Teenage Pregnancy: Teenage Mothers' Experiences and Perspectives: A Qualitative Study

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Abstract

Teenage pregnancy is both a social and a public health problem in The Gambia and as such it continues to be a concern to families, community leaders, educators, social workers, health care professionals, the government and its partners. Though there are some studies on the topic of teen pregnancy and school dropout, there is a limited material on the perceptions held by teens about teenage pregnancy, contributing factors and childbearing, difficulties encountered by teen parents, needed preventive and curative programmes. The purpose of the study was first to explore and describe the major causes of teenage pregnancy and childbearing despite the fact that contraceptive is widely available and family life education being taught in all schools. Secondly, examine the problems the teenagers encounter after becoming mothers. Thirdly, examine the ways the teen mothers cope and adapt to the situation of becoming mothers. An exploratory, descriptive, contextual and qualitative design was adopted. Semi-structured qualitative interviews and structured questionnaires were used to collect data from ten (10) teenage mothers and five (5) professionals. The data was presented and analysed through the narrative accounts which constituted the stories the teenage mothers tell about their own experiences and the views of the professionals.The findings revealed among other things, teenagers do not only need information and skills about how to abstain from unwanted or unhealthy sexual activity; they also need to receive accurate, balanced, age-appropriate information about sexuality and sexual behaviour. They need open discussions, hear up to date and consistent messages about responsible sexual behaviour, including information about contraception before they become sexually active. Furthermore able to develop the require skills in communication and sexual decision making so that sex does not "just happen."Experiences clearly manifest that teenage pregnancy and childbearing is not the less a monolithic problem, but one with different causes and consequences. Acceptance and social support is critical in helping teenage mothers acquire problem solving skills which they can apply over their life span to enable them survive, develop, and achieve success, that enhances coping and adaptation to teenage pregnancy, childbearing and motherhood.
Keywords: teenage pregnancy, childbearing and motherhood.

Chapter 1
Introduction

Teenage is a mathematical category of a human population. This fact is implicit in the definition adopted by the World Health Organization that is the period between 10 and 19 years of age.[1] However the line between childhood, teenage, and adulthood may differ by culture and region. For the female gender, the definitions rest solely upon physiological maturation and age. In some cultures, by getting married, leaving school, or having a baby, a young person moves into adulthood, even though s/he may still be between 10 and 19 years of age.

Teenage is a period characterised by transition lying between childhood and adulthood with significant changes in both the biological and social spheres of life. Wider social and economic changes, and sometimes, social class shape the condition of teenage-hood. During this transition today's teenagers are bombarded with a constant barrage of sexual images in popular culture, from advertisements to films to song lyrics. Jones et al, (1986) speculate that, films, music, radio, and television tell teenagers that sex is romantic, exciting, titillating… yet, at the same time teenagers see or hear nothing or a little about contraceptives or the importance of avoiding pregnancy. As a result some of them engage in sexual intercourse while they are still young, the situation that may affect their lives.

Some among the sexually active teenagers do not understand the risks of pregnancy. If these teenagers do not make responsible choices concerning their sex lives, and become pregnant they may be confronted with a difficult set of decisions. Their option can be having children and become mothers, placing the children up for adoption, or terminating the pregnancies with abortions.

Teenage pregnancy and childbearing is a phenomenon that has significant ramifications at personal, societal, as well as global levels. From the perspective of communities and governments, teenage pregnancy and childbearing have a strong and unwelcome association with low levels of educational achievement for young women, which in turn may have a negative impact on their position and potential contribution to society (United

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[1] Focusing on adolescents, found in http://www.avsc.org/emerging/eafocus.html

Nations, 1995).[1] Globally as Singh, (1998) portrays, the rates of population growth are more rapid when women have their first child before they are in their twenties.

For the teenage herself, and for her family, the meaning and consequences of teenage childbearing range widely. These consequences vary from the positive, since it is a fulfilment of an expected progress from childhood to the adult status conferred by marriage and motherhood and the joy and rewards of having a baby, to the negative, since she faces the burden of caring for and raising up a child before she is emotionally or physically prepared to do so. Singh, (ibid) argues that, in some countries, an unmarried adolescent mother is likely to experience social exclusion and financial difficulties.

Early childbearing may also result unhappiness to the teenager because the birth was unplanned and also marital conflict as a result of being married in order to have a child born within a socially recognized union[2]. Moreover early childbearing can disappoint the teenager due to the failure to complete her education as she before planned, and due to loss of earning opportunities such as having better career.

In The Gambia, sex education known as Family Life Education (FLE) that focuses on family planning, the use of contraceptives, women's rights, sexual and sexuality relations, etc. is introduced in almost all schools. Both the National Gender Policy in school and the National Reproductive Health has brought huge transformations in terms protecting the rights of the girl child including reproductive rights and gender equality that makes accessing family planning services including contraceptives being free and available nearly every part of the country.

The Gambia though still highly influences by African traditional beliefs and practices is significantly edging towards modernity in light of the political commitment to the promotion and protection of the women and children by implementing certain recommendations of International agreements and treaties that have a bearing on the sexual and reproductive rights of adolescents. One among those being the right for teenagers to make their own decisions, express themselves, say no to sex, choose to marry or not; and plan a family.

In The Gambia traditionally, sex education was provided through traditional methods like old women stories-telling particularly at night either when sitting around the fire in the cold, outside in veranda while raining slowly, or sitting a circle in middle of the compound during moonlight, etc. Through this informal education teenager especially the girls were seriously warned to delay the onset of sexual intercourse which has significantly assisted to control teenage pregnancies.

However, with the unprecedented socio-economic and political developments taking place around the globe The Gambia included, this informal method of teaching family planning methods has seen a rapid declined and being substituted by the formal methods. However, with all the efforts this course seems to be equally failing the teenagers in terms of providing the requisite fundamental and update sex education knowledge and skills. Thus, the country has started witnessing unprecedented increment in teenage pregnancies and the most unfortunate baby dumping and/or straggling to dead. Undoubtedly this unfortunate situation left the future of the teenage girls to be coached through narrowly defined options, especially those who are still in school in the form of "pushed-out" from school. And as such instead of becoming that fundamental human resource for national development, they become a real burden to their families and the national at large.

In The Gambia like many African societies abortion is illegal largely because of religious and cultural reasons, which condemn abortion and the use of contraceptives as sinful. Nonetheless, some of the teenagers who became pregnant do perform illegal abortion, which in most cases result to psychological, mental, social, physical, mental impairments and even sometimes deaths. However, some decide to have babies, but because of the social stigma and lack of support for caring for these babies teenage mothers find it very extremely difficult to adequately meet their parental obligations and as such some end up dumping their babies in latrines, carriages, football pitches, beaches, cross roads, markets, or garbage pits.

This study aims to research the problems of teenage pregnancy and childbearing in The Gambia. Believing that The Gambian teenagers don't exist in vacuum, but in a world where images of and illusions to sex are abundant either through entertainments, advertisements, the print and electronic media; and in their personal and family lives, social planners need to have empirical data in this area of life.

For whatever reasons, when teenagers become pregnant, they need the same physical care as adult women since the symptoms (such as nausea, vomiting, breast tenderness, and fatigue) are the same as for the adults. Although in some communities, the pregnant teenagers are treated the same way as adults with regard to the body, teenagers need extra care in the way of psychological and emotional support. Teenagers who become pregnant can have many different emotional reactions; some may want babies in idealized and confused ways. They may view the creation of a child as an achievement and not recognize the serious responsibilities. Sometimes they may want their babies to have some people to love, but failed to recognize the quality of care the

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[1] Quoted by Singh, (1998).

[2] In some cultures, pregnancy can precipitate marriage because social opprobrium for unmarried mothers is strong. (Singh, 1998).

babies need. Often, they do not anticipate that their babies can also be demanding and sometimes irritating. Some teenagers become overwhelmed by guilty, anxiety, and fears about the future. Depression is also common among pregnant teenagers.

To overcome the above captioned problems and many others, teenagers need to be supported in many ways such as encouragement, access to quality health care and food as well as guidance on transition from pregnancy to parenthood. Also, they should be helped to set realistic goals for life after pregnancy, such as returning to work or school and their relationship with the babies' fathers. All these are necessary for the wellbeing of teenage mothers, fathers as well as the children; and the society at large.

