

The needs of hiv-positive teenage mothers within a South African socio-cultural context

Experiences of social service providers

**Ilze Slabbert¹, Tasneemah Cornelissen-Nordien¹
and Nomfundo Thokozile Singwayo²**

Abstract: In rural South Africa a significant number of teenage mothers are HIV positive with several needs. There are several programmes implemented with the aim to prevent teenage pregnancies, but, effective services, are lacking especially in rural areas for adolescents who already gave birth to their babies. The goal of this study was to explore and describe the experiences of social service providers in supporting the basic needs of HIV positive teenage mothers in a rural area in South Africa. The study was qualitative in nature. The findings indicate that HIV positive teenage mothers have several needs and lack basic services such as a sufficient health care, healthy food and potable water, opportunity complete their schooling, and support. Socio-cultural factors such as early marriage, lack of parental guidance, and gender power imbalances also contribute to teenage pregnancies and positive HIV status. Based on the findings relevant conclusions and recommendations were made.

Keywords: HIV positive teenage mothers; social service providers; basic needs; South Africa; poverty

1. Lecturer, Department of Social Work, Stellenbosch University
2. Social Worker in a social development organisation, Limpopo

Address for correspondence: islabbert@sun.ac.za

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Introduction

South Africa accounted for nearly a quarter of a million new HIV infections in 2018, of which approximately 26% were young women including teenage girls (Avert, 2020). Evidently these teenage girls are engaged in unprotected sex, resulting in 11.3% of them testing HIV-positive in 2017 (Hall, 2019). These statistics are worrying as the UNAIDS (2019) report indicates a substantial increase in teenagers living with HIV with particularly high incidents of teenage pregnancies reported in rural areas (Ramalepa et al., 2020). Although some HIV-positive teenage mothers might be married, the focus of this study was on unmarried HIV-positive teenage mothers. In rural South Africa these mothers often stay in poverty with insufficient support. It is the combination of these factors which highlight the urgency of understanding the needs of HIV-positive teenage mothers. This is particularly relevant given their developmental phase of identity versus role confusion (Erikson, 1959) and the hierarchy of needs according to Maslow (1943). Although many studies related to teenage pregnancy and HIV have been conducted, research falls short of understanding the needs and circumstances of HIV-positive teenage mothers, within a rural South African context from a social work perspective. It is against this background that the study was done. The goal was to explore the views of social service providers regarding the needs of HIV-positive teenage mothers and their role and challenges experienced in service provision, particularly in a rural setting in South Africa. For the purposes of this study social service providers are practitioners who link clients with different resources. They help clients to access much-needed resources to which they are entitled (Patel, 2016).

Conceptualisation and theoretical background

The needs of HIV-positive teenage mothers are vast and exacerbated by their unique circumstances. Adolescence is a challenging period, marked by many changes, where the teenager grapples with role confusion and seeks independence (Erikson, 1959). Teenagers require parental love, care and support, but being a mother and HIV-positive they also have the responsibility to fulfil the needs of their babies (Toska et al., 2020).

Unfortunately, many HIV-positive teenage mothers in South Africa

have not had their basic needs fulfilled and thus find themselves in the daunting position of having to care for their new baby without being adequately equipped with the necessary guidance or support needed. Too often these HIV-positive teenage mothers have not attained the necessary information about contraceptive methods, HIV and STIs from teachers, health care providers and the mass media (Boonstra, 2007), for various reasons, which may include, cultural beliefs and lack of sexual education. These cultural systems have a substantive impact on the lives of women in South African rural communities, where often they have no or little power and life is characterised by male dominance (Bhana et al., 2012; Jewkes et al., 2009).

The situation is further exacerbated by certain cultural beliefs which include teenage girls not being welcome at school while pregnant and the conservative views of some churches with regards to sex education (Segalo, 2020). This is also indicative of what UNICEF (2006) describes as South African society being patriarchal, as females have a lower social status than their male counterparts despite sufficient legislation that is supposed to protect the right of women and in this context HIV teenage mothers. South Africa is regarded as one of the countries with one of the most progressive constitutions regarding women and children's rights. However, little progress has been made from paper to practice, and many women and girls, including HIV-positive mothers are still vulnerable and often exploited (Bower, 2014; Toska, et. al., 2020).

Girl children are often raised to be to take care of households and be child-bearers, with very little if any prospect of attaining an education and entering the formal job market. This thus places them in a position of being dependent on their male counterparts. This disregard for girl children's education prompted the South African Minister of Education to launch the Girls' Education Movement (GEM) in Parliament, in 2003 (UNICEF, 2006), with the subsequent development of various policies, such as the Department of Education's Draft National Policy on the Prevention and Management of Learner Pregnancy in Schools (RSA, 2018) to address the accommodation of teenage parenthood at school. These policies aim to support learners who are pregnant or mothers so that their education needs could be fulfilled, but in practice several of these learners still do not complete their schooling (UNICEF, 2006).

