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Full Length Research Paper

Experiences, needs and coping strategies of pregnant and parenting teenagers: A perspective from Lusaka and North Western Provinces of Zambia

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Abstract

Pregnant and parenting teenagers have needs that are unique to the developmental stages of adolescence in addition to the needs common to all pregnant women. The study investigated the experiences, needs and coping strategies of pregnant and parenting teenagers. The study utilized a phenomenological approach, where in-depth interviews with pregnant and parenting teenagers were conducted to get an insight into their experiences, needs and coping strategies. Participants were purposively selected. A sample size was 27 participants which was determined using data saturation principle. Three themes emerged on the experiences of teenage pregnancy and parenting including, abandonment and rejection, loss of parental support and burden of being pregnant or being a parent, while three broad needs were identified; information about HIV status, physical materials for the unborn or new born baby and mother, and the desire to go back to school for those who fall pregnant while schooling. Both adaptive and maladaptive strategies were identified as a means for coping including, avoidance of negativity, support from parents, relatives and partner, repentance and dependence on God, focusing on own and the child's future, and denial of pregnancy or motherhood. It was concluded that pregnant and parenting teenagers undergo diverse negative experiences, while negotiating the transition from teenage hood to adulthood and motherhood amidst unmet teenage and pregnancy related needs. As a means to cope with the negativity and live within circumstances of unmet teenage and motherhood needs, coping strategies are required.

Keywords: Experiences, Needs, Coping Strategies, Teenage Pregnancy, Parenting.

INTRODUCTION

In Zambia, teenage pregnancy and motherhood is a major social and health issue (Central Statistics Office (CSO), Ministry of Health (MOH) and ICF International (2014). According to the 2013– 14 Zambia Demographic Health Survey, 28.5% of girls aged 15–19 had been pregnant or had a live birth.

However, there were regional differences with the problem being much higher in rural areas at (36 percent) than urban areas (20 percent) (CSO (Zambia), MOH (Zambia), and ICF International (2014). The Copper belt province had the lowest proportion of girls aged 15–19 ever pregnant (16–19%), while the Western Province (38–41%) and the North Western Province (41%) had the

highest proportions (CSO, MOH, and ICF International 2014).

While Ministry of Health and the Central Statistics Office covers both school going and out of school girls, Ministry of Education captures statistics among School going Teenagers. According to the Ministry of Education, Science, Vocational Training and Early Education [MOESTVEE] (2009), in 2002 there were 3,663 teenage pregnancies among school going teenagers; in 2004, the number rose to 6,528; in 2007 the figure had risen further to 11, 391 and to 13,634 in 2009. By 2010, the Ministry of Education reported that there were over 15,000 teenage pregnancies among school going teenagers in Zambia

(MOESTVEE 2010). The trend remained high for 2011 at 12,285 (MOESVTEE, Annual school census for 2010). In 2012 and 2013, 14,849 pregnancies and 14,928 pregnancies were recorded respectively (MOESTVEE, 2013).

Pregnant and parenting teenagers have needs that are unique to the developmental stages of adolescence, in addition to the needs common to all pregnant women, mothers, and fathers (National Association of County and City Health Officials 2009). In addition, Parenthood during one's teenage years has been associated with diminished educational attainment and wages, increased risk of poverty and economic hardship, and a greater need for medical, public health and welfare assistance (Hoffman, 2006).

Teenage mother and their children are at risk of both short and long term disadvantages due to lack of physical maturity and preparation needed to be a parent and the disruption that occurs with regard to the teenager's education due to pregnancy (Gyesaw and Ankomah, 2013). It is universally known that neonatal mortality increases as the mother's age decreases; teenagers who give birth before the age of 15 are five times more likely to die during pregnancy or delivery compared to women in their 20s, partly as a result of physical immaturity (WHO, 2008). In addition adolescent mothers have higher complication rates during both pregnancy and delivery. Compared with adult mothers, adolescent mothers are at increased risk of experiencing poor maternal and infant outcomes such as maternal and infant deaths or having a low birth weight infant (Chen et al. 2007; Coall et al., 2012).

In addition to the challenges which are due to physical immaturity, pregnant teenagers experience stress from society as in most societies, teenage pregnancy is regarded as a source of embarrassment because of its association with sexuality (Niven and Walker, 1996). In a study conducted by MPetshwa, (2000), some of the participants reported having experienced a lot of ill treatment from their family members especially their parents who felt betrayed by their children falling pregnant. Furthermore unintended adolescent pregnancy is perceived, interpreted and treated with disdain especially in cultures where fertility within the marriage institution is highly valued (Ilika and Anthony, 2004). This increases the stigma and subsequently the stress on the pregnant teenager who has to cope with the physiological changes of pregnancy, those of teenage hood and the emotional stress brought on by the societal reaction.