Statement of the problem

Teenage pregnancy and childbearing is a complex problem with no single solution. This is because once young people begin having sex it becomes difficult to reduce their sexual risk-taking behaviour. Many parents know relationships exist between their young and others, but they tend to have the denial defence mechanism that their teenagers do not practice sexual intercourse. To address the problem of teenage pregnancy and childbearing one has to face the fact that young people are having sex at a younger age, that they are enjoying it and are unlikely to stop.

To understand the incidence of teen pregnancy and childbearing, the contributing factors should be understood. These factors vary from social, economic as well as cultural and psychological background. For instance, poverty in many societies plays a major factor in increasing teenage pregnancy. Also there are cultures that allow teenage girls to be married, the situation that leads them to have teenage pregnancies and later on children. Psychologically, teenage is a time of tremendous biological changes. Pubertal development may increase sexual desire for a teenage and hence result to teenage pregnancy. Moreover, the near-disintegrating of some fundamental social institutions act as a contributing factor. The family, for example, as a major agent of socialization seems to put aside its role of educating and communicating with teenagers about sexual issues, and leave the task to the school.

Schools, with the aim of reducing teenage pregnancy teach the young to take responsibility for their sexual health. Kirby, (1997) report for the US National Campaign to prevent Teen Pregnancy indicates that, prevention programs that include information about delaying intercourse and about contraception can delay the onset of intercourse, reduce the frequency of intercourse, and decrease the number of teens' sexual partners. The report suggests that those programs can increase the use of condoms and other contraceptives for those who are sexually active. All these can successfully lower the teenage pregnancies and this is also some of things done by The Gambia.

In spite of all the emphasis on education as one of the fundamental means of preventing unwanted pregnancies, some teens become pregnant at an unacceptable rate argued some advocates. Some of them choose illegal, highly secretive and risky abortion, and some decide to have babies and become parents. The reasons for deciding to go in for abortion are numerous and include   social stigma, family breakdown, being disowned, associated changes in teens' lives, fears of being immature, being unable to meet the financial obligations, etc. Those who choose to have babies do so equally for many reasons such wanting to be famous, showing that they are someone (mothers), etc.

However becoming a teen mother is a tough stuff. For instance as a student, having a baby can often interfere with studies. School becomes the only activity one has in common with friends. When the last bell rings the teenage mother has to return immediately to her caring responsibility, while her friends stand in the hall-wall way discussing their plan for the evenings.

The national social policies promote better life for all the citizenry. In this regards, the Government and the non-governmental organisations endeavour to assist teens who have babies while they are still students by letting them continue with their studies after delivery and some months of exclusive breast feeding which could be one and a half years post-delivery. In retaining them in school and avoid overlaps, they are encourage to attend regular counselling, additional academic support, scholarship, etc. provided.

This study intends to know some of the major contributing factors that cause teenage pregnancy in The Gambia. It hypothesis that they do so as they are longing to be famous, and want to show that they have careers as mothers. Moreover, the study needs to examine the problems the teenagers encounter after becoming mothers. It presupposes that teen mothers are much lonely in their caring roles. The study also aims to assess the way the teen mothers cope and adapt the situation of motherhood. It presupposes that the state, through the social welfare services help the teen mothers in coping and adapting with the situation of becoming mothers.

Significance of the study

The significance of this study is in three folds:

1) It will be helpful to the school counsellors and social workers working with the youth, parents of pregnant girls who decide to raise babies, in providing effective help and encouragement as well as

guidance during the pregnancy-parenthood transition period, and after delivery.
2) It will provide necessary information to the researchers and academicians regarding the cause, coping and adaptation techniques by the teenage mothers.
3) It will help organizations (Governmental and non-governmental) dealing with the teenage pregnancy in their planning and programming.

Objective of the study

The objectives of the study were to:
1. Know the major causes of teenage pregnancy and childbearing despite the fact that contraceptive is widely available and family life education being taught in all schools.
2. Examine the problems the teenagers encounter after becoming mothers.
3. Examine the way the teen mothers cope and adapt to the situation of becoming mothers.

Research questions

The study was guided by the following research questions:
23. What are the causes of teenage pregnancy and childbearing in The Gambia?
24. What problems do pregnant teenagers face after becoming mothers?
25. How do the teenage mothers cope with the situation of becoming mothers in such early ages?

Definition of the key concepts

Teenage*:* is any girl between the age period 13 and 19 years old.
Teenage pregnancy: is a pregnancy of a girl child who is/was of age between 13 and 19 years old when she conceived pregnancy?
Teenage childbearing*:* is a situation whereby a girl child between 13 and 19 years old give birth to a child?
Coping*:* the efforts meant to manage (i.e. master, reduce, minimize, etc.) environmental and internal demands and conflicts, which strain or exceed a person's resources.
Adaptation*:* adaptation refers to the active efforts the teenage mothers applied over their life span to enable them survive, develop, and achieve successes in relationship to childbearing and rearing.

Chapter 2

Literature review

In examining the issue of teenage pregnancy and childbearing; and the coping and adaptation to the situation, this chapter would have been divided into two parts. The first part deals with the theoretical postulation on teenage pregnancy and childbearing (i.e. psychological, social learning, ecological, psychosocial, biological, sociological theories, etc.). While the second part concentrates on the causes of teenage pregnancy and childbearing, problems facing the teenage mothers; and the support for coping and adapting to the situation of teen motherhood. Therefore, because time and limited resources, in brief, I concentrated on the second part and examined causes, problems, coping and adaptation strategies in teen pregnancy and childbearing.

Causes of teenage pregnancy and childbearing

Why do some teenagers choose to have babies? This is a question many experts had been asking and still keep on asking. Perhaps it is a sense of worthlessness and despair or feelings of lack of opportunity that lead many teens to motherhood (Rickel, op cit). Luker, (1996) indicates that some teenagers get pregnancy for exactly similar reasons as those held by older women. They are married and want children.
   Some scholars discussed in this chapter (e.g. Rickel, 1989; Freeman, 1993; & Coley& Chase-Lansdale, 1998) are of the conviction that many antecedents of teenage pregnancy and childbearing are related to family and community socio-economic characteristics, psychological factors, as well as individual sexual decisions.

Family and community socio-economic characteristics

A study by Allan Guttmacher Institute, (1994) claimed that, although adolescent pregnancy occurs in all segment of society, it is much more prevalent among adolescent living in poverty. Based on the culture of poverty perspective Brewster et al 1993 (as quoted by Coley *et al*) asserts those female adolescents who are raised in poverty, by single parents and by parents with low educational attainment are prone to teenage parenthood.
   Studies that compare sexually active young women who avoid pregnancies or who become pregnant and choose abortion, to those who become pregnant and choose to have babies revealed that the latter are more likely to come from economically disadvantaged families. By surveying the teen mothers in Peru, Sijuwade, (1999) holds that the majority of teen mothers come from a mixture of urban and semi urban areas and describes their home lives as tranquil, humble and poor. The major change these teen mothers face as Sijuwade (ibid) observes is the realization that they are not able to continue studying, that the future is uncertain and that they are

solely responsible for their children's wellbeing.

Family dysfunction is also addressed by some studies as the underlying factors that predict teenage childbearing. A study by Allan Guttmacher (op cit) revealed that teens with supportive family relationships, who live with both parents, and who have better educated parents are less likely to initiate sex at a young age. On the other hand, youth from families which do not monitor their children, which cannot or do not communicate with their youth, which do not provide strong goals for the future, and which failed to help teens deal with media and peer influences are much more likely to become parents as adolescents.

Psychological factor

Nitz (op cit) states that some social researchers have suggested an emotional deprivation model whereby adolescents seek emotional closeness by having a baby. Some girls see pregnancy as a means of finding a purpose in life, having someone to love, or strengthening the relationship with their sexual partners (Unger et al 2000).

It is also speculated that teenagers with a history of deprivation or neglect may view mothering as a means of getting their nurturing and security needs met. In some cases having a baby may be a legitimate attempt to grow up, and in some cases, teenagers view having a baby as the only route of economic independence. To some, they think early parenting can strengthen their identities with their mothers, and establishing their own feminine role and identity (Rickel, op cit).

Rickel posits that adolescence marks a period of great cognitive advances for the individual. Referring to the Piaget' final stage of cognitive development, Rickel asserts the individual's ability to foresee long term consequences of one's behaviour and to plan for the future. Rickel sees such issues to bear directly on teenage sexual behaviour and pregnancy.