Needs of HIV-positive teenage mothers

According to Maslow (1953) there are five hierarchical levels of needs. These include physiological, safety, love and belonging, esteem and self-actualisation needs. According to Maslow's hierarchy of needs (1950) lower physiological and safety needs should first be met before the need for love and belonging, esteem and self-actualisation can be met. These levels of needs will be briefly discussed below with specific focus on HIV-positive teenage mothers in rural South Africa.

Physiological needs

Mogotlane et al. (2007) state that teenage mothers, like everyone else, have physiological needs, which include the need for food, water, shelter and air. HIV-positive teenage mothers in a rural South African context often do not have sufficient access to food, potable water, housing, health care, food and water. Furthermore, they usually stay in poverty with limited medical care. The risk of HIV is often due the fact that contraceptives such as condoms are used incorrectly and inconsistently (Newman and Newman, 2006; Letsoalo et al., 2009), thus a lack of proper sex education. For the HIV-positive teenage mother there is also an increased likelihood of the baby being HIV-positive, have a too low birth weight and other neonatal complications, which require extra support and medical assistance (Martin, 2003; Branson et al., 2015; UNICEF, 2020). These mothers' basic needs are not exclusive to them but must be inclusive of the needs of their babies, which can be seen as extra or special needs required for survival. Furthermore, they also need to provide nappies, clothes and formula for their babies without a proper income.

According to Kristin and Kristine (2011) the basic need for stable homes, is often unfulfilled as many South African HIV-positive teenage mothers are not able to remain at home with their parents because of overcrowding, abuse, neglect and/or financial difficulties. Despite the South African Constitution's (RSA, 1996) emphasis on the rights of all people to have access to housing, health care, food and water, it is not fulfilled (Majuru et al., 2012; Brinkerhof et al., 2018).

Ironically, Lambani (2015), found that 80% teenage mothers surveyed in Thulamela, a rural district in Limpopo, fell pregnant because of poverty with the aim of addressing their basic needs. The pregnancy may however

have come as an unintended consequence of being sexually abused in order to fulfil basic needs, in what is known as a 'blesser-blessee' relationship (Thobejani, 2015; Cornelissen-Nordien, 2019). The blesser-blessee phenomenon can be seen as the increased likeness of teenage girls in poverty to engage in sexual relationships with older men for financial reward. The consequences of such relationships often lead to HIV-positive teenage mothers (Davids et al., 2012).

HIV-positive teenage mothers in South Africa therefore experience many adversities related to poverty, which exist prior to becoming pregnant (Toska et al., 2020), as most of them live in poverty. Although, they may receive support from their mothers, grandmothers and extended family, most lack financial support, despite receiving a child support grant of ZAR R460 (39.09 USD) (SASSA, 2021). The child support grant can be applied for by mothers once the baby is born. It payable monthly to qualifying mothers and children under the age of 18 years and is subject to review (Western Cape Government, 2020). According to a leading baby nappy supplier, nappies amount approximately R300 per month (huggies.co.za). Furthermore, baby food could amount to about R150 per month, excluding other necessities such as food for the mother, baby clothes and basic toiletries. This grant is evidently not sufficient to meet the financial needs of these teenage mothers and their babies, who often reside in low socio-economic areas (Adeagbo and Naidoo, 2020). The inability of the HIV-positive teenage mother to fulfil her own needs and that of her baby thus places severe strain on her (Mofokeng, 2005). She requires extra help from her family in taking care of herself and her baby, which in a poverty-stricken community cannot be fulfilled even without the burden of an additional mouth to feed and health care required by the HIV-positive teenage mother (Burger et al., 2008). This may increase her sense of helplessness in providing a home and safety for her baby as she remains dependent on others (Meyer, 2004; Kristin & Kristine, 2011), who may not be able or willing to provide care and support and there may be little if any prospect of returning to school (Hall, 2019; Monareng et al., 2015). These HIV-positive teenage mothers are thus reliant on support services which include social work intervention, medical, financial and educational assistance (Burger et al., 2008; Branson et al., 2015; Toska et al., 2020).

It must be further noted that South Africa currently shows a mother to child transmission rate of only 1.4% due to the progressive programme for the prevention of mother-to-child transmission of HIV (PMTCT). This

includes lifelong tripple antiretroviral therapy (ART) for all HIV-positive pregnant and lactating women. However, access to adequate health care service to HIV-positive teenage mothers in rural areas remains a challenge. Additionally high rate of gender-based violence (including sexual abuse) remains rampant in vast parts of South Africa (Gogai et al., 2017).

Safety needs

The safety needs of HIV-positive teenage mothers are often compromised due to unsafe communities. These mothers seldom have a space which is safe and secure or home circumstances that are conducive to their safety. To raise a baby in such an unsupportive environment adds to further turmoil and stress (Kristin and Kristine, 2011).

HIV-positive teenage mothers usually find themselves in a unique, dangerous situation, as they not only have to grapple with the difficulty of adolescences (Erikson, 1959, Adeagbo, 2019). They are also burdened with a life-threatening disease alongside motherhood, in a time where identity versus role confusion is imminent, thus placing a damper on the need to explore their own independence. Unfortunately, more often than not, teenage pregnancies are result from unstable relationships and/or blesser-blesse relationships where the fathers may have little or no interest in the baby. A significant number of these men are also known to be physically, sexually and emotionally abusive to the mother of their baby (Mkhwanazi, 2010).