In a study conducted by Saim, et al. (2014) on Teenagers' Experiences of Pregnancy and the Parents' and Partners' Reactions: A Malaysian Perspective, it was revealed that teenage pregnancy was associated with secrecy (hiding or keeping the news about the pregnancy from siblings, relatives, school personnel, and neighbours), repression (being pressured by parents or the baby's father to induce abortion or being beaten in

order to abort the baby), rejection (not being respected). Teenage pregnancy was further described as being characterized by detachment (having no feelings toward the baby or suppressed feelings), unworthiness (having guilt feelings of bad behaviour, a strong feeling of shame and embarrassment), ambiguity (opposed feelings toward pregnancy). At times pregnant teenagers experience Overwhelming emotions of despair to keep the baby or not; being a mother or not and a feeling of being trapped.

In addition teenagers naturally experience physical, psychological and physiological changes. During pregnancy, a teenager undergoes more of those changes having less time of assimilating body changes from pubertal growth before having to incorporate changes occurring with pregnancy. It is therefore important that issues of teenage pregnancy are well understood in order to meet the parenting and pregnant teenagers' psychological and social needs and provide the necessary interventions.

According to the United Nations Population Fund (2007) and World Health Organization, 2008, teenage pregnancy can cause severe health, psychological, mental and socio economical problems for both the teenage mother and the child. While teenage mothers are at high risk of mortality from obstructed labours, risk of developing obstetric fistula and lost opportunity for education and economical empowerment.

Similarly children born from teenage mothers are at risk of neonatal, infant and childhood mortality, and limited opportunity for education. The above problems and circumstances affect almost all spheres of life for the affected teenager not only during the time of pregnancy, delivery and early child rearing but may actually signal the end of the teenager's prospect for a productive future. It is for the foregoing reasons that the study sought to investigate from a Zambian Perspective the experiences, needs and coping strategies of pregnant and parenting teenagers.

MATERIALS AND METHODS

Study Design

A phenomenological design was used to investigate the experiences, needs and coping strategies of pregnant and parenting teenagers in Lusaka and North Western Provinces in Zambia. According to Burns and Groves, (2009), the purpose of phenomenological research is to capture the "lived experiences" of study participants. The approach is useful especially when a phenomenon has been poorly defined or conceptualized.

According to Polit and Beck (2012), topics appropriate to phenomenology are ones that are fundamental to the life experiences of humans. This made the phenomenological approach appropriate for the current study.

Study settings

The study was conducted in three Districts; Lusaka District in Lusaka Province representing an urban setting and Mwinilunga and Ikelenge Districts in North Western Province which represented rural Settings. The three districts were selected purposively based on the national statistics indicating higher percentages of Teenage pregnancy in rural areas compared to urban areas.

Recruitment procedures and sampling

Purposive sampling technique was used to select the participants as recommended in naturalistic inquiries (Lincoln and Guba, 1995). The sample comprised of teenagers who were either pregnant, in their postnatal period or whose children were less than 6 months old to minimize on the recall bias for the experiences, needs and coping strategies ranging from the time of pregnancy, delivery to early motherhood. All the pregnant and parenting teenager aged 13 to 19 years who were seeking antenatal, postnatal, and child health services at the selected health centres on the day of the researchers' visit were invited to participate. Those who agreed were requested to sign an informed consent form if aged 18 or 19 years. If below 18, assent was obtained from the pregnant or parenting minor while consent was obtained from a parent or guardian. Those who were below the legal age of consenting (18 years), and whose guardians declined to give consent or their parent or guardian were not present to give consent were excluded from the study. The sample size was determined using the data saturation principle (data collection ceases when exploring further data do not add to the insights already gained) where no new information is obtained and redundancy is attained (Tavarol et al., 2006). Considering that data was collected from 4 different health Centres, a predetermine number of 6 participants per centre was set, however after interviewing a total 24 participants some new information was still being obtained especially in the area of needs of the parenting and pregnant teenagers. Therefore the investigator had to revisit the first urban health centre and interviewed 3 additional teenagers. Therefore saturation was only reached after interviewing 27 participants.

Data collection

Data were collected using in-depth tape recorded interviews alongside observational field notes: Interviews were conducted in a private room which was provided at each of the selected health centre. The interviewees were asked a broad question also known as a grand tour question, then guided through the interview via probes in order to facilitate participant description of their

experiences, needs and coping strategies. Participants were first asked the following ground tour question: What have been your experiences being pregnant or parenting as a teenager, starting from pregnancy, labour, delivery and child rearing? This was followed by the following probing questions: Did you have any intention of getting pregnant as a teenager? What was the reaction of your parents, partner, siblings, friends and teachers? Did you think of abortion as an option? What have been your major health care, health information, economical, social and emotional needs? And finally with all the experiences and needs, how have you been coping with your pregnancy or parenting? Apart from the grand tour and the probing questions demographic characteristics of the participants were also obtained. Interviews were conducted by the principal investigator and a research assistant at each of the health centres.

Data analysis

Tape recorded interviews were transcribed by the researcher verbatim (word by word) using the guidelines by Field and Morse, (1985). The verbatim were then compared with the data contained in the field notes as a way of checking for any mistakes that could have been made during the transcriptions as advised by Creswell (2009). The transcriptions and field notes were then read and re-read. The researcher also listened to the audio tapes over and over to get immersed into the data. The process of reading and re-reading and listening to the audio tapes helped in the initial identification of recurring terms/themes which were used for searching across the data set. Identified items/ themes were then checked for frequency or omission. Similar terms /themes that related to each other were then grouped to reduce the data. In the initial stage of data analysis, descriptive codes were used to identify terms participants used during the interview. Later interpretative codes were used, that is using participants' terms in attaching meaning.

