of these young unmarried women. Background and parenting; stigma towards contraception; restriction, carelessness and ignorance; power and pressure from a partner; and shift of responsibility were then identified as the contributing factors towards unwanted pregnancy among young unmarried South African women. These factors need more exploration in order to arrive at a preventative strategy.

Chapter 5

CONCLUSION

5.1 INTRODUCTION

This chapter will present a discussion concerning the contributions which this study offered. Moreover, this chapter will also deliver a discussion that examines the limitations of this study. Finally this chapter will also serve in providing recommendations for societies and for further research options.

5.2 SUMMARY OF THE STUDY

The study explored the factors contributing towards unwanted pregnancy and the experiences of young unmarried women who endured unwanted pregnancy at some time in their lives. Support was also offered to these young women. The study sought to determine what young unmarried women thought were the factors contributing towards unwanted pregnancy, as well as what their experiences were. This study highlighted the perspectives held by these young unmarried women of the factors that contributed towards their unwanted pregnancy, thereby providing a platform through which they were able to give voice to their own experiences. These overall or shared experiences, as individually described by each youth, were synthesised into a single integrated account. This account served to present the collective meaning of the factors contributing towards unwanted pregnancy and offered support for the participants that were interviewed.

5.3 SUMMARY OF FINDINGS AND CONCLUSIONS

Five primary findings were arrived at along with an additional finding regarding the experiences of young women through the process of data analysis. These findings represented the overall descriptions of young women's experiences, and the factors contributing towards unwanted pregnancy. The findings also represent the subjective interpretations that the research study had offered in response to the information provided by the participants. It should also be noted that each of the findings was considered to have equal weighting, thus the order in which the findings have been sequenced, in no way reflects a hierarchy of importance. The findings that had been arrived at through the process of data analysis included: background and parenting; stigma towards contraception; restriction, carelessness and ignorance; power and pressure from partner; and shift of responsibility.

Young unmarried women face so many challenges in South Africa. Unwanted pregnancy is one of the challenges faced by young South African women, especially in rural areas. In the study the participants expressed how they felt about the factors contributing towards unwanted pregnancy. It was reflected that the community plays a huge role in the development of young people in general. The young women emphasised the lack of support from significant individuals including family. The study also revealed that the lack of knowledge and stigma around sexuality and contraception among young women were contributing factors towards unwanted pregnancy. Furthermore, the study also revealed that culture enforces certain behaviour in young people, as in the case of young women who failed to take responsibility for their sexual lives. It was revealed that the way the young women grew up affected the way they perceived themselves and their sexual responsibilities.

It was clear enough that these factors exposed the young unmarried women to unwanted pregnancy.

This study is important in the recognition of how context played a vital role in how the young unmarried women made the decisions surrounding their lives. In a systematic enquiry, this study has revealed that young women lacked support at a microlevel, and as a result they felt unloved. The contextual factors such as lack of parental support, stigma towards contraceptives, restriction, carelessness, pressure from the partner, and shift of responsibility, were the results of poor interaction between the young women's bio-ecological systems.

The ultimate conclusion that had been drawn from the findings in this study, suggest that young unmarried women experienced various difficulties and challenges in their lives. It is clear that there is a need for the contributing factors towards unwanted pregnancy among young unmarried women to be addressed. Despite these challenges and difficulties that were encountered, participants appeared to remain relatively content with life in their societies, even though they had lost much of their dreams. Moreover, the participants also appeared to demonstrate a greater interest in support provided by the research study and also expressed how important it is to give knowledge to young people and their communities at large to prevent the challenge of unwanted pregnancy.

5.4 LIMITATIONS OF THE STUDY

A major challenge that the researcher faced was the fact that the topic of the study is very sensitive, therefore it was difficult for some of the participants to open up. What also contributed to those particular participants not opening up was that they felt uncomfortable speaking in front of the tape recorder. The researcher had to translate the questions for two

participants into the language that they were familiar with. The questions were initially designed in English and two of the participants did not understand English. The researcher, therefore, had to translate into their home language, which is isiXhosa. The translation process was a challenge as some of the English words do not have a direct translation to isiXhosa, and that resulted in the participants not responding accurately.

Another limitation of the study was the fact that the participants came from only one area of the Eastern Cape, Embobeni village in Bizana, which might be causing generalization throughout the entire study. Therefore generalization might prevent the study from showing a true reflection of the topic researched.

5.5 SIGNIFICANCE OF THE STUDY

This case study, although it only speaks for itself and cannot be accountable for other similar case studies, does give a point of reference. Little research has been done on the contributing factors in unwanted pregnancy and the experiences of young unmarried women, specifically in rural areas of South Africa. Previous research has placed greater emphasis on the occurrences of unwanted pregnancy in young women (teenagers and adolescents) in South Africa, rather than also exploring the factors contributing towards unwanted pregnancy. This study has therefore contributed to expanding the knowledge of the studied phenomenon by highlighting the perspectives of the young unmarried women with regard to their experiences with unwanted pregnancy, and the contributing factors. This was done by ideally providing an academically sound platform through which they were able to give voice to their own experiences.

Secondly, the study was also benefiting the participants, as they received support from the research study. They had an opportunity to express what has been experienced but not dealt with.

5.6 RECOMMENDATIONS

Firstly, it is important that within the rural communities the provision of health services becomes a priority, as in some instances young women failed to protect themselves due to lack of health services (contraceptives). There is a need for collaboration between schools, parents and young women in order to create a greater sense of community care. Knowledge concerning sexuality needs to be provided without societal stigmas. This highlights a need for sex education in homes by parents and the community at large.

To address the scars left by unwanted pregnancy on young unmarried women, individual therapy sessions are recommended. This should be done by a qualified counsellor or therapist, who would provide a safe and contained environment. The feelings of ambivalence experienced by young women towards the factors contributing toward their unwanted pregnancy should also be addressed by exploring how the young women feel about those contributing factors.

It is also recommended that this study should be replicated with young unmarried women who are experiencing unwanted pregnancy in a community other than Embobeni. Such research is vital in order to ascertain whether the experiences identified in these findings are consistent with the qualitative experiences encountered by young unmarried women who experienced unwanted pregnancy in different communities.

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APPENDIX A



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Re: Informed Consent for participants

I....., hereby give my consent to participate in the research study being conducted by Thandokazi Theo Khethiwe.

- I understand that my participation in this study is voluntary and that I may withdraw at any stage should I feel uncomfortable.
- I understand that this study will contribute to scientific knowledge that will be used to help others.
- I understand that all information collected will be confidential.

I have read the above and given my consent to participate in this study in writing, and I gave the consent form to the researcher.

.....

APPENDIX B



UNIVERSITY OF ZULULAND

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Interview guide

Factors contributing towards and support groups for young women who are experiencing unwanted pregnancies.

1. What were the causes of your pregnancy?
2. What did you do to protect yourself from unwanted pregnancy?
3. What were your difficulties when you were pregnant?
4. How did you cope with being a mother after birth?
5. How did you cope with miscarriages?
6. How did unwanted pregnancy affect your life?
7. Is there something you would like to add?

APPENDIX C



UNIVERSITY OF ZULULAND

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**Refer to the Beck Depression Inventory scale by Beck, A.T., Steer, R.A. & Brown, G.K.
(1996).**