Freeman (op cit) in the Penny study examined the future orientation as one of the psychological factors of early childbearing. She observes that teenagers commonly have difficulty in making decisions about abstract situations. To most of them, pregnancy and parenthood are mere abstractions. Even those who become pregnant may have no specific plans related to childbearing issues. They may be intelligent but lack the reasoning ability to analyse and process abstract, future oriented issues realistically. Freeman's study indicates that the never pregnant and abortion groups were more likely to recognize that postponing motherhood was important for achieving other educational and career goals.

Individual sexuality decisions and contraceptive uses

Individual choices and actions play a role in teenage pregnancy and childbearing. Some researchers see the road to parenthood as one that includes numerous decision making steps. A teenager must have a choice to have or have no sexual intercourse, use or not use effective contraception. When she became pregnant, it is her decision whether to abort or not, and once she has a child it is her choice to raise the child or put the child for adoption (Coley & Chase-Lansdale, op cit).

Kaiser Family Foundation 1999 survey found that 46% of the respondents in the survey said that teenagers do not have birth control with them when they want to have sex. Some teenagers get pregnant, because they use no contraception, use relatively ineffective methods, or use methods inadequately (Luker, op cit). Moreover, Luker narrates that other teenagers get pregnant during transitions (i.e. when they stop using a certain contraceptive method).

Coley & Chase-Lansdale, (ibid) hold that, adolescents tend to use contraception sporadically and ineffectively. However this is not to imply that teenagers are trying to become pregnant. The disparity between not wanting to become pregnant and not effectively using contraception has multiple roots, including lack of knowledge about reproduction and contraception, limited access to family planning and health services, and inadequate ability to foresee and to be prepared for protected sexual activity.

When answering the question, "What keeps teenagers from using birth control?" Kimmel &Weiner 1985 narrate that, ignorance, negative attitudes about contraception, lack of awareness of pregnancy risks; lower moral reasoning and general lack of knowledge about sex and birth control are some of the reasons that adolescents do not use protection.

Adolescents' views of invulnerability and egocentrism, leading to beliefs that pregnancy could never happen to them and thus led them to ineffective preventive practices.

Problems in teen parenting

Whatever the motivation for teen childbearing, the consequences of teen parenting deeply affect both mothers and children, and ultimately society as a whole. Many scholars have concluded that, early childbearing may pose special risks for children because teenage parents are less competent care givers, possess fewer material resources, offer a less stable family environment, or experience more competing demands on their time, (Timms, 1996).

Educational attainment

Furstenberg, (1997) pointed out that in comparison with older women; teenage mothers have been described as lacking both the experience and the personal resources necessary to provide a supportive environment for child development. Phoenix 1991(as quoted by Timms, op cit) pointed out that much of the evidence for asserting that teenage mothers are too young to function adequately as mothers is circumstantial and the assertion is frequently based on a confusion of potential causal factors. She concluded that (from her study of young women who became mothers between the ages of 16-19 during early 1990 in Britain), it is not youth itself which gives rise to problems, but also a combination of other factors such as poor education, economic difficulties and lack of supportive relationships.

In this regard babies born to teenagers are at risk for neglect and abuse because the young mothers are uncertain about their roles and may be frustrated by the constant demands of care taking. Many teenage girls are forced to drop out of school to have their babies. In this way, pregnant teens lose the opportunity to learn skills necessary for employment and self-survival as adults.

Adopting the same perspective Freeman (op cit) pointed out that teenage mothers are more likely than their non-pregnant peers to drop out of school, to be unemployed or sporadically employed, and to obtain welfare support.

Until recently, many studies on adolescent mothers concluded that early parenthood had a strong negative effect on their education attainment, such that young mothers are unlikely to continue their education after childbirth and thus obtain lower levels of education than their peers who delayed childbirths (Moore& Waite. 1997). However, such studies indicate a gap because recently there are more progressive school policies on accepting pregnant students.

Despite the progressing of accepting teen pregnant students in schools, and the decrease of school drop-out rate for teenage parents in many countries, Freeman, (op cit) sees that teenagers who become parents before the adult age still are less likely to enjoy many opportunities and potential earnings.

Psychological effects

The transition to parenting can be stressful time for some parents if not all parents regardless of age and background. For teen mothers, this stress may be compounded by their typically underprivileged and impoverished backgrounds as well as by addition of other normative changes that occur during adolescence, such as identity formation and the renegotiation of relationships with one's family of origin (Coley & Chase-Lansdale, op cit).

There are other potential areas of stress for new mothers. The teenager may find herself cut off from peers; conflicts may arise with their parents over care of the infant; there may be strain between the mother and the child's father and their respective families; and the parenting adolescent may be prone to loneliness and depression (Rickel, op cit).

Rickel, also observed that, having a baby may cause a teenage mother to find herself lonely and isolated particularly after her baby's birth, since she is no longer free to indulge in many leisure activities; she no longer has much in common with her peers; and she has to cut off from school world even if for a short period before re-joining it. This can result to loneliness and depression that may negatively affect that fundamental mother-child relationship.

Coley & Chase-Lansdale, (op cit) revealed that a number of psychological tasks of adolescence may be impeded by early parenthood. During the adolescent years teenagers face the challenges of solidifying their sense of identity and developing autonomy and independence from parents. Parenthood with its continual demands and responsibilities can leave little time for exploration and appropriate individuation in areas of normative teen concern such as peer relations, dating, schooling, and career choices. Young mothers may react to such conflicting demands with psychological distress, perhaps expressed through depressive symptoms.

To teenage mothers stress appear to be the condition that is generated by discrepancies between needs and capacities on one hand and environmental qualities on the other. Germain and Gitterman, (1990) as quoted by Martin, (1995) states that the stress the teenagers feel, arises in three interrelated areas of living: life transition, environmental negotiations, and interpersonal processes. A life transition might include changes that occur developmentally, as in adolescent pregnancy, and the status change from student to motherhood, from the role of good student, daughter and sister to the role of breadwinner and caretaker. According to Germain and Gitterman, these life transitions, as well as all life transitions, require changes in self-image, in the way of looking at the world, in the processing of information derived from cognition, in perceptions and feelings, in patterns of relating to others, in the way environmental resources are used and in the goals one has established.

Unresponsive environments as seen by Germain and Gitterman can be a source of stress. If the organisations designed to meet adaptive needs (schools, hospitals, and welfare organisations) may impose unresponsive policies and procedures in helping the teen mothers, then the organisations can impose stress to the teen mothers.

Economic outcome

Moore et al, (1993) observed that, in large part because of low educational attainment and low marital stability, coupled with the poverty endemic to young parenthood, teenage mothers have lower incomes and are more likely to be on welfare than their peers who delay childbirth.

Teenage mothers are less likely to find stable and remunerative employment than are women who delay childbearing. Accordingly they are more likely to receive public assistance at the entry to parenthood, to become reliant on public assistance, and to end up in poverty. This is due to the low education most of them attained (Furstenberg, op cit). With education cut short teen mothers may lack job skills and so making it hard for her to find a job and keep it (Mastrocola M, in htpp://www.personal.psu.edu).

Teen mothers can also face problem of getting financial contributions from their male partners. Many young fathers are rarely strong sources of financial support for teen mothers and their children. Although most start out with desire to provide for their children, their child support contributions are extremely low (Coley & Chase-Lansdale, op cit).

Positive outcome

Teenage pregnancy and childbearing may make a teen mother feel that she can make a change in her life. In some cases it leads to marriage or stable relationship between the partners; in others it enhances the teenage mother's self-esteem since it enables her to do something productive, something nurturing and socially responsible (Luker, op cit).

Coping and adapting with teen motherhood

Education for coping and adaptation

Being a teenage parent is one of the most difficult jobs in the world. Most teens are not even capable of caring for themselves. Teenage mothers are often affected by interpersonal conflicts, and feelings of loneliness and depression, particularly in the months following the baby's birth. However, Rickel, (op cit) suggested that, increased knowledge coupled with adequate emotional resources may promote adaptive interaction patterns and enabled teen mothers to be more effective parents.