FINDINGS

Demographic characteristics of the study sample

A total of 27 teenagers participated in the study, out of which 12 were from Lusaka District which represented an urban setting while 15 were from Mwinilunga and Ikelenge Districts which represented rural settings. Two of the participants were aged 15, five were 16, six were 17, and two were 18 years while the majority 12 were 19. With regard to the marital status, 10 were married while the rest 17 were single. A total of 20 participants were still in school while the other 7 were out of school at the time they got pregnant. It was discovered that three out of the 10 married participants were still in school. Regarding

the highest level of education attained, two had never enrolled into school, two went up to grade six, three reached grade eight, the majority 10, went up to grade nine, one up to grade 10 and four reached grade 12. Out of the 27 participants, only three had intentions to get pregnant, similarly the same three had had more than one pregnancy as a Teenager. With regard to intentions of aborting, the majority 15 had intentions of terminating the pregnancy for the fear of the reaction of the parents, some due to the refusal by the partner to accept pregnancy while others wanted to complete their education and saw the pregnancy and subsequent parenting as a deterrent to their aspirations.

Participant's feeling upon realization of pregnancy

Prior to asking participants about their experiences, a general question was posed about how they felt when they realised that they were pregnant. Four themes emerged representing how the teenagers felt upon realizing that they had fallen pregnant. They used different words to express how they felt; including being disturbed, troubled, and worried, which all pointed out to the effect that they were distressed. Others expressed it as having felt very sad, embarrassed or ashamed, while others were frightened. However there were others who had positive feelings and described it as having been satisfied at the realization of being pregnant. Below are the themes representing the participants' feelings.

Theme1: Distressed with pregnancy

.....I started dated and living such a life of going out with men that's what made me to find myself in this tough time of getting pregnant. I was very disturbed. I was disturbed a lot when I realized that I was pregnant, I contacted my boyfriend, who denied responsibility. So I got very disturbed thinking, what next now, am pregnant and the person responsible is refusing. you know if you are a school going girl, then you find yourself that you are pregnant a lot of aspects of life get disturbed. Like me what I passed through as an individual, my life was just disturbed because of this child...pointing at the baby...Participant number 6

..... I was disturbed a lot. When I realized that I was pregnant, what made it worse was that my boyfriend responsibility. So I was on my own and didn't know what to do next (Participant number 5)

I got very worried and felt bad.....I was troubled because I wanted to be in school. I wanted to be educated (participant number 16)

Theme 2: Embarrassed disappointed or ashamed

I felt bad because I disappointed my parents, I also felt bad because I disappointed myself (Participant Number 1)

I felt very bad I wanted even to terminate the pregnancy, but I was scared of my mother (Participant number 2)

I felt very sad that I was pregnant because I was at school and wanted to continue and finish my school. I was just blaming myself all the time and thought its better I just get married than having a pregnancy alone. (Participant number 9)

I got very worried and felt bad.....I was troubled because I wanted to be in school. I wanted to be educated (Participant number 16).

I felt unhappy and disappointed the fact that I was at school made me to feel even more bad (Participant number 20)

At first I was ashamed of myself for dropping out of school but I came to accept later on that what happened cannot be changed. At first I had problems when I started staying with a man that I didn't not know well since our relationship had just started before I got pregnant. Now all is well and he has been supporting me and the child and even takes care of the child when I go to school (Participant number 24)

I was very disappointed because I got pregnant when I was in grade 9 and felt that I had closed my future. I thought that I was not going to achieve what I wanted but I will be going back to grade 10. I discovered that I was pregnant when I was writing my grade 9 exams (Participant number 26).

Theme 3: Frightened about being pregnant

I was scared very scared when I got pregnant because of that I have refused to get married because I am still young. I will think about whether to go to school or not. Even my parents have accepted my decision of not getting married when I am young. ... Laughs.... I had a lot of thoughts. I felt bad... It was bad and scaring to get pregnant (Participant number 15)

Initially I was frightened, although I was married I was still young and didn't know what to expect as a pregnant woman I felt very frightened. I just got happy when I realized that my husband was happy after informing him (Participant number 4)

..... "silence"...I was so frightened, felt very frightened after missing my monthly periods for 2

months I told my sister that I was looking for some drugs to terminate the pregnancy, but she discouraged me and told my mother **(Participant number 5)**.

I was afraid of dying especially that I am young and I have heard of young girls die during pregnancy or when they abort or during delivery. **(Participant number 20)**

Theme 4: Satisfaction with pregnancy

Initially I was frightened, although I was married I was still young and didn't know what to expect as a pregnant woman.... I felt very frightened. I just got happy when I realized that my husband was happy after informing him **(Participant number 4)**

Teenagers' experiences of pregnancy and parenting

Participants had varied experiences which pointed out to the effect that there was abrupt turnaround of life situations immediately after they informed their parents or guardians that they had fallen pregnant. Most of the experiences were negative as indicated in the selected quotes below. Out of the narrated experiences, three themes emerged.