Another study also conducted in Limpopo found that the majority of pregnant teenage girls lack adequate knowledge about sex and succumbed to peer pressure (Monareng et al., 2015). These authors further indicate that teenagers may fall pregnant as a means to gain access to the child support grant, thus being in agreement that poverty is a factor for teenage pregnancy. However unprotected sex, due to a lack of adequate sex education, has the unintended consequence of being infected with HIV, and poses a huge safety risk to these girls (Lambani, 2015).

Love and belonging

As already indicated, teenage motherhood occurs mainly outside of marriage, is unplanned, and it usually occurs in unstable relationships

(Jewkes et al., 2009). For HIV-positive teenage mothers, a sense of love and belonging is usually absent. Thobejane (2015) and Kochrekar (2017) are in agreement that the lack of parental guidance through love and affection is a contributing factor of teenage pregnancy, particularly in dysfunctional families (UNDP, 2013) where no or little love is offered by the parents. The teenager thus seeks love and affection externally, which leads to having multiple sexual partners, with the risk of becoming HIV-positive in the process (Breinder et al., 2016).

The absence of love and a sense of belonging could lead to loneliness, social anxiety and clinical depression that becomes a particularly significant risk factor for HIV-positive teenage mothers adding to their vulnerability. Their need for support and love are often not met by the fathers of the baby, parents and communities (Toska, et al., 2020).

Esteem

A lack of love and support could be perceived as rejection by the HIV-positive teenage mother which, directly influences what Maslow (1954) terms esteem in the hierarchy of needs. Esteem refers to the need to develop positive feelings of self-worth and self-esteem and act to foster pride (Poston, 2009). In order for the HIV-positive teenage mother to achieve a sense of esteem, support from parents and the community is needed, which as indicated earlier is often absent (Burger et al., 2008; Thobejane, 2015).

A teenage mother infected with HIV does not only have to face the judgment from society but also her own conscience and self-acceptance. As a result, she may not respect herself and seek the acceptance of others by stopping ARV medication and claiming she was misdiagnosed and does not have HIV, thus threatening her own health and safety (Education Training Unit, 2017).

Furthermore, teenagers may also be burdened by the cultural constraints of gender imbalances, where in rural areas of South Africa men usually maintain power of women and are regarded as the head of households (Adams, et al., 2009). Varga (2003) for example makes the argument that adolescent risky behaviour can be related to peer pressure, as becoming a teenage father may be viewed as a sign of masculinity and for the teenage girl a sign of fertility. These so-called cultural practices may place teenager girls at higher risk. It may result in teenage pregnancies and the potential to becoming HIV-positive, thus undermining the potential of the girl child

to attain esteem and self-worth and being caught up in a cycle of poverty and economic vulnerability (Ehlers and Ziyane, 2006).

Self-actualisation

At the very top of Maslow's hierarchy, lies self-actualisation. This level refers to a person's full potential and the realization of that potential (Maslow, 1943). De la Rey, et al., (2011) state that circumstances necessary to satisfy this need include not being disturbed by lower-level needs, being able to love and be loved, being free of self-imposed and societal constraints, and being able to recognize one's own strengths and weaknesses. In order for HIV-positive teenage mothers to realise their potential, their parents and teachers should provide them with guidance towards self-discipline and in realistic goalsetting, for example, encouraging them to continue with school in order to learn about a vast variety of careers in the modern world. This can help them to choose a career most suitable to their own talents and personalities (Panahi, 2015).

However, several authors (Bremmer and Slatter, 2017; De la Rey et al., 2011) are in agreement that self-actualisation is achieved by very few people. This further highlights the vulnerability of the HIV-positive teenage mother, as she is barely able to explore her own independence (Erikson, 1959). With a lack of support, she now has to take on the role of parent and 24-hour care for her baby, with little prospect of attaining an education to become economically independent, potentially without the support of the father. Early childbearing may not necessarily lead to poverty, but it certainly can worsen the economic situation of particularly HIV-positive teenage mothers (Cassell, 2002; Lawlor et al., 2006).

From abovementioned discussion it is clear that the basic needs of HIV-positive teenage mothers are seldom met. Therefore, the need for love and support, esteem and self-actualisation also remains unmet.

Support available to HIV-positive teenage mothers

As can be seen from abovementioned discussion, the needs of HIV-positive teenage mothers are often neglected. In South Africa there is also great focus placed on teenage pregnancy prevention programmes and little or

no regard for those who are already pregnant (Toska et al., 2020). It could thus be argued that these programmes are less effective than what it aims as the phenomenon of teenage pregnancy continues to exist and according to some data even increased (Nkosi & Pretorius, 2019; Statista, 2020).