Rickel sees adolescents, simply by virtue of their age, as having little education, and further more they have limited experiences about life. They are less accustomed to seek out resources for themselves than older mothers, and even when presented with information they may require help in applying it. Thus they tend to rely on their families particularly their mothers and grandmothers, for information on child development and child care techniques. In some cases, where older sister or peer has children, a teenage mother can seek information from them.

In relationship to the above evidences Rickel argued that, if we seek to expand the knowledge base of young mothers it will not be sufficient simply to rely on school personnel or to make printed material available so that teenage mothers can consult them. She suggested that, information will be better transmitted, and more likely absorbed and used, if it comes individually from a person who also maintains social contact with a teenage mother. With more preference on social contact she sees individual contact as one that can be used to train the teenage mothers in more effective and sophisticated information seeking, need identification, and use of available community resources.

Grandmothers' involvement

Most teenagers have very inaccurate or no ideas of child development, and they have an overall tendency to expect children's ability to develop much earlier than is actually the case. Thus given advices and support in child development can help them be good mothers. Grandmothers (mothers of the teen mothers) can do this effectively.

A number of recent studies have carefully considered the roles the grandmothers' play in co-parenting, housing and supporting young mothers and children. Coley & Chase-Lansdale, (op cit) determined a pattern of shared rearing in which grandmothers aided their daughters and modelled appropriate parenting behaviours as the most appropriate for providing young mothers with both the support and the autonomy they need to effectively assume health, one of the primary parental responsibilities.

Social support

The number of people (be it family members or peers) offering social support to the teenage mothers appears to be a major factor in the presence of nurturing behaviour. Rickel, (op cit) viewed social support as a factor to buffer the effects of stress and to ameliorate depression. Rickel further suggested that interventions targeted toward helping teenage mothers establish and maintain social support contacts may be beneficial in terms of improving the mothers' ability to care for their children.

Rickel, (ibid) thus observed that, the teenage mother's primary source of social support usually is her

family. In most cases the girl and her baby live with her parents and are at least partially supported by them even financially until she become financially able to move out. In some instances a young mother may live alone or with the child's father, but the maternal grandmother remains an important source of material aid, advice, information, support, and sometimes free child day care.

Social support can be defined through four categories of support namely the emotional, instrumental, informational, and appraisal (Cronenwett, 1983). According to Cronenwett, emotional support is characterised as those acts that provide empathy, caring, love, trust, and concern, whereas instrumental support referred to access to behaviours that directly help the person in need such as aid in kind, money, labour, and time. Cronenwett finds the provision of information, advice and directives that can be used in coping with personal and environmental problems as the informational support, and appraisal support as the transmission of information relevant to self-evaluation such as can be derived from affirmation, feedback, and social comparison opportunities.

Chapter 3
Research methodology
Research design
When talking about research methodology, not only research methods or techniques are to be considered, but also as Yin (1996) suggests, the logical sequence that connects the empirical data to a study's initial research questions and ultimately, to its conclusions. The main purpose of the design is to help to avoid the situation in which the evidence does not address the initial research questions (Yin, ibid.). This study will be of the qualitative design.

Qualitative design
The interest was the causes of their choice of having babies, problems they face after delivery and how they cope and adapt to the situation of becoming mothers in early ages.

From twenty years work experience as a social worker and some anecdotal evident, most teenage mothers face a lot of problems including stigmatization, family isolation, paternal disputes, inadequate or lack of experience and personal resources necessary to provide a supportive environment not only for their babies' overall development, but also for their own.

Due to this experience the choice was made to use a qualitative approach in exploring how the teenage mothers in The Gambia deal with the situation of becoming mothers in their early ages. As Tutty et al (1996) views, qualitative research tries to understand how people live, how they talk and behave, and what captivates and distresses them. More importantly it strives to understand the meanings of people's words and behaviours.

Area of the study
This study was conducted in Serekunda in the Kanifing Municpality. Serekunda has well over 250,000 inhabitants and is a mixture of all the tribes found in the country with many immigrants from different parts of the globe. It is the biggest commercial centre in The Gambia.

Sample and sampling techniques
In The Gambia like most Muslim societies, matters pertaining to unwanted pregnancies and children born of marriage are kept highly confidential and close to the chest of all family members and even communities for the fear of social stigmatization, isolation, family breakdown, tarnishing family names, just to mention few. Therefore, getting a person to talk to about teenage pregnancy experience is extremely difficult particularly when it is known or suspected that one is conducting a research. The sample consisted of ten teenage mothers, and five professionals whom they meet with occasionally particularly when they need some professional support either for themselves or the babies.

Due to the nature of the study, expenses involve, and time constraints it was difficult to cover more than this population. Thus as Shipman (1992) suggests, sampling is one of the best systematic techniques of choosing a group of individuals, that is small in number and enough to be true representative of the population from which it is selected. Therefore the most basic sampling technique adopted in this study was snowball sampling.

Snowball sampling
This technique as Gilbert (1993) argues is often used to obtain a sample when there is no adequate list, which could be used as a sampling frame. It is a method for obtaining samples of numerically small groups. Based on this, social worker, health care workers, and even volunteers were requested to assist. These professionals made some contacts with the teenage mothers or women who became mothers while they were teenagers. Through this technique ten mothers agreed to participate and interviewed.

Methods of data collection

In spite of limited resources, to ensure the validity and reliability it was found that one method of data collection was to be ineffective in obtaining detailed information and as such more than one method were used. Therefore the study automatically confined itself to the use of interview and questionnaires. Although they were time consuming, yet they yielded enough, valid, and practical information. These questionnaires were made of simple closed and open-ended questions to ensure that accurate answers were given and that misunderstandings and ambiguity were avoided.

Method of data presentation

This study presented and analysed the data through the narrative accounts. This constitutes the stories people tell about their own experiences (Sussman & Gilgun, 1996). As Sussman and Gilgun suggested, this method invites a reader to reflect on the meanings of the stories for himself, with the frequent result of greater personal understanding and motivation for action, drawing from the reader answers that best meet his unique situation. Narrative accounts used relied on the theoretical propositions as Yin, (op cit) discusses that, theoretical propositions reflect a set of research questions, review of the literature, and new insights.

Chapter 4
Empirical findings and analysis
Respondents´ characteristics

Nearly all the teenage mothers in this study were between 13 and 18 when they first became pregnant and decided to raise babies. Some of them dropped out of school for a while when they became pregnant, but some had already completed primary school. During the study few of them particularly, those who are already grown up, were working and depend on themselves and support provided by the father of their children, but others were still depending on their family members since they were either still students or were unemployed.

Presentation and analysis of the findings

This chapter present and analyse the findings gathered from the teenage mothers, through their narrations about their experiences, and the answers from the professionals who worked with them, along with various meanings scholars attached to those narratives. However, in order to ensure anonymity of the respondents their names are not mentioned.

Teen Pregnancy and contraceptive uses

Some studies argued that some young persons engaged in early intercourse without awareness of the risks of unprotected sexual activity. Adopting the same argument teenage mothers in this study were asked, "Before you became pregnant, how often were you using contraceptive methods?" 6 out of 10 said that they used contraceptive methods occasionally, while 2 of them said that they used them often, and 2 said that they didn't use at all. No respondent reported to have been always using contraceptive methods. Most of the respondents who used contraceptive methods occasionally and often, said that they used condoms and pills. Some of those who used pills reported that they often missed taking the pills, and some said that when pregnancy occurred they had stopped taking pills and they were on transition to seek another method. One respondent reported; "when I met my boyfriend I had stopped taking pills because when I took pills my period was long and I experienced much bleeding. I had a plan to go to the Youth counselling centre or health centre to consult a midwife on my problem".

Those who used condoms occasionally or often said that it happened sometimes that they had sexual intercourse without using condoms, but they didn't get pregnant. Thus they thought that even if they would practice unprotected sex, pregnancy could not happen to them. Another respondent narrated, *"I occasionally used condoms when I had sex with my boyfriend. Sometimes we forgot to buy condoms and we practised sex without using it. However I couldn't get pregnant. This made me think that pregnancy could not happen to me at that time."*

Some girls practice unsafe sex because their boyfriends pressurized them and the girls think that they can lose the boys if they do not have sex with them. One respondent expressed her belief that the only way she thought she could keep her boyfriend was to agree having sex with him although it was unsafe sex. *"When I met him, I felt that I had a popular guy and economically well off one. He used to take me out in his nice Mercedes Benz car. I was really happy. Although I stopped to use contraception (pills) he convinced me to have sex before starting taking pills or another method again. He told me nothing like getting pregnant could happen. I was so young, and crazy in love that I couldn't think much on the danger of getting pregnant. Thus I decided to have unprotected sex just to keep him and not let him go to another girl."*

Besides the teenagers' hopelessness, and weak knowledge and use of contraceptive methods, parents also have been found to be among the correlated factors of teenage pregnancy. Some of the respondents viewed

that most of the parents think that their teenagers do not practice sex at all since they are with the strong conviction that they are too young and sometimes they are being taught about the impacts of sex at young age. One of the respondents lamented.