Theme 1: Abandonment and rejection

The first day I told my parents that I was pregnant, my father locked me out of the house and chased me and said I should go and live with the person who was responsible for my pregnancy. My father was very annoyed although he has allowed me to go back to school after I have a baby. My mother didn't react much. My brothers didn't react, they said I should go back to school **(Participant Number 1)**

My mother was very upset with me even chased me from home and I went to live with my boyfriend for one month. Later I went back to live with my parents (mother) after my family and my boyfriend's family had discussed the pregnancy **(Participant number 5)**.

When my parents discovered that I was pregnant, my parents were very disappointed and they asked me who was responsible and after I mentioned, they summoned him. When he came, he accepted the responsibility and they immediately told me to go and stay with him. I started staying with him and that's how we got married. He has been supporting me and the children **(Participant number 22)**.

Theme 2: Loss of Support

My family stopped giving me support, the first day I told my parents that I was pregnant, my father locked me out of the house and chased me and said I should go and live with the person who was responsible for my pregnancy, my father was very annoyed although he has allowed me to go back to school after I have a baby. My mother didn't react much. My brothers didn't react; they said I should go back to school. **(Participant Number 1)**

Immediately my mother knew I had gotten pregnant, she stopped supporting me in any way which was different from the time I was in school, where she would help me with meeting my needs. Days would pass and she would not talk to me. There was just no support and I felt like not being part of the family **(Participant Number 26)**

Theme 3: Burden of being pregnant or being a parent

I have passed through a lot... silence.....laughter I have experienced a lot..... Like when I was still in school before I got pregnant..... I started dated and living such a life of going out with men that's what made me to find myself in this tough time of getting pregnant.. I was very disturbed you know if you are a school going girl, then you find yourself that you are pregnant a lot of aspects of life get disturbed. Like me what I passed through as an individual, my life was just disturbed because of this child, Pointing at the baby... **(Participant number 6)**

..... there is no problem but I will be lying to say that things are the same because now I am a parent and have the burden of taking care of the child **(Participant number 9)**

I am going to school while pregnant but it's not easy because the pregnancy has come with strange feelings and I am sick most of the times. A pregnancy is a burden. I am not like the way I was before I got pregnant **(Participant number 18)**.

Themes for parents and siblings reaction

The parent/guardians and siblings of the pregnant teenagers reacted in different ways upon realizing that their teenage daughter or sister was pregnant. Overall, the reactions were negative as they were displeased and aggrieved

with news of pregnancy. Two Themes emerged from the parents and siblings' reaction.

Theme 1: Disappointment

My parents were very disappointed. Very disappointed that they educated me from grade one up to grade 10, and now I was pregnant, and especially that when they asked me about the person responsible I told them that he had refused. They shouted at me and talked about all the monies they had invested in me. They even told me that I should go and live with him But later as you may know with a heart of a parent they just accepted (Participant Number 7)

My mother was upset and disappointed; she shouted at me saying I have disappointed her because I am the only girl in the family of 5 and that she depended on me very much (Participant number 13)

My parents were very disappointed that I was in grade 12 and had gotten pregnant, they started shouting at me that I have disappointed them. Also my friends and siblings were not happy, they have said that I have disappointed them because they had hope that I was going to complete school (Participant number 18).

When my parents discovered that I was pregnant, my parents were very disappointed and they asked me who was responsible and after I mentioned, they summoned him. When he came, he accepted the responsibility and got me to go and stay with him. I started staying with him and that how we got married. He has been supporting me and the children (Participant number 22)

Theme 2: Distress

My mother was very upset with me even chased me from home and I went to live with my boyfriend for one month. Later I went back to live with my parents (mother) after my family and my boyfriend's family had discussed the pregnancy (Participant number 5).

My Parents were very bitter that I got pregnant when I was at school and they said they will not take me back to school but after I delivered, they said I will go back to school (Participant number 10).

My parents were not happy, they didn't beat me but shouted at me that I had brought shame to them (Participant number 19).

My parents reacted badly, I told them and they reacted badly. Mum said that I had shattered her

dreams. I asked for forgiveness but she said she had forgiven me. Mum and Dad are not together (Participant number 26)

Themes for friends' reaction

Friends of the pregnant teenagers reacted differently upon realizing that their friend was pregnant. Although most of them reacted negatively, there were some who accepted and supported their friends. Those who reacted negatively mainly mocked, reprimanded or simply talked behind their friend's back. Out of the negative reaction, three themes emerged while one emerged from the positive reactions.