In South Africa HIV-positive teenage mothers often do not gain the support from family and the community which they need. Many times, rural communities regard teenage mothers as careless and most of all not to mix with non-parenting learners or other children within the community. These mothers are treated as and referred to as 'the other girls'. Social workers are uniquely trained in creating awareness campaigns regarding teenage pregnancy, contraception and HIV that could also be beneficial to communities who still lack knowledge on these issues (Bower, 2014). Some teenage mothers might also have negative experiences with educators and people in authority as teenage pregnancy is usually associated with aspects such as low education levels and antisocial behaviour. Teenage mothers who have had such experiences often do not respond well to unidirectional or excessively authoritarian teaching styles. Social workers could offer valuable services to educate persons in an educational environment on how to offer support and other assistance to HIV-positive teenage mothers. Furthermore, social workers could provide group sessions for teenage mothers in a safe environment where they are free to provide their input in a relaxed atmosphere (AVERT, 2015; Chetty and Chigona, 2008; Toska et al., 2019).

It is evident that the HIV-positive teenage mother needs a strong support system to help her to complete her schooling, caring for a baby, and look after her own health. However, the reality is that in developing countries such as South Africa these mothers often lack the necessary support. It is here where social workers could play a vital role, in assisting these mothers in an attempt to meet at least their basic needs.

Unfortunately, HIV-positive teenage mothers often experience poorer social and psychological wellbeing, lower self-esteem and isolation compared to HIV negative teenage girls who are not mothers (Vale et al., 2016). The provision of proper social support to HIV-positive teenage mothers can address adversity, mental health problems and abuse of alcohol and/or drugs (Adeagbo and Naidoo, 2020). Issues such as postnatal depression, particularly in HIV-positive teenage mothers could increase the risk maltreatment, slow cognitive development and behavioural problems of their new babies. It is thus clear that supportive relationships during and after pregnancy is much needed and beneficial to adolescent mothers

(Edwards et al., 2012). Social workers as part of a multi-disciplinary team could provide support to mitigate the risks of postnatal depression and other negative feelings associated with pregnancy and birth. They could also play an important role to assist HIV-positive teenage mothers to identify available social support and connect them to resources and networks to address their needs (Skobi and Makofane, 2015).

Adequate social support services for HIV-positive teenage mothers should include counselling, transportation, housing, mental health, affordable day care, drug and alcohol rehabilitation and employment to mitigate the adversities with which they are faced. Social workers usually assist HIV-positive teenage mothers to access these services. However, unfortunately often in developing countries and especially in rural areas some of these services are scarce or unavailable (Adeagbo and Naidoo, 2020).

Research (Vale et al., 2016) has indicated that sufficient support could reduce levels of stress and improved health outcomes both for the HIV-positive teenage mother and her infant. Community interventions at churches, clubs, recreation centres and neighbourhoods have often been utilised to encourage healthy nutrition and reduced risk of cardiovascular disease through peer education in order to promote HIV testing among teenage girls (Adeagbo and Naidoo, 2020). Hospitals and clinics are at times good and safe places for HIV-positive teenage mothers to visit, for example, if teenage mothers have questions about how the HIV virus will affect their health, a doctor or health worker could answer those questions. Unfortunately, there are also hospitals and clinics that do not provide the necessary support these girls need and are often inaccessible, especially in rural areas where people have to travel far distances to health facilities with poor roads and unreliable transport (Cluver, 2020; Vlok, 2016). Social workers together with other role players such as social auxiliary workers, child and youth care workers, nurses, educators and religious leaders play an important role to assist HIV-positive teenage mothers. This can be done by providing and establishing services that will support these mothers despite limited resources and lack of funding and manpower.

According to Skobi and Makofane (2015) and Robertson (2010) collaboration between social workers and local organisations is usually beneficial to HIV-positive teenage mothers. However, there remains an unfortunate stigma and discrimination regarding teenage pregnancy, which social workers could address through education and awareness programmes in group work and community work. Teenage mothers tend

to respond more positively towards social workers who are supportive and non-judgmental, and who have insight into the challenges of young parenthood (Clark et al., 2008). According to the Sustainable Development Goals set by the Global Strategy for Women's, Children's, and Adolescent's Health (2016-2030), support for HIV-positive teenage mothers is a priority in terms of being provided with the social support they require. Social workers could offer this type of support, despite several challenges as already mentioned.

Research methodology

In order to answer the research question 'What are the basic needs of HIV-positive teenage mothers in a rural area in South Africa as perceived by social service providers?' a qualitative approach was proposed. This type of approach allowed a comprehensive and inclusive view of the topic researched. Through a qualitative approach participants could share their experiences and insight (Schurink et al., 2021).

The study was also explorative and descriptive in nature. Literature was explored regarding the topic and during an empirical investigation participants' experience regarding the needs of HIV-positive teenage mothers in a South African context were described (Fouché, 2021).

Purposive sampling was done to select 20 participants who took part in the study, with the following criteria for inclusion:

- Social service providers working in the area of social work in Limpopo within Polokwane Municipality as this was the area in which the study took place and where the interviews were conducted. Social service providers in other areas would have been logistically difficult to reach.
- They had to render support services to HIV-positive teenage mothers for at least one year.
- They had to be conversant in English, as the interview guide was only in English. Although South Africa is a country with eleven official languages, English is usually spoken and understood by a vast number of South Africans.

A semi-structured interview guide was utilised to collect the data. Face to face interviews took place after a pilot study was done, prior to Covid-19.

