

**AN INVESTIGATION IN THE LIFE HISTORIES OF ADOLESCENT GIRLS WITH
EARLY PREGNANCIES IN MAZABUKA DISTRICT**

BY

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**A dissertation submitted to the University of Zambia in partial fulfillment of the
requirements for the Masters of Public Health (Health Promotion)**

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DECLARATION

I, **Nchimunya Malambo** declare that this dissertation submitted to the University of Zambia as partial fulfillment of the award of the degree of Master of Public Health (Health Promotion and Education) is my own work and has not been submitted either wholly or in part for another degree to this University or any other or Institute of Higher Education.

Signed (Candidate).....

Date.....

CERTIFICATE OF APPROVAL

This dissertation by **Nchimunya Malambo** is approved as a partial fulfillment for the requirements for the award of the degree of Masters in Public Health (MPH) by the University of Zambia.

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ABSTRACT

Adolescent pregnancy does not only come with obstetric complications but is also associated with several social issues: poverty, low education levels, and the lack of awareness about sex and pregnancy prevention. This study on the 'life histories of adolescent girls with early pregnancies' considered examining the characteristic of these girls through the narrations of their life histories to try and answer questions like 'who are these girls?'

A qualitative study with a narrative approach was used. Data was collected using time-line interviews for adolescents and questionnaire guides for the key informants. They were 21 adolescents and 7 key informants that participated in this study. The age range for the girls was 13 to 19 years old. Thematic analysis was used to analyze the data. Sub themes and Major themes emerged from the analysis.

The study revealed that these girls mainly come from socially and economically disadvantaged families, due to death of their fathers, resulting to single parenting households. Poor family financial position exposed them to child labor and school drop outs. They are at risk of being raped by close family members, unfortunately they lack sex education and do not use contraceptives.

Adolescents with early pregnancies presented to have some common characteristics, of being orphans, emotionally vulnerable, poor social economic family background, were sexually abused by elderly men to heal from sexually transmitted infections and accumulation of wealth. They experienced poor parenting styles, were victims of child labor and child circulation. Peer influence was quite prominent. Five major themes emerged from their characteristics Individual characteristics, family relations, Peer relationships, Social economic, Spiritual and Community characteristics. Children who grow with poor family social and financial resources may not realize their dreams for education or job can be hindered by early childbearing. Hence the need to stop judging adolescents with early pregnancies but work together for solutions.

Key words; adolescent pregnancy, characteristic, disadvantaged family, sex education

DEDICATION

This study is dedicated to my Children Lushomo, Chikondi and Chabota for their understanding during my busy school schedules. My mum for her endless encouragement and my hubby for much support. May God richly bless you all.

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LIST OF ACRONYMS

AIDS	:	Acquired Immuno-Deficiency Syndrome
DEBS	:	District Education Board Secretary
HIV	:	Human Immune-Deficiency Virus
HPV	:	Human Papilloma Virus
NGO	:	Non-Governmental Organization
PAA	:	Population Association of America
UNFPA	:	United Nations Population Fund
UNZA	:	University of Zambia
UNZABREC	:	University of Zambia, Biomedical Research Ethics Committee
RISE	:	Research Initiative to Support the Empowerment of Girls
STI	:	Sexually Transmitted Infections
WHO	:	World Health Organization
ZDHS	:	Zambia Demographic Health Survey

DEFINATION OF TERMS

Adolescent	: According to WHO this is the age between 10 and 19
Cultural norms	: Standards of behaviour determined by the community
Debut	: First sexual encounter
Early Pregnancy	: According to WHO any pregnancy before the age of 20
Menarche	: First experience of menstruation in a girl
Spiritual belief	: Ones' relationship with God
Teenager	: Age between 13 and 19

CHAPTER 1: INTRODUCTION

Background

The World health statistics for September 2014 fact sheet indicated that the average global birth rate among 15 and 19-yearold's was 49 per 1000 girls, while per country birth rates ranged from 1 to 299 births per 1000 girls with Sub-Saharan Africa having the highest rate (WHO, 2014). Therefore, Zambia is not an exception. In low and middle income countries about 16 million girls aged between 15 and 19 give birth every year (WHO, 2014).