Theme1: Teasing and scorning

They talk behind my back when they see me...(saying look at her the so called intelligent girl now she is pregnant)(Participant number 1)
My friends were laughing at me that I was too young to have a child (Participant number 10)
Some were happy that I dropped out of school but some were encouraging me that I will be fine and will take care of the child. Others were laughing at me that a school girl is pregnant and asked why I got married when I was very young but I never used to answer them (Participant number 16)

Theme 2: Reproach/rebuke

....My friends were laughing and rebuking me and told me to terminate the pregnancy. Even me I thought of terminating the pregnancy, but I was scared that I could have died (Participant number 6)

My friends were laughing at me saying, we were telling you to stop what you were doing but you didn't listen, then I would answer back that I didn't know what I was doing, and it's just time the same thing can happen to you. They were really laughing at me saying, that girl was naught that's why she ended up getting pregnant. For sure I don't want to hide, I was naught, even my dressing was very bad, I would wear anything very short and revealing clothes but now I have stopped am grown up (Participant number 5)

My friends were laughing and rebuking me and told me to terminate the pregnancy. Even me I thought of terminating the pregnancy, but I was scared because I had heard of girls who died after terminating a pregnancy (Participant number 7)

They blamed me and kept on talking about me at school because they were disappointed that I got pregnant....laughter (Participant number 22). My friends were also very upset and rebuked me especially that I passed to grade 10 with them and they continued with school without me (Participant number 27)

Theme 3: Support and encouragement

My friends encouraged me to keep the pregnancy and they were saying, I should go back to school when the child grows. They encouraged me otherwise I wanted to abort (Participant number 9)
My friends and siblings were not happy because what happened was bad but they encouraged me to keep the pregnancy and go back to school after delivering (Participant number 17)
My friends helped a lot because they are the ones who prevented me from aborting (Participant number 26)

Theme for partner's reaction

The reactions for the partner or persons who were responsible for the pregnancy were two fold, acceptance or denial as indicated below. However it is worth noting that most of the reactions were more inclined to the former than the latter.

Theme 1: Denial of pregnancy

The man initially refused but later agreed after I spoke to his mother (Participant Number 2)
At first he reacted negatively and pretended as though the pregnancy was not his. After my mother had known it was him, she put him in tough time then he agreed (Participant number 5)
My partner refused up to now he has not accepted even up to now (participant number 6)
My partner refused the responsibility because I was too young, his friends advised him to refuse because he was going to face a criminal offense for impregnating me. So I was all alone up the time I delivered (Participant number 8)
My partner refused the responsibility because I was too young, he was scared because he was going to face a criminal offense for impregnating a young girl like me. So he totally refused (Participant number 25).

Theme 2: Acceptance of pregnancy

My partner felt good and accepted because he was born alone in the family I am sure he wanted to have a child (Participant number 10)
He accepted the responsibility and did not even deny and he promised support (Participant number 13)
He felt very good and he accepted the responsibility, because he wanted me at first but I was refusing (Participant number 16)
..... My Partner was very happy and accepted the responsibility. I don't know why he was happy.... laughter (Participant number 18)
He felt very happy but me I was thinking about my school, laughter.... And he quickly accepted the responsibility and promised support. I don't know why he was happy. Laughter (Participant number 22)

Themes for coping with pregnancy and parenting

Participants were asked how they managed to cope with pregnancy despite the negative reactions they received from parents, siblings, friends and even teachers in addition to their own negative feelings and effects of pregnancy. Five themes emerged from their descriptions; four of which were adaptive coping strategies while one was maladaptive.

Theme 1: Avoidance

I just avoid my friends, and for my father when he is around, I avoid him, I don't get close to him (Participant number 1)
I avoid some people who were saying negative things like some friends, neighbours and even relatives .. I just stay at home to avoid people (Participant number 3)
Silencesome were laughing at me that a school girl is pregnant and asked why I got married when I was very young but I never used to answer them (Participant number 16)
I have been ignoring the negative things that my friends have been saying. I just avoid those friends who say negative things especially at school (Participant number 18)
I avoid some people especially my friends who do bad things and say bad things. There are also just friends I do not want to see to avoid being sad (Participant number 21).

Theme 2: Support from parents, relatives and partner

When my partner accepted responsibility of

pregnancy she started supporting me and my burden was lightened **(Participant number 1)**

....Its my sister in law the elder sister to my boy friend who really encouraged me and testified that even her the first child she had her outside wedlock , and she really kept me well **(Participant number 5)**

What helped most was because my parents cooled down quickly from their anger, and I also started reading the bible a lot, because if you commit a sin , you should not commit another sin like abortion because you can make the situation worse **(Participant number 6)**

Laughter.....I thought about abortion but my partner had refused. My partner is the one who helped me to keep the pregnancy **(Participant number 15)**

I had thoughts about aborting after some of my friends advised me to abort but my partner had refused and promised that he will take care of me and the child. His mother also was happy with me **(Participant number 16)**

I knew that having a child was difficult but my friends encouraged me to be strong so that I can go back to school after delivering. It was my friends who helped me **(participant number 22)**

My friends helped a lot because they are the ones who prevented me from aborting **(Participant number 26)**

Theme 3: Repentance and dependence on God and his word

Silence ...and I also started reading the bible a lot, because if you commit a sin, you should not commit another sin like abortion because you can make the situation worse **(Participant number 6)**

Its God who helped me, I started praying. My mother also encourages me to go to the clinic all the times **(Participant number 13)**

God helped me, my friends were using the heart of Satan because they wanted me to kill my child but God intervened.....some church members urged me not to abort and encouraged me to keep the pregnancy..... **(Participant number 16)**