Interviews ranged from 60 minutes to 90 minutes and were audio-taped with the permission of the participants and later transcribed. Before data collection commenced ethical clearance was obtained from Stellenbosch University. Participants also signed an informed consent form indicating that their participation in the study was voluntarily and that they could withdraw anytime if they wished to do so. Confidentiality was maintained by making use of codes instead of names (i.e. P1 for participant 1) (Strydom and Roestenburg, 2021).

Thematic analysis was utilised to order that data. The raw data (transcribed interviews) was broken up into different sections in order to gain a clear understanding of participants views on the topic. The data was further categorised into three themes and where applicable relevant sub-themes taking into consideration Maslow's hierarchy of needs (Shurink et al., 2021).

The trustworthiness of the study was ensured by paying attention to the transferability, dependability, conformability and credibility of the study. Regarding the transferability of the study, the researcher tested the narratives of the participants with research already conducted on this topic. The dependability of the study was guided by the steps that were followed for qualitative research. Regarding the conformability of the study, the researchers made use of reflexivity in order to avoid bias during the research process (Fouché, 2021). This study was also credible as the researchers asked two participants to read through the transcribed interviews to ensure it was a true reflection of the interview (Shurink et al., 2021).

Findings

Profile of the participants

Twenty participants took part in the study. The following table presents the profile of the participants.

Table 1
Profile of social service provider participants

	Occupation	Years working experience	Years working with HIV-positive teenage mothers
P1	Social Worker	3	1
P2	Social Worker	3	2
P3	Social Worker	5	3
P4	Social Worker	5	2
P5	Social Worker	6	6
P6	Social Worker	7	6
P7	Social Worker	8	7
P8	Social Worker	10	8
P9	Social Worker	11	11
P10	Social Worker	13	11
P11	Counsellor	6	6
P12	Counsellor	7	6
P13	Social Auxiliary Worker	5	3
P14	Social Auxiliary worker	4	4
P15	Mentor mother	6	6
P16	Mentor mother	6	6
P17	Child and youth care worker	3	2
P18	Child and youth care worker	3	2
P19	Child and youth care worker	6	6
P20	Child and youth care worker	7	6

n=20

Table 1 is a representation of the service providers' occupations, years of working experience and years of experience working with HIV-positive teenage mothers. Of the 20 participants (n=20) who were interviewed, ten

are social workers (three males and seven females). The participants who are social workers provide counselling to adolescents by means of case- and group work. Support groups are specifically provided to HIV-positive mothers. The social work participants also provide family counselling where HIV-positive teenage mothers still reside with their families. Two participants are counsellors (both female). The counsellors are persons who are not social workers but provide support to HIV-positive mothers by assisting with the birth registration of their babies and applying for the child support grant. Two participants are social auxiliary workers (one male and one female). These participants provide life skills groups to adolescents, including HIV-positive teenage mothers. Two participants are mentor mothers. Mentor mothers are women who are living with HIV and have been trained to work together with health workers to support and mentor HIV-positive teenage mothers and their babies. Four of the participants are child and youth care workers (all female), also rendering services to teenage mothers such as education and life skills groups. These participants thus all rendered services to HIV-positive teenage mothers. Unfortunately, most of the participants had high caseloads and several other work duties to perform as well, thus service rendering and sufficient support to the target group had its limitations.

Themes

As already indicated the data was categorised into three themes. The first theme, namely basic needs were divided into two sub-themes. The second theme identified was 'love and belonging'. The third theme, 'unmet needs' was divided into three subthemes.

Theme 1: Basic needs

HIV-positive teenage mothers have needs that are unique to the developmental stages of adolescence, this includes the need to take medication for HIV and keep healthy (Vale et al. 2016). The needs of HIV-positive teenage mothers are vast as they need love, care and support from their families, friends and the society (Adedeji, Ayegboyin & Salami 2014). Participants indicated the following regarding the basic needs of HIV-positive teenage mothers:

HIV-positive teenage mothers have needs and their needs differ, for example, some of the HIV-positive teenage mothers need food and clean water, some of them need clothes and some of them need proper houses. P4

Those that I know need food because most of them are not working they do not even attend school and do not have money to take care of themselves. P8

It differs from one person to another but most of the HIV-positive teenage mothers need food and clothes because they come from poor families. P16

The HIV-positive teenage mothers need proper shelters that can accommodate them and their family members. P19

It is evident from the narratives that HIV-positive teenage mothers have certain basic needs. These findings relate to the views of Breinder et al., (2016) who state that teenage mothers like everyone else have basic needs, which include physiological, and safety needs as will be presented below.