"*I received sex education in school during FLE (Family Life Education), but I think when I was taught I was too young and I had not thought of practising sex. My parents didn't talk anything about sex but mostly about religion and good manners particularly when in the public, with elders, married, etc. Remember not only in my house is discussions on sex prohibited but is like it is all over the homes. It is taboos in the country. This made me be hopeless in using contraceptive methods and have a feeling that pregnant couldn't happen to me*"

Teenagers' reaction on pregnancy

When most of the teenagers in this study found that they were pregnant they couldn't immediately find easy answers. Basically two options awaited them: illegal abortion or carrying the baby to term. Robertson (1981), (as quoted by Rickel op cit) believes, this constitute a time of "acute psychological stress" for the pregnant teenager regardless of the outcome she considers. The narrations of one respondent assert this: *"I was ashamed and I felt like I let my entire community, extended family, friends immediate family members, parents particularly my mother down and my brother who has been paying school fee and giving me lunch and transport fares. My mother always tell me go to school, do something like home work and private studies to practice what learned, go to "Dara"(i.e. reading The Holy Quran in neighbourhood with other children) or even have a walk to a nearby school mate and she always thought I was not doing sex although she suspected that I had a boyfriend which I categorically denied in a private meeting with her and my authoritative father. I couldn't talk to her about my pregnancy because it would possibly mark the end of her happy marriage and my being disowned by the whole family as had happened to many girls in town. It is something that I never planned for heavily choke with emotions.*"

Another respondent, whose parents were divorced, was also shocked when the pregnancy test appeared to be positive. *"When I noticed that I was pregnant I was scared, worried, and upset. I was scared to tell my father because I was wondering what he would gona think and how he would react to me. When he phoned at home I was telling my mother to tell him that I was not at home."*

The below captioned respondent who was living with her divorced mother expressed similar feelings. "*I was surprised and I guess I was equally really scared. I don't know nodding her head. I knew my mother would be really disappointed in me. Truly, I was scared to tell her for I could be kicked away or isolated for months if not for years*".

However, not all teenage girls were shocked by their unplanned pregnancies. The narrative of one respondent below depicts this. "*When I found I was pregnant I was glad. I knew that one day I could be pregnant because I used contraceptive methods (condoms) occasionally.*"

Causes of teen childbearing

To determine the teenagers' attitudes towards their pregnancies and childbearing the study evaluated if they planned to have babies. 9 out of 10 respondents didn't want pregnancies and also didn't plan to have babies during the teen age. Although they didn't plan to be pregnant and raise babies, and were shocked when they found that they were pregnant, still they were positive about their pregnancies and didn't want to have abortions even if some of them were convinced by their mothers or boyfriends to undergo abortion. The narrative below indicate what made some of the teenage in The Gambia choose to have babies.

Teenagers against abortion

"*When I just found that I was pregnant, my mother set a master plan that she could sent me for abortion. I didn't want to do abortion since I was a religious believer (Muslim), and felt so sinful to do abortion. I believed that baby is a gift from God. Although my boyfriend also didn't support my choice I remained with my stand,*" said one respondent.

Another respondent also found abortion as inhuman.

"*When I went with my boyfriend for the pregnancy testing, and found that I was pregnant I felt that I had something in my stomach, something that was part of me. Therefore when the midwife asked me what I could do with my pregnancy I answered her that I will keep like it any woman and raise a baby.*"

One of the respondents who had unsafe sex expecting to keep her boyfriend was not very much shocked when she noticed that she was pregnant. However her expectations from her boyfriend did not materialize since he told her to do abortion. Her mother also advised her the same, but she chose to have a baby. Below is her narrative. "*He told me to do abortion, but I was strong and told him I have to keep the pregnancy and raise a baby. He overreacted to me and told me that we had to break our relationship. When I told my mother she also told me to go for abortion because she was not ready to be a grandmother during that time. She became mad and told me to find my own apartment and keep my pregnancy alone. Regardless of all the negative responses I*

received both from my boyfriend and my mother I stood on my decision because I felt I had something alive in my stomach and I must deliver it with head down."

Longing to be mothers

For some teenagers choosing to have babies could be an assertion of their own need to be mothers and a way of gaining attention as shared by some. "I wanted to be a good mother." "I wanted to prove to my mother that I could be a good mother." "I used to take care of my young brother, so when I became pregnant I wanted to show that I could also provide good care to my baby." The narrations concur with Rickel, (op cit) speculation that, in some cases having a baby may be a legitimate attempt to grow up.

Influence from the parents (mother)

One respondent who was living with her divorced mother had a sister and a young brother. Two months before she became pregnant her young brother died. When she told her mother about her unconfirmed pregnancy, her mother cried and was so surprised, and decided to take her for the pregnancy testing. When the test appeared to be positive her mother encouraged her to keep the pregnancy by reminding them of her lost young brother.

Another respondent also kept her pregnancy due to the influence of her mother. "My mother discouraged me about the idea of abortion and promised to support me with the baby when it comes to the caring responsibilities."

Lack of vision for the future direction of life

Some teenage girls become parents either because they cannot envisage another positive future direction for their lives, or because they lack concrete educational or employment goals and opportunities that would convince them to delay parenthood. One respondent was in such a dilemma as   her narrative below has revealed.

"I was 17 years when I had my first baby. I decided to raise a baby because I found it as the only way to keep me busy. I didn't use to go out for different social activities, but I liked to stay home. Sometimes I became bored and I was thinking that if I could have a baby I could be busy with something to do. I told my boyfriend who was 25 years and we together agreed to have a baby."

The above respondent and her boyfriend were in friendship for six years before they decided to have a baby. Today they are already married and have four children.

Another respondent also became pregnant when she was 18 years, few months after she graduated from high school. Her narration as what lead to her choice of having a baby is as below. *"I think I became pregnant and choose to have a baby because I didn't have many goals set for myself. I had completed secondary school but with low grades. Therefore I thought I could not get good job during that time, and also couldn't go neither to the high schools nor vocational training institutes. When I became pregnant I thought to have a baby is nothing, but I think I didn't really look at it seriously. If I had probably settled down and set some goals/vision for myself maybe I would have handled things differently."*

The above narration encompasses Parson's (1989) concept of locus of internality, as quoted by Martin (op cit). The concept deals with an individual's perception of having an impact on her environment. Through her explanation the above respondent perceived herself as unable to influence her environment because she lacked vision for her future direction of life.

Professionals' response on the causes of teenage childbearing

The question "Why some of the teenage girls choose to have babies?" was also asked to the professionals. 3 out of 5 respondents viewed lack of vision for future direction of life; some teenagers are against abortion, and longing to be mothers. However, 2 of the 3 respondents viewed lack of vision for future direction of life, and longing to be mothers to be the key contributing factors.

The findings above correspond with what the teenage mothers narrated on the causes of teenage childbearing.

Problems encountered by teenage mothers

As it has been discussed in chapter two the consequences of teen childbearing deeply affected both the mothers and the children, and the society as a whole. The narratives below describe some of the difficulties the teen mothers experienced as they attempted to accomplish the motherhood responsibilities. *Loneliness, tiresome caring responsibilities, depression and stress due to lack of supportive relationships, and financial difficulties, etc.* "*I moved to my own apartment when I was about to deliver. My boyfriend who was 19 years was living with his parents and was still scared to tell his parents about my pregnancy. He was willing to help me, but he couldn't stay a full day in my home since he scared to be late back to his parents' home. He was so confused and his parents were so surprised and questioned him about his changed attitude, but he couldn't tell them the truth. This made him to be much stressed to the point of seeking a psychiatrist for counselling. All these made me feel*

so lonely especially when the baby was asleep. I had no one to talk with."