Theme 4: Focusing on own and the child's future

A Child is a blessing from God; you never know in future he/she may become a minister. So thinking like that helped me to keep the pregnancy **(Participant number 2)**

I do think a lot about my future and the future of my child and how I will keep this child when I go

back to school so that I concentrate and finish. I do think a lot, and desire to go back to school and finish so that I can keep my daughter well, because men these days have become difficult if you are not educated, they leave you. Most of these thoughts are triggered when the father to my baby becomes naught getting other girl friends (just doing his own selfish things), it makes me think back that if only I had listened to my mother's advice, I was not going to be in this situation, I would have finished school. But really thinking about my daughter's future helps me to cope **(Participant number 5)**

I want to get a job when I finish school and take care of the baby. I receive support from my friends to continue with school **(Participant number 18)**

Silence....mmmmm sometimes I just think that when I finish my education, my baby should not do what I have done. I want to achieve what my mum wanted for me. My friends and the one who got me pregant supported me so much **(Participant number 26)**

Theme 5: Denial

..... I have not accepted that I am a parent because I am still young. I delivered 4 days ago and have no plans for a second child I have told my mother that I am too young to be a parent **(Participant number 15)**. This particular respondent was referred for counselling.

Ethical approval

Ethical approval was obtained from the University of Zambia Research Ethics Committee (Ref number 002-06-19). Further permission was obtained from the Ministry of Health National Health Research Authority.

DISCUSSION

The onset of pregnancy is an important transitional period during which women experience many physiological, emotional and psychological changes in their lives (Mercer, 1986). Maputle, (2006) defined experiences of teenage pregnancy as the physical, psychological, emotional and cultural changes that teenage mothers live through during their first pregnancy. The experience of pregnancy is different for every woman and may be perceived as negative or positive. If positive, the woman accepts being pregnant and if negative she may be anxious and depressed. For young women, pregnancy has been described as mark of the transition from girlhood to womanhood (Seibold, 2004).

Participant's feelings versus parents, siblings, friends and partner's reactions upon realization of pregnancy

From the current study, four themes emerged representing how the teenagers felt upon realizing that they had fallen pregnant. Most of them perceived getting pregnant or parenting as a teenager negatively as indicative of these themes; distress with pregnancy, embarrassment, disappointment or shame and frightened about being pregnant. Similarly Maputle, (2006) and seibold, (2004), indicated that from their studies respectively, most of the teenager mothers felt shy and embarrassed mainly because their pregnancies were often not planned. Notwithstanding the negative feelings, a few especially those who were married were satisfied with being pregnant. Findings of Niven and Walker, (1996) concur with this positive experience and points out that pregnancy could still be a positive experience for a young girl. However it is important to note that for the current study, even those who were satisfied, they indicated that at times, they felt frightened because being young, they didn't know what to expect as a pregnant woman.

For teenagers who had negative feelings, their fears, distress, or embarrassment were related to the fact they were still young to be pregnant and that the family, friends, neighbours and teachers would judge them negative while the disappointment was because they were still in school and would have loved to complete their education. Similar findings were reported by Kumi-Kyerme (2007) and Kumi-Kyerme et al., (2007) who pointed out that most teenagers were concerned about dropping out of school and cared very much about returning to school and achieving their educational aspirations and earning a living. Despite the re-entry policy into school which was introduced by the Government of Zambia in 1997, there is no guarantee that every school girl who fails pregnant will go back to school, because the decision to go back or not to go back is dependent on the girls' family and other socioeconomic circumstances.

In addition to the uncertainties surrounding the girls' future, being the cause of the negative feelings experienced by the pregnant and parenting teenagers, the parents/guardians, siblings, friends and partners' reactions also contributed. Two main themes emerged regard parents/guardians reactions; disappointment and distress. Parents especially fathers were greatly disappointed and distressed when they realized that their girls had fallen pregnant because they had hope that their daughters would complete school. These findings are in agreement with those by Gyeswa and Ankomah, (2013) in a study of experiences of teenage pregnancy and motherhood in Accra Ghana where some participants mentioned that the reactions from fathers were much more intense and difficult to handle. While the reactions

of mothers were sharp, immediate, and often vocal, the fathers were deeply troubled, intensely moody, and felt deeply hurt. From the current study, it was mostly fathers who even chased their teenagers from home upon realizing that they had fallen pregnant

While parents mainly reacted negatively over their teenagers' pregnancy, as for friends, some reacted negatively while others accepted and supported their friends. Negative reactions were mainly characterised by teasing and scorning, reproach or rebuke while the positive reaction was expressed through support and encouragements. Those who teased, scorned or rebuked their friends would talk and laugh behind their friends' back in some cases indicating that their friends were naught that's why they fall pregnant while still young and in school. Some friends even advised the pregnant friends to terminate the pregnancy. On the other hand some friends were supportive and encouraged their colleagues to keep the pregnancy and go back to school after delivery.