Subtheme 1.1 Physiological needs

According to Maslow (1954), physiological needs are needed for survival. These include needs for drink, food, breathing and rest. During the interviews, the participants were asked to give example on how the physiological needs of HIV-positive teenagers are met. Some participants shared the following:

The physiological needs of HIV-positive teenage mothers who are part of our organisation are not met because most of them are in need of food and proper shelters. P10

The Department of Social Development provides the HIV-positive teenage mothers with food parcels, but sometimes it is a struggle because the food does not last the whole family for two months. P14

Some of the HIV-positive teenage mothers come from families that consist of more than eight family members and food is not enough, these teenage mothers share clothes with their siblings and in some families, parents and children share bedrooms. P15

Unfortunately, some of the HIV-positive teenage mothers' physiological needs are not met, these teenage mothers are abused in their homes, and they are kicked out of the house. P18

Some of the families are overcrowded, the HIV-positive teenage mothers move out to stay with friends or boyfriends because their needs are not met at home. P20

From the narratives above it can be seen that some of the HIV-positive teenage mothers' physiological needs are met and some are not. It is significant that the negative effect poverty was mentioned by these participants that hampered the physiological needs of HIV-positive mothers. This corresponds to literature (Monareng et al., 2015) that indicate that some adolescent girls might fall pregnant as a means to gain access to the child support grant, thus being in agreement that poverty is a factor for teenage pregnancy. Authors (Adeagbo et al., 2020; Lambani, 2015) further state that physiological needs include a safe haven for the HIV-positive teenage mother and her baby. However, these mothers often cannot remain at their home with their parents, either for reasons of overcrowding in the home, abuse, neglect, or financial difficulties. Physiological needs are thus often not met. Although these physiological needs are not unique to the teenage mother, these needs are often not met due to poverty and unsupportive housing environments (Cornelissen-Nordien, 2019). Closely related to the physiological needs are the safety needs as discussed below.

Subtheme 1.2 Safety needs

During the interviews, the participants were asked to give example on how the safety needs of HIV-positive teenagers are met or not met. Some participants shared the following regarding these mothers' safety needs.

The HIV-positive teenage mothers need their families in order to feel safe. For those who live in dysfunctional homes, they prefer staying with friends than their families. P1

The HIV-positive teenage mothers need proper homes which are secured in order to feel safe and protected. P7

The HIV-positive teenage mothers need a proper home where they will feel safe and where there are family members who will assist them in taking care of their babies and their health. P15

It is clear from these narratives that HIV-positive teenage mothers need a secure home to fulfil their safety needs. Bremmer and Slatter (2017) describe safety needs as a place where one feels safe and secure, these

include, health, secured home and family. Kristin and Kristine (2011) are of the opinion that teenage mothers' safety needs will be met to a certain extent if the physical environment, including homes where they reside are a haven where they feel secure. These findings reiterate that HIV-positive teenage mothers need their families and secured homes to feel safe and protected. They also need their family members to assist them in taking care of their babies and their health. This is in line with research (Burger et al, 2008; Kochrekar, 2017) that emphasizes that HIV-positive teenage mothers have a need for structure in order to feel safe as they are helpless, defenceless and dependent on others. Mofokeng (2005) further states that an HIV-positive teenage mother also has her health and the health of her child to worry about. She therefore needs help from her family in taking care of the child and herself. Unfortunately, many girls, including HIV-positive teenage mothers' safety needs are not met as displayed below.

Some of the HIV-positive teenage mothers live with their babies and siblings only, they do not feel safe at all. P11

Some of the HIV-positive teenage mothers stay in communities which are not safe, and they stand a high risk of being attacked because they live with their babies and old grannies only. P14

These teenage mothers are abused in their homes, and they are kicked out of the house. P18

Some of the HIV-positive teenage mothers remain with unreported abuse and rape cases because the police station and social welfare service offices are far from their communities. P20

South Africa is a country with alarming high statistics of violence against women and children, especially in poverty-stricken communities. As displayed in the narratives some HIV-positive mothers have to stay on their own with their babies, while some live with their grandmothers in unsafe communities. The threat of violent acts against them are real and could include stabbing, kicking, shooting, raping and in the worst-case scenario homicide (UNODC, 2021).

It is thus clear that in South Africa a significant number of children and women safety needs are not met. Many girls experience violence at a young age, entering sexual relationships with men much older than them,

leaving them susceptible to sexual and physical violence as can be seen by the narrative below. As already indicated, poverty is often a fuelling factor for girls entering these relationships (McCloskey and Hunter, 2016). As mentioned earlier these relationships can be seen as a ‘blesser-blessee’ relationship where these girls are sexually abused and exploited (Cornelissen-Nordien, 2019). One participant mentioned the following:

Because the girls are powerless, unfortunately some of them fall pregnant and contract HIV due to sexual and physical abuse by a relative or a man from the community and sometimes the family does not report the case.

From abovementioned discussion it is evident that the safety needs of the HIV-positive teenage mothers are usually not met, as there are aspects that still need to be attended to. The threat to the safety of HIV-positive teenage mothers and their babies are a huge challenge to service providers as will be discussed in subtheme 3.3. It is especially social workers who attempt to seek a haven for these mothers and their babies. Unfortunately, due to lack of sufficient resources a significant number of this target group remain in unsafe environments (Mofokeng, 2015; UNODC, 2021).

THEME 2 Love and belonging

The second theme of love and belonging include acceptance, feeling protected and comfortable, and being supported, which usually turns in long-term survival (Adedeji et al., 2014). The need for love and belonging, are met through satisfactory relationships, which include relationships with family members, friends, peers, classmates, teachers, and other people with whom individuals interact (Poston, 2009). HIV-positive teenage mothers require a sense of belonging and have a need to be loved.