"*When my friends planned to go out during the weekends or in the evenings I couldn't go with them because my baby was too small and I had to breast feed him at home. I couldn't take him outside in the open air and leave alone the burning sun. I missed my friends' company and felt to be so lonely.*"

Apart from loneliness, some respondents reported that they had some endless financial difficulties as commented by one of them. "*I was 16 years when I got my baby, and I was still under my parents care. I and the baby's father were all students and as such had no income. After having the baby I received child support from a philanthropic organisation, but I found the money to be not enough for the baby's needs. During that time my mother was no longer working since she was sick. Thus my mother was also not receiving any income and depended on friends, sympathizers and the extended family system.*"

The below also portrays loneliness as encountered by a teenage mother.

"*I used to go regularly on a beach walk and even night clubs with my friends. After being heavily pregnant and having a baby I couldn't go with them anymore because I had to stay at home with my baby. I felt so lonely. Moreover I was too tired with the caring responsibilities. It is a challenge and even a burden to have a child at this age of my youthful life. I should be reading something in the vocational institutes since my grade cannot see me in the college which I greatly wish and even prayed for. I have always wanted to be a teacher. I love helping children with their education. Otherwise I could be working in the tourist industry just next to our home pointing west. With this baby my life is near empty. I cannot go anywhere since I don't have anyone to leave him with. You know our community and particularly parents with illegitimate children.*"

Another respondent explained how tough the caring responsibilities were. "*I thought that taking care of a baby was a simple stuff. However when I got my first baby I found it to be very tough especially with the baby's crying and sickness. My mother helped to provide transport fares to the hospitals and even provided money for the purchase of medications, but when I returned home I felt the responsibilities to be so hard especially when the child is sick and my mum is in her bad days. She does not want to help and would even at time asked me out because my brothers and sisters do complained for not sleeping well and yet they have to go to school the next day. My boyfriend and her sisters did help a lot by taking the child for few hours and at times weekend especially when she grew a little older. But this was never enough especially when it is night time where the toughest battles are fought. Caring for a child is an uphill battle for us teenagers because we lack the experiences. Experiences matter in all things.*"

The above respondent who lost her first baby shared how she mourned her lost child. *"When she was eleven months my baby became seriously ill and died. I was so sad to lose her, because I loved her so much. My younger brother who was so much attached to her made it even worse. They were all the time together particularly when I go to the market or washing for the family. She was the only child in the big compound. All of us are big and busy with our endless daily chores. We played with her for fun. They hated her at first because she was born out of wedlock and the father was jobless but gradually they could put all those behind them. We all cried and cried. It was treble."*

Another respondent who got her first baby when she was 18 years experienced difficulties in caring for her child, and below is her experience. "*When I got pregnant it was just the worst thing, but I knew I could keep the baby easily but though with endless difficulties as far as the experiences of my friend is anything to go by. It was tough for I witnessed it because she was a good friend and what separated was her getting married though young. As was suspected it was not as easy as I thought. Caring for a child is tough; staying at home was a big part of motherhood. My baby like all babies needed a lot of attention, and I found myself waking up at many hours of the night to care for and feed the baby. Certainly I think I missed a lot of my freedom like hanging around with friends at school, playing in the streets both on way to and back to school, sometimes going to the night clubs during religious and national feasts.*"

Teenage parenting has some impacts on both teenage mothers and the children as was related by one respondent with two years old child. "*I am lonely since I lost my boy friends. We have no more anything in common. My mother also didn't accept my decision to have a boyfriend although am no more student because she was not only afraid of the gossiping in the neighbourhood but the act of destroying the hard-earned family name for she suspected my strong desire for a man. Leave alone her housing a bastard as she has all time referred those children born out of marriage. This had created a bad relationship with her. The same happen to my boyfriend who didn't support my choice of having a baby and has always insisted on his using condoms. I always feel so lonely and moreover feel so depressed especially when I call my friends who are married away with children and receive the reply that they were tired with their children and sometimes in-laws for those living in big families. Sometimes my half-sisters would complained being tired with my problems and would want to have their free life.*"

One respondent expressed her depression as: "*I also feel much depressed when my son's father comes in the night just to have sex with me. I cannot deny him because I want him to be closer to his son. Although he does not support me in any way I want him to be closer to his son. Sometimes I found my son calling "papa,*

papa". This makes me be so stressed because I know that my son wants to see his father."

A respondent complained about her baby's father failing to support her and her child. *"Although he is working, and he has money he does not support me much financially. One of the reasons is that he has another six children with other women and so he has to divide his income seven times. Therefore I receive only D250.00 from his salary through the social welfare. He never even buys his son some clothes or any gift. He now thinks my son as his child. He wants a child to visit him regularly and even call him father, but he never contributes as a responsible father."*

Moore et al (op cit) observes that teenage mothers also have slightly more children, often in quick succession, than do teenagers who postponed parenthood. In addition to those depictions of difficulties in child caring the following narration supports Moore's observation. *"When I was 19 years, one year after having my first baby I got another baby. Although I didn't face difficulties when I had the first child, but then I found it very difficult to care for two babies at a time," said one respondent".*

A respondent who had a second baby with another man had no good relationship with her first baby's father. He didn't come to see the baby, and received his financial contribution through the Social welfare as a deduction from his salary. When she was 22 years she got the third baby.

Unfortunately she lost her first baby, two months after birth. She got a second child when she was 17 years and the third baby when she was 22 years. She encountered some difficulties with her third baby who was not only premature but also mentally retarded.

Low education status

Another problem most of the teenage mothers face is the drop out of school. Among 10 mothers interviewed 6 were students when they got their first babies. They had to drop out of school for a while and take care of the babies. As Olausson (1999) revealed, teen mothers in most cases do not reach high educational levels as oppose to women who delayed having their first child. Among the teen mothers there was no one who had a completed high school leave alone tertiary education. Since they are in most cases more poorly in school they are less likely to have educational goals beyond secondary school. However one respondent had a plan to study up to tertiary level, although she had it tough in caring for her frequently sick child.

Professionals' response on the problems facing teenage mothers

In responding to the question "What are the problems the teenage mothers face?" all the respondents mentioned loneliness, burden of child caring alongside other needs, interrupted educational career, conflict with their parents and/or babies' fathers, isolation, eviction and financial difficulties. The findings from the professionals relate to the problems narrated by the teenage mothers when asked the same question.

Positive experience of teenage motherhood

Although most of the teenage mothers in this study faced some difficulties, some of them were so positive about their motherhood irrespective of whether or not it was planned. One respondent, whose pregnancy was secretly planned, was happy with her motherhood responsibilities. Although her parents didn't accept her decision immediately, her boyfriend helped her a lot and she enjoyed the baby. Teenage pregnancy and childbearing had resulted to a marriage and strong relationship with her partner which was the ultimate aim of her secret plan.

Other two respondents, whose pregnancies were unplanned were also positive to the motherhood responsibilities and found no difficulties since they were supported a lot by their parents, brothers, sisters, and babies' fathers.

Coping and adapting with teenage motherhood

Most of the pregnancies in this study were unplanned. Regardless of whether the pregnancies were desired or not most of the teenage mothers had less preparation to cope and adapt to the roles of parent. Their ability to cope with the stresses of teen parenthood and their limited knowledge of appropriate child rearing skills affected their psychological wellbeing. This is because stress is assumed to place individuals at increased risk for depression, anxiety, and other emotional problems (Rickel op cit)

Family support

In the previous discourse, social support was discussed as a critical factor in helping teenage mothers cope and adapt to the situation of teen motherhood. The discourse revealed the primary source of social support to be the teen mother's family. When asked how supportive their families were to them, 6 out of 10 respondents said that their families were very supportive, 3 said that their families were a bit supportive, and one said that her family was not supportive at all. Below are some of the stories of two teen mothers who claimed to receive much supports from their families.

"When my mother warned me to keep the pregnancy because it was sinful and risky to do abortion being her

only daughter though sad and shameful of the situation, I continued to live with her in her room in spite of the frequent quarrel with my father who was not in support of my staying with the family any more for the fear of influencing his children with the first wife. My mother helped me a lot during my pregnancy and even after I delivered a baby girl. She taught me about baby's needs and how to care the baby. I'm really proud of her when I always look at my kicking baby despite being sometimes sad about the shame I brought to my family and the seemingly endless bad blood I created between her and my father."