As indicated earlier, the partners' reaction were two fold; denial or acceptance of pregnancy. There were varied reasons for accepting the pregnancy as indicated by some participants who assumed that their partners accepted pregnancy responsibility because they had no siblings and were excited to have a child who would be close to them to fill up the gap. Others narrated that the partners accepted responsibility because they had been pursuing the girls who were refusing, and the moment they girl got pregnant, it was seen as an opportunity because the girl had no way out. A similar partner reaction was reported by Gyeswa and Ankomah, (2013) in a study of experiences of teenage pregnancy and motherhood who stated that in a few instances, the partners were excited about the pregnancy because it would make the girl accept their proposal of marriage. For those partners who denied, some because they were also young and in school and feared the implications and responsibility of being a father, while some were too old and scared that they would face imprisonment by impregnating an under aged girl.

Findings of the current study are similar to those of a study conducted by Saim, et al., (2014) on Teenagers' Experiences of Pregnancy and the Parents' and Partners' Reactions: A Malaysian Perspective, where it was revealed that teenage pregnancy was associated with feelings of unworthiness or having guilt feelings of bad behavior, a strong feeling of shame, embarrassment and ambiguity. In addition, Saim, et al. (2014) further stated that teenage pregnancy was also highly associated with secrecy (hiding or keeping the news about the pregnancy from siblings, relatives, school personnel, and neighbours, repression (being pressured by parents or the baby's father to induce abortion or being beaten in order to abort the baby), and rejection (not being respected). While Saim et al., (2014) stated that some parents and partners pressure the pregnant teenagers to

abort, Gyeswa and Ankomah, (2013) indicated that some partners went to the extent of securing and administering some substances to induce the abortion. Contrary to these findings, from the current study despite the negative reaction by the parents and partners none of the participants reported having been pressured to abort. On the contrary, it was parents, siblings and in some cases partners who encouraged those who contemplated to abort instead to keep the pregnancy. It should however be noted that in a few cases some friends advised their colleague to terminate the pregnancy.

Teenagers' experience of pregnancy and parenting

The Oxford School Dictionary defines experiences as "living through" what happens to one and how one responds or reacts. In this study experiences referred to psychological, emotional socio economical and cultural changes that the teenage mothers lived through during their first pregnancies and subsequent parenting. Regarding experiences of pregnancy and parenting as a teenager, three themes emerged. Prominent among the three was abandonment and rejection. The teenagers narrated the immediate turn of events the moment they informed or when their parents or guardians knew they had fallen pregnant. Some were chased and thrown out of their parent's homes without consideration of where they would go while others were chased and directed to go and live with the persons responsible for their pregnancy. This experience was mainly for those teenagers who were in high school whose parents/guardians were disappointed having educated them up to high school and had a lot of hope that they would complete their education. These finds are similar to those of a study conducted by MPetshwa (2000), where some of the participants reported having experienced a lot of ill treatment from their family members especially their parents who felt betrayed by their children falling pregnant.

Closely related to abandonment and rejection, was the immediate loss of support. Teenagers narrated how their parents immediately stopped meeting their needs in comparison to the period prior to the pregnancy. Apart from being denied material support, some of them narrated how they were deprived of emotional support where parents would not talk to them for several days. In addition to the external experiences, both the pregnant and parenting teenagers had experiences emanating internally as a result of transitioning from being a teenager fully support and dependent on others to being responsible for another life which was depicted as "Burden of being pregnant or being a parent". As asserted by Seibold, (2004), pregnancy for young women has been described as mark of the transition from girlhood to womanhood to which the teenagers are not prepared for and is therefore seen as a burden. Similarly, Agundiade, Titilayo and Opatola (2009),

indicated that many of the participants in their study on pregnancy stigmatisation and coping strategies of adolescent mothers, regarded pregnancy as unpleasant and undesirable due to the negative experiences.

Coping with teenage pregnancy and parenting

Although pregnancy as a stressful event affects both adolescents and adults, but the stigmatisation of the phenomenon of pregnancy makes it more stressful for the adolescents than their adults counterparts (Agunbiade et al., 2009). As indicated earlier, our investigation revealed that most of the participants had negative experiences, including rejection and abandonments, immediate loss of support and burden of pregnancy or parenting. Consequent to these experiences, the pregnant and parenting teenagers had to find some coping strategies.

Five main coping strategies emerged; avoidance, support from parents, partners and friends, repentance and dependence on God, focussing on own and the child's future and denial. Avoidance was mainly used as a buffer from the teasing, scolding, rebuke or reproach from friends or as a means for averting harsh treatment from parents. Avoidance was characterized by keeping away from negative people or situations. While others were able to stand the negative experiences through the support they received from parents, siblings, in laws and at times friends who encouraged them to keep the pregnancy and go back to school after delivery. It should be noted that assurance or possibility of going back to school for those who were schooling at the time of getting pregnancy was the strongest motivation to keep going.