When the participants were asked about how if HIV-positive teenage mothers experience love and belonging, some shared the following views:

They feel lonely because their families don't support them, they don't receive love from family or anyone and they don't feel the sense of belonging. P12

Other HIV-positive teenage mothers are accepted and loved by their families, regardless of their HIV status. P14

Others are emotionally abused by their own parents because of their HIV status. P15

The narratives above describe that these HIV-positive teenage mothers have the need for love and belonging as they often lack emotional support from their families. Some of them lack a sense of belonging as they are emotionally abused by their own parents (Toska et al., 2020).

It is significant that only one participant mentioned that HIV-positive teenage mothers are accepted and loved by their families regardless of their status. This corresponds with Maslow (1943), who states that humans need to feel a sense of belonging and acceptance among their social groups regardless, whether these groups are large or small. Immediately the HIV-positive teenage mother feels that she is loved and accepted, she will be better able to accept her status and live positively with it. A significant number of HIV teenage mothers are vulnerable to loneliness (Yakabu and Salisu, 2018).

As it is evident from the discussion thus far that the physiological, safety and love and belonging needs of HIV-positive teenage mothers are seldom met, their esteem and self-actualisation needs will remain unmet (Maslow, 1954). Consequently, the role of service providers will be discussed regarding service delivery to HIV- positive teenage mothers and their babies.

THEME 3 The role of service providers

There are several roles that social service providers can play during service delivery to HIV-positive teenage mothers such as providing guidance, preventing risks, facilitating, supporting, educating, mediating and advocating (Cane, 2018; Hepworth, Rooney, Rooney & Gottfried, 2017). The supportive and guidance role were mostly mentioned by participants that will be discussed below.

Sub-theme 3.1 Supportive role

Participants indicated that their supportive role consists of coordinating services and providing assistance to HIV-positive teenage mothers as noted below.

The HIV-positive teenage mothers receive support from social service providers, clinics, schools and community organisations which involves young people living with HIV. We facilitate that these organisations collaborate to assist HIV-positive adolescents. P7

The government provide support through social workers in Department of Social Development as well as from Department of Health. This includes clinics and

hospitals which provide support to the HIV-positive teenage mothers. We also liaise with the Department of Home Affairs to assist with the birth registration of babies.
P12

The South African government do provide services to HIV-positive teenage mothers free of charge. Patel (2016), states that the Department of Social Development delivers free basic services to the poor including teenage mothers and is responsible for social security programmes and welfare services. These services include access to free counselling, child support grants, food parcels, housing and social grants. Social service providers facilitate the different services in order to improve the wellbeing of their clients. However, these services are not always accessible to HIV-positive teenage mothers who stay in rural communities which are far from social welfare offices.

Subtheme 3.2 Guidance role

Participants indicated that their guidance role focus on exploration of skills and talents as well as career guidance as these are often lacking as can be seen in the narratives below.

The HIV-positive teenage mothers lack guidance, advice and direction from their parents and other elderly people who are close to their lives in assisting them to realise their potential, skills and talents. P4

They do not really know their exact potential and talents because some of the parents are not involved in their lives to guide them. P8

The HIV-positive teenage mothers lack career guidance. P13

Schools are not doing enough in assisting the HIV-positive teenage mothers to realise their talents and skills. P15

Some of them do know their talents and skills but they do not make use of these talents and skills because no one guides them in embracing the talents and skills. P19

There is more judgement in the society. The HIV-positive teenage mothers are judged and not given opportunities to show their skills and talents, and no one does something about this. P20

It is clear from the participants' narratives that HIV-positive teenage mothers frequently lack the parental guidance, advice and direction necessary to realise their potential, skills and talents. This is where social service providers can play a valuable role by providing guidance to HIV-positive teenage mothers (Hepworth et al., 2017). In this regard, Panahi (2015) asserts further that for these mothers to realise their potential, guidance is needed. Social service providers could encourage them to continue with school in order to learn about a vast variety of careers in the modern world, which can help them to choose a career most suitable to their own talents and personalities. HIV-positive teenage mothers also need guidance regarding their HIV status and to set realistic goals and find good careers so that at the end they are able to take good care of their children (Vale et al., 2016).

Theme 3.3 Challenges experienced by service providers

Most participants indicated that they experience major challenges regarding service rendering to HIV-positive teenage mothers. Some of these challenges are displayed in the narratives below.