"*When I got discharged from the hospital and came back home my parents bought me most of things a baby would need. My uncle also bought some clothes for the baby. My brother a mobile phone dealer brought me a simple mobile phone so that I could communicate with the wife any time I needed their help since our parents may not be able to support me and my baby all the time and my boyfriend is still a student. Truly my family was very supportive. However, it is very shameful to have such a baby in my community, she looked down.*"

The stories above indicate how supportive families can be in terms of providing some important social support that can help teen mothers to cope and adapt to motherhood responsibilities. Such support can provide teen mothers the parenting skills especially if they are primary givers, the situation that most of the teen mothers are faced with. Teen mothers can learn to interact appropriately with their babies physically as well as emotionally. As Rickel (ibid) argued a teenage mother with initial support and guidance may be able to cope with the adulthood roles, but without adequate support is likely to flounder.

Knowledge and peer support
Teen mothers are faced with the task of learning to care for their children at three basic levels: physical care; guidance and discipline; and affection, nurture, and support. Each of these areas is itself complex and requires many kinds of knowledge and problem solving skills (Rickel,ibid).

Knowledge therefore appears to be somewhat more important in determining how, where, and when teen mothers seek childrearing help and information in order to be good mothers. Six mothers said that they were attending group discussions with other teen mothers during their pregnancy as well as after delivery. During the pregnancy they were attending the maternal health care clinics for health check-ups. The nurses arranged some group discussions for the teenagers to share their experiences on pregnancies. The same has been arranged when the teen mothers come with their children in the child health care clinics and they appreciated these services. They viewed it good to share experience with their peer teen mothers although their parents educate them on child development and childcare techniques when they are in the mood.

To some extents this was validated by the responses from the professionals in reacting to questions like: "How do you help teen mothers cope and adapt to the situation of becoming mothers in their early ages?" Almost all respondents answered that the clinic does organized group discussions with the teen mothers if it is found that there is more than one teen mother who have come with their children for health check-up, and felt there is a need for them to learn together and even exchange ideas with one another. They learn much about child development and caring, and also about themselves.

The findings above correspond with Lindsay et 1989 (quoted in http://www.personal.psu.edu) that the support of a group of other young mothers may bring a significant reduction in the isolation, boredom, and desperation sometimes experienced by young parents.

Baby's father support
Teen mothers also were asked on how supportive their boyfriends were. This question was asked because many research especially on the parenting abilities of teenagers focused more on mothers, while adolescent fathers have received scant attention. As Rickel, (ibid) reveals there is a long-standing stereotype, both in popular thinking and in social science research that teenage fathers are irresponsible, want nothing to do with their children, and generally desert their pregnant girlfriends.

The assertion above seems to be negated by the revelations of the study. Seven out of ten of the teenage mothers said that their boyfriends were very supportive either emotionally, materially or physically. Among these, 4 teen mothers' boyfriends were also teenagers, and 3 were adults. Three mothers answered that their boyfriends were not supportive at all, and among these 2 were teen fathers while one was adult.

Unfortunately, the study like many studies didn't devote much attention to teenage fathers. However, the findings are interesting and worth confirmation by further studies. However, one can postulate that teenage fathers tend to be more sympathetic to their teen girlfriends who are mothers of their children than adult boyfriends who are fathers of the children born of their teenage girlfriends.

Community intervention
As revealed teenage mothers are faced with many difficulties in meeting their parental obligations and as such their physical, emotional, and identity development are sometimes affected when they fully assume these roles as parents. Community intervention with the aim of helping the teen mothers in coping and adapting to the

challenges of teenage parenthood can have significant impacts on them and their children. When asked about the support they received from the Social welfare Department and the state in general, all teen mothers interviewed acknowledge a receipt of support but were quick to add that additional support is greatly needed. Some, particularly those who were still in school were given some counselling, a chance to go back to school with even a scholarship. The boy friends and parents were equally counselled to help understand the situations and find better ways of coping with it while supporting the teens and children and yet avoiding the occurrence of such things in the family.

Views about how to support teenage mothers in coping and adapt to motherhood

Teenage mothers were asked to provide their opinions about how teen mothers can be helped to cope and adapt to the situation of becoming mothers in their early ages. Three out of ten had the opinion that, teens' parents should open up and talk to their teenagers and support them regarding sexuality decisions and the use of contraceptive methods as illustrated underneath.

"*When you are a teen you do not understand the real problems in sex and sexual relationships, so you can't know right questions to ask in sex education and even in negotiations with boyfriends. If parents could allow open communication with their teens they can help them know the right questions about sexuality, even those to ask in youth counselling centres or in school's sex education class. This is not only important in dealing with those who are foreigners and have different cultures from The Gambian culture. Parents are very important in letting teens have a good understanding of sexuality*."

"*Parents should speak out about sex and contraceptive methods. If mothers can speak to their teens about sex and contraception may be teens can think seriously about it and be much more careful in practising sex especially unsafe sex*."

In the same vein, 5 out of 10 claimed that parents and baby's father should support a teenage mother in taking care of the babies. Parents should help their girl child to understand the difficulties in not only having a baby but also how to take care of it as lamented below.

"*Mothers should support the teen in the transition of becoming mothers and also in motherhood responsibilities. They should encourage the teen mothers and make them believe in themselves and be strong. They have to support the teen mothers in coping with the situation of becoming mothers because some of the teenagers get pregnancies after being raped. To blame, reject, isolate a teen mother helps nothing rather increasing stress and depression*".

"*Parents should support the teen mothers to take new responsibilities. Moreover baby's father should support the choice of a teen in raising a baby, and assist her in the caring responsibilities and even financially*."

Another teen mother solicit Social welfare and the state in general to continue supporting the teenage mothers financially as well as in their education because some of them become lonely mothers with no one to support particularly when their family has decided to turn their backs on them for different reasons including the dashing of the hopes of the family.

In the group discussions held in the child health care clinics, one respondent had the opinion that the community should establish a centre where teenage mothers can meet and exchange ideas and encourage one another. She viewed it as something that can help to release stress, depression, and loneliness among the teenage mothers.

The findings revealed that commitment and action by communities, families and babies' fathers are fundamental in supporting teenage mothers in coping with and adapting to motherhood responsibilities.

Chapter 5
Discussion and conclusion
Discussion
Although the findings from this study are not representative for all childbearing teenagers across The Gambia, they illustrate relationships between young mothers' childbearing decision, problems, and coping and adaptation strategies that are likely to be applicable for a broad group in Gambian teenage mothers.

Causes of teenage pregnancy and childbearing
Sex education and contraceptive uses
Evidences points out that some of the participants have some basic knowledge about sex education and have access to some of the contraceptives. Unfortunately, having access to contraceptive services does not ensure their effective use. The study findings indicated that some teenagers become pregnant due to many factors including their failure to use contraceptive methods consistently when having sexual intercourse. The findings concurs with (*Jewkes and Morrell, 2009; Panday et al., 2009; Chigona and Chetty, 2007; Bearinger, 2007; Wikipedia the free encyclopaedia, 2008*) where incorrect use of condoms, inaccurate and inconsistent use of contraceptives, contraceptives failure, etc. was highlighted as some of the causes of teenage pregnancy.

The study also revealed that some of the teenagers do not have the opportunity to communicate with their parents about sexuality and contraceptive methods. Some of the teen mothers blamed their parents for not talking to them about sexuality issues and even if it is never in detail and straightforward for their level of understanding. Sometimes it is like stories. This concurred with the findings in (*McNeely et. al., 2002; O'Sullivan, Meyer-Bahlburg & Watkins 2001*). "Teenagers obtain information on sexual behaviour from various sources but often prefer parents as the primary educator", (Handelsman, 1987).

Furthermore, findings suggest that some parents think that sex the educationteenagers received from school is enough. However, as Warren, (1995) distinguishes between sex education and sex communication. It is noted that education in general is unidirectional, involving the provision of information in a top-down manner; from expert to novice, whereas communication is bi-directional, involving two partners in mutual dialogue with the viewpoint of both being valued.

However, Rosenthal et al, (1999) views that, parents engage in limited communication with their teenagers due to different factors. One among those is the difficulty many parents have in dealing with sexual topics even if they know that it is their duty to do so. Parents feel to be embarrassed, sometimes they lack an opportune time, adequate knowledge, or even perceive their children as unreceptive when it comes to discussing sensitive matters of this nature.