While others were coping through the support they received, others managed to cope by realizing that they had committed a sin by getting pregnant, before marriage and that they could commit another sin by aborting the pregnancy, instead they repented and started depending on God, his word and through prayer. Another interesting coping strategy from our study was that of focussing on own and the child's future. Focusing on the future was reported by Wilson-Mitchell et al., (2014) as an attribute responsible for resilience and a coping strategy utilized by pregnant teenagers in a study of psychological health and life experiences of pregnant adolescent mothers in Jamaica. From our study focusing on the future, was a strong motivation in keeping the pregnancy amidst the many negative experiences, even in instances where the person responsible for the pregnancy denied responsibility. Participants narrated how they understood that children were a gift from God and that they may just grow to hold positions of influence in future and keep their mothers in old age. In addition, some teenagers saw it as a privilege to have a child as some adults never had children in their life time. Similar findings were reported by Wilson-Mitchell, Bennett, and Stennett, (2014) where

some of their participants indicated that they were motivated to keep the pregnancy, because no one knew what the children may become in future and the fact that there was no guarantee that they will have another child if they terminated the teenage pregnancy. Such thoughts motivated the pregnant or parenting teenagers to keep their pregnancies or children respectively amidst the harsh experiences.

While four out of the five coping strategies; avoidance, support from parents, partners and friends, repentance and dependence on God, and focussing on own and the child's future can be described as adaptive coping strategies (Ignatavicius and Workman, 2006), there was one particular teenager who utilized a maladaptive coping strategy that is denial of pregnancy and parenthood. The Teenager who at the time of the study had a 4 days old baby narrated how she told her mother while she was pregnant that she was still young to be pregnant and worse more to be called a mother. This was a rare and strange type of coping strategy as the rest of the teenagers, by the time they were reaching full term of pregnancy they adjusted and accepted. This particular teenager was referred for counselling.

Needs of pregnant and parenting teenagers

Most of the Pregnant and parenting teenagers had diverse needs ranging from health care and health information, socioeconomic and emotional needs. The health related needs were mainly to do with knowing one's HIV status, in order to access treatment and prevent mother to child transmission of HIV. Some desired to have information on what to do and what to avoid during pregnancy, labour and after delivery, while others needed information on family planning to avoid further pregnancy. In addition, some need information to clarify myths and misconceptions of pregnancy and desired to have the nurses teach the pregnant teenagers separate from the older women. These finding agree with those by Maputle, (2006) who reported that teenage mother desired information on reproductive health, sexuality, physiological changes in pregnancy, and clarification of misconceptions.

According to WHO (2007), the normative picture of adolescent mothers in the sub-Saharan Africa is that of an unhealthy looking girl with an unhealthy child, poorly educated, suffering from poverty, unemployed, shattered future, lack of access to reproductive health services and stigmatised for having unintended pregnancy. The state of unemployment and low education entails economic needs being synonymous with teenage pregnancy. From the current study, the economic needs were mainly related to preparing for the delivery of the baby with regard to buying clothes and other necessities and food for the baby for those who were parenting. This need was more prominent among those teenagers whose partners

refused responsibility thus leaving the pregnant teenagers to totally depend on their parents. It is also worth noting that even among those whose partners accepted responsibility, some had financial needs if the person responsible was not supportive as was the case in most instances.

Emotional needs were diverse ranging from how to take of the child especially those who desired to go back to school, thinking about the future of the child and how to support the child's education, manage the teasing and scorning from my friends, fear of the pain of labour, and lack of privacy at home for those who belonged to big families and had to share their sleeping spaces with a number of siblings or even extended family members while pregnant.

".....yes there is shortage of food and the house is small. Like at our place we are 8 and most of us just sleep in the living room (Participant number 8). Some wondered how they would prepare for the delivery of the baby.I am always wondering how I will prepare for the delivery of the baby at the same time I have to manage the teasing and scorning from my friends. And I also think about how I will leave my baby when I go back to school (Participant number 1)". While participant Number 4 stated her fears about labour "I think about the pain of labour especially when I hear from others how painful labour is I say to myself, if I knew I was not going to get pregnant (asembe ninavileka) Meaning if only I had listened.

The emotional needs were very pronounced and contributed to the negative experiences of pregnancy and parenting for the teenagers. As literature alerts us, pregnant and parenting teenagers have emotional and psychological needs that require specific interventions (Wilson-Mitchell et al., 2014).

CONCLUSION

Coping with emotional demands of adolescence coupled with the demands of pregnancy and in most cases rejection and disapproval by family and society makes teenage pregnancy very stressful and thus requiring coping strategies to manage. From our study, most of the respondents had negative feelings upon realizing that they were pregnant, as essentially all those interviewed including the few who were married had unintended pregnancies.

Consequently, they felt distressed, embarrassment, disappointed, frightened and ashamed that they were pregnant. In addition parents, siblings, some friends and partners reacted negatively by expressing disappointment, distress, and denial of pregnancy to

an extent of some parents rejecting their pregnant teenagers. Amidst the negative experiences, both the pregnant and parenting teenagers had diverse unmet needs ranging from health care and health information especially HIV status, socioeconomic and emotional concerns including the desire to go back to school. As a means to withstand the negative experiences and live within the circumstances of unmet teenage and motherhood needs, the pregnant and parenting teenagers used a number of adaptive coping strategies including avoidance of negativity, embracing support from family and partner, repentance and dependence on God, and focusing on own and the child's future. However, there were also a few elements of maladaptive strategies like denial of pregnancy and motherhood.

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Declaration of competing interest

The authors declare no competing interest

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