There is a challenge with work- load and staff shortage in the facilities therefore the HIV-positive teenage mothers are unable to stay longer with the social workers and the nurses to share their problems. P 5

We have too much work because we do not render service to HIV-positive teenage mothers only, all clients expect us to assist them equally and unfortunately, we are few. P 7

In the community other areas do not have support groups and the HIV-positive teenage mothers miss important information shared to those groups. Some of us we do not have cars to drive to those areas so that we can form the support groups. P 10

We do not have enough resources in assisting the HIV-positive teenage mothers; for example, in our offices we do not have enough staff members who work directly with the HIV-positive teenage mothers. P13

We struggle to do home visits, more especially to the HIV-positive teenage mothers who stay in the communities which are far because cars are not enough and some of us we are unable to drive. P 14

Some of them struggle to adhere to treatment, they default treatment and disappear... then we have to trace them so that they are linked back to the local clinic. Tracing them is a challenge because some of them change sim cards or find jobs far from Limpopo. P 17

Health facilities do not have enough resources such as an ambulance to assist the HIV-positive teenage mothers who reside far from the local health facilities. SW

It is evident from the findings of this study that the participants have challenges with the workload. Furthermore, they do not have enough resources to provide effective services. Some communities are also far away from service providers to provide frequent services. Mofokeng (2005) states that managers of social support agencies should more effectively manage the workloads of social service providers, including social workers, in order to render effective services to HIV-positive teenage mothers. HIV-positive teenage mothers who default on their medication and fall pregnant again are at higher risk of illness and death because of AIDS related diseases or drug-resistant viruses (Mathebula, 2014). One participant also indicated how serious cases such as rape are often unreported and therefore services cannot be rendered:

Some of them remain with serious cases unreported as they are far from the police station. P3

The challenges of raising a new-born baby and possible postpartum depression were also indicated by some participants as noted in the narratives below.

Some of the HIV-positive teenage mothers are depressed. P1

Several of these young mothers are overwhelmed and often suffer from depression. They do not know how to deal with this and some of them are too far away from resources to assist them. P9

If you are still a child, the reality of taking care of a new-born baby often leads to high anxiety levels. P14

An HIV-positive teenage mother may not be able to take care of the new-born baby by herself as she may suffer from stress and depression

(Breiner et al., 2016). Yakabu and Salisu (2018) also argue that psychological imbalances such as depression negatively affect the wellbeing of a person. The lack of sufficient resources to deal with mental health issues as well as postpartum depression furthermore prohibits most HIV-positive teenage mothers to reach their full potential and the need for esteem and self-actualisation remains thus unmet (Maslow, 1954).

Conclusions and recommendations

From the abovementioned discussion it is clear that HIV-positive teenage mothers have several needs, some unique to the HIV-positive status and the fact that the majority reside in poverty. Regarding the basic needs it can be concluded that in South African context HIV-positive teenage mothers often stay in unsafe communities and lack a secure haven where they can be supported. These mothers are also often trapped in a cycle of poverty with limited resources and several restrictions to complete their schooling. Furthermore, the minimal child support grant is evidently insufficient to meet the needs of these mothers and their babies (Hall, 2019; Western Cape Government, 2020; Segalo, 2020). It can also be concluded that HIV-positive teenage mothers' safety needs are seldom met. They often do not have a safe home to stay and usually reside in violent communities making them susceptible to acts of gender-based violence. Furthermore, as an attempt to escape from poverty, they often engage in sexual relationships with older men, that often result in HIV, thus an additional safety risk (Cornelissen-Nordien, 2019).

Regarding the need for love and belonging it can be concluded that most HIV-positive teenage mothers lack a sense of love and belonging as they usually do not receive this at home. Furthermore, it can be concluded that the need for esteem and self-actualisation is hardly ever met by HIV-positive teenage mothers.

It can also be concluded that social service providers play a vital role in service delivery specifically related to those who are HIV-positive (Cane, 2018). So, HIV-positive teenage mothers require the social service provision to fulfil their specific needs in relation to their HIV-positive status as well as their developmental specific needs (Maslow, 1954). Participants emphasised their roles as social service facilitators and educators in an attempt to equip these mothers with services, which include health care

and guidance regarding their future. Lastly it can be concluded that social service providers experience several challenges that hinder their service rendering as also found in a study conducted by Jewkes et al., (2009), in addition to the lack of resources and high caseloads as reported by the participants.

In light of the findings, the following recommendations are made:

- Social workers should render preventative services in order to reduce teenage pregnancies as well as HIV, which are specifically directed at vulnerable communities such as those in rural areas of South Africa.
- Social workers should engage with role players such as educators and religious leaders to empower them to equip girls with support and life skills in order to make informed choices regarding sexuality and safer sex practices which include HIV, contraception and family planning.
- Social service providers, including social workers should collaborate with other role players such as community leaders and the police to make communities safer for women and children.
- Support for HIV-positive teenage mothers should be made available and social workers should identify what resources are available and what are still lacking. These support services should include peer support groups.
- Awareness programmes should also be presented on a regular basis to create awareness of family planning and preventions of HIV and the support needed for HIV-positive teenage mothers.
- Education groups on life skills, HIV and career choices should be provided to learners in schools to equip them to make informed decisions.
- Regarding social work education it is recommended that social work students receive sufficient training on teenage pregnancies, HIV as well as discriminatory practices that are still prevalent in several parts in South Africa. While being sensitive to cultural competencies.
- Social work students should also receive training on sustainable community projects that could alleviate poverty such as income generating projects.
- The role of social work education regarding HIV and teenage pregnancy is vital so that social workers are equipped to render services to vulnerable groups and know how to liaise with different role players such as nurses and educators.

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