Although sex education is provided in school, the findings revealed that it is not quite effective to some of the teens. Some claimed that sex education is good, but it should be well treated in high school where many teens start to explore intimate relationship which can result to sexual intercourse. Fundamentally, there is a need for in depth lessons to both raise awareness on sexuality issues and how teenagers can make inform decisions prevent themselves not only from pregnancy but also those sexually transmitted infections, AIDS inclusive as supported by (Klein (2005).

Planned and unplanned teenage pregnancies
As can be noted, majority of the pregnancies in this study were unwanted/unplanned pregnancies. However, the findings have shown an interesting revelation in the sense that some teenagers at one time indicated that they didn't want a baby, but at the same time reporting that they were happy to have a baby. This to some extents can be associated with the support they must have enjoyed either from the parents or boyfriends whom they initially thought could be very aggressive with them concurring with (*Preston-Whyte et al. 1991*) and Freeman (op cit) that, the timing of a pregnancy may be "unwanted", but the child born may become described as "wanted."

Some teenage girls consciously wanted to become pregnant and raise babies and as such seeing pregnancy as a vehicle of getting a husband, mean of sustenance, achieving adulthood or finding something to keep them busy. The finding is in agreement with (*Clifford & Brykczynski, 1999; Oxley & Weekes, 1997; Stevens, 1994; Arenson's, 1994; Williams and Vines, 1999*).

Teenage childbearing
As for the reasons of keeping pregnancy and the baby the study found that some of the teenagers wanted to be mothers (i.e. wanted motherhood viewing childbearing positively as a way of setting a course for their lives plus a way to gain maturity and stability). This concurs with (*Mackey & Tiller, 1998, p. 413; SmithBattle and Leonard, 1995*). Most pregnant and childbearing adolescent females believed that pregnancy caused them to become more independent and elevated them to adult status, (*Ivey, 1999; Oxley & Weekes, 1997; Stevens, 1994*). It is noted that there are some teenagers who are against abortion either due to their religious background or moral feelings about humanity in the sense that abortion is against the right of someone to exist.

Furthermore, some teenagers choose to be mothers because either they had no life plans, strong academic grades or career plans conforming with Freeman (ibid) who revealed that some psychological studies concluded that teen pregnancy and childbearing is as result of lack of the ability to plan ahead or anticipate future events. Mueller, Gavin, & Kulkarni (2008) equally revealed that teens are more likely to postpone premarital relations, and thereby pregnancy, when they envision a positive future.

Outcome of teenage childbearing
Teen childbearing as revealed by the findings has some negative outcomes like eviction, loneliness, rejection, tough parenthood and its continual demands and responsibilities, financial difficulties, and lack or inadequate supportive relationships, low educational achievements, accompanied with less stable employment and repeated pregnancies in quick succession. This finding is supported by Visser and Roux (1996) it leads to rejection by parents and chasing out their teenage daughters out of the house. Melissa (2012) teenage pregnancy results to incomplete education, unemployment and other numerous emotional traumas. Beside psychological physical risks cannot be ignored. Kirby (2001) and Mpetshwa (2000) revealed similar findings like teenage parents less likely to complete their education, resulting to limited job opportunities, higher education, long-term poverty, hugely financial difficulties, unstable marriages, isolation, rejection, ill treatment from family members, etc.

resulting to severe psychological conditions like depression. Kosha (2001) unveiled that nationally, approximately 25% of teenage mothers have a second baby within one of their first baby, leaving the prospect of high school completion improbable.

Early entry into grandmother hood in some instances can create bad relationship between a teenage mother and her mother especially if a grandmother have to provide time, financial, material and emotional support to both her daughter and a grandchild, thus leaving little time and energy for her own challenges and tasks. Although the study has provided some findings in this regard, it didn't investigate much on it. However, more work is needed to understand the effects of early and unplanned grandmother-hood especially those who have just recovered from parenthood themselves.

Coping and adapting to motherhood
Though the study was more focus on the negative consequences, it also found some positive effects of teen motherhood such as teen mother feeling comfortable with motherhood responsibilities if reactions from both parents and/or partners are positive concurring with Benson, (2004), increased self-esteem and life satisfaction are linked to supportive relationships between parents and pregnant and pregnant/mothering teens.

Despite the negative implications of the teen mothers the findings point out that some of the teen mothers are stable and with the required support, they can adapt, survive, prosper, and create those opportunities for achievements both for themselves and their young ones. It is recognised that family interactions contribute a lot in helping teen mothers in coping and adapting to the situation of motherhood as parents can provide emotional, instrumental, informational, or appraisal support in helping teen mothers with their motherhood responsibilities as confirmed by Benson, (2004), "family support leads to positive outcomes for teenage mothers and positive maternal well-being; and less depression and less risk for child abusive".

In the same vein, another important issue revealed by the study concerns the unique contributions of peers in the sense that being in the same situation provide a teen mother with the opportunity to be engaged in new activities, to fulfil new and different needs, and to exhibit and share new coping skills. Though problems discussed among close friends may differ fundamentally from the events; and conflicts discussed with the help of parents particularly when there is bad parent-teen mother relationship. Thus a teen mother can probably obtain emotional support and coping assistance from friends rather than her parents concurring with Bunting & McAulaey (2004) peer social support was significantly related to reduction in parenting stress, particularly with regard to high level emotional support provided by this group.

Support from the babies' fathers is equally found to be very useful in helping teen mothers cope and adapt to the situation of motherhood. Fathers who have much contact with their children, who are responsible in child caring, and who encourage and support teen mothers from transition to parenthood were claimed to assist in releasing teen mothers' stresses which otherwise would have resulted to stress and depression. Again supported by Bunting & McAulaey (2004) partner support assists to increase self-esteem and reduce depression, however, some partners may be a source of stress and conflict for the young mothers.

Interestingly and worth noting for further studies that there seem to be some correlations between teenage fathers and eagerness to participate in child caring as fathers, while adult boyfriends to teenage mothers tend to shy away their responsibilities, concurring with Young et al, (1975) that pregnant and parenting teenagers most frequently cite their mothers, boyfriend, and peers as major sources of support.

Community support also motivates teenage mothers in coping and adapting to the situation of becoming mothers in their early ages as it provides social capital. Since the state allows the teenage mothers to continue with their education, provides them with child care support, scholarship, allowance from their boyfriends, etc. therefore, teenage mothers are more likely to avoid becoming poor, or attain low education leading to sporadic employment.

Conclusion
Although teenage pregnancy and childbearing rates has been significant low in the past decades, The Gambia like most African communities is witnessing a sharp unprecedented rise in teenage pregnancies and even baby dumping the most ugly and inhumane side of it. In addition to this ugly side the communities are strongly struggling with the economic, social and political challenges, those unintended pregnancies bring to society at large.

Teenagers as revealed do not only need information and skills about how to abstain from unwanted or unhealthy sexual activity; they also need to receive accurate, balanced, age-appropriate information about sexuality and sexual behaviour. They need to hear strong and consistent messages about responsible sexual behaviour, including information about contraception before they become sexually active. Whether or not they choose to have sex, teenagers need to develop skills in communication and sexual decision making so that sex does not "just happen."

It is evident that much relevant information about sexual behaviour and its consequences can be

conveyed through sex education classes, families, media houses, and even communities should be strongly warned to responsibly portray sexuality in television, movies, and other mass media. Parents can also use television and other medium to talk more openly with teenagers about sex and its consequences, and the effective availability and uses of contraceptive methods.

However, the greater acceptance of teenage mothers and the social support they receive from their families, peers, boyfriends, and the society as a whole play a more important role in enhancing the coping and adaptation to motherhood.

Although the study could not generate all the answers needed just like most studies, and because the sample was small due to many factors including financial and material resources and above the unwillingness of people to participate due to the sensitivity of the issues, it will be hard to generalise the findings. Nevertheless, the stated experiences of some of the teenage mothers clearly manifest that teenage pregnancy and childbearing is not the less a monolithic problem, but one with different causes and consequences. Apparently, social support appear to be a critical factor in helping teenage mothers acquire the dire needed problem solving skill and use it over their life span to enable them survive, develop, and achieve success, which facilitates coping and adapting to teenage pregnancy and childbearing.

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