Early pregnancy affects girls in various ways leading to physical, social, and emotional consequences as well as vulnerability to HIV/AIDS and the risk of antenatal complications some resulting in mortality, (Black & DeBlassie 1985). Adolescent pregnancy is noted as a major public health and demographic problem with medical, psychological, social and demographic implications. This remains a challenge requiring urgent resolution. A report from the annual meeting of the Population Association of America (PAA) 2015 held in San Diego revealed that, teenage females who had been pregnant across Sub-Saharan Africa had an average age of 18 years, majority unemployed, primary school graduates, having sexual debut at age 16 (PAA, 30th April 2015).

Governments and non-governmental organizations (NGOs) have tried to address early pregnancy among adolescents via policies and other initiatives. Despite huge investments and refinement of these policies: Teenage pregnancy continues to reach crisis proportions in most African countries (UNFPA, 2010).

According to Central Statistical Office in their 2013/2014 Zambia demographic healthsurvey (ZDHS) report, over 20% of adolescents aged 15-19 are already mothers or pregnant with their first child. This is more common in rural than in urban areas. Teenage pregnancy is lowest in the copper belt province (16%) and highest in Northwestern province (41%). Teenagers from the poorest household (45%) are four times as likely to be pregnant compared to (10%) of teenagers from wealthiest households.

The ZDHS report also showed that overall, 28% of women aged 15-19 had begun childbearing; 22% have had a child and 6% are pregnant with their first child. In the rural areas 35% of teenagers began child bearing compared to 25% in the urban areas. As education

levels increased child bearing decreased. Teenagers with no education are more than twice as likely to start childbearing early compared to those with secondary education (54 and 21%, respectively) and teenagers in lowest wealth quintile are more than twice as likely to have started child bearing as those in the highest wealth quintile (37% and 14% respectively).

(Amo-Adjei, and Tuoyire 2017) indicated that timing of sexual debut among unmarried youths aged 15–24 years in Sub-Saharan Africa for both women and men occurred between the ages of 15 and 18 years, Overall, education and household wealth provided significant protection against early sexual debut among women, but the reverse was found among men for wealth.

Definition and Causes of early pregnancy

Early adolescent pregnancy can be considered as a pregnancy in a girl before the age of 20, according to World Health Organization (WHO 1989). WHO defines adolescence as a period between 10 and 19 years of age (WHO 1989). Early first intercourse, in some studies, was shown to increase the risk of teen pregnancies, teen births, and having an abortion, while findings on STIs and contraceptive use have been mixed (Heywood, et al, 2015).

Many of these adolescents undergo peer pressure to use alcohol, cigarettes, or other drugs and to initiate sexual relationships at earlier ages, putting themselves at high risk for intentional and unintentional injuries, unintended pregnancies, and sexually transmitted infections (STIs), including the human immunodeficiency virus (HIV), (WHO 1989). Lack of safe sex education, whether it is from parents or schools contributes to this. Many adolescents are not taught about methods of birth control and how to deal with peers who pressure them into having sex before they are ready. Many pregnant adolescents do not have any cognition of the central facts of sexuality (Kane et. al., 1993; Ilinigumugabo, 1995). Rape, sexual abuse within and outside their home environment, and early marriages are drivers of early pregnancies. In societies where adolescent marriage is less common, such as many developed countries, sex at an early age and lack of use of contraceptive methods or inconsistent or incorrect use of contraceptive methods causes high failure rate (Kiragu, 1991; McCauley and Salter, 1995; Kiragu and Zabin, 1995).

1.1 Statement of the problem

Adolescent pregnancy is a global concern, with developing countries having increasing numbers (Gilda SedghSc D et al, 2015). Apart from obstetric complications, it is associated with low socio-economic status and psychological disturbances. Schoolgirls who become pregnant have fewer opportunities to complete their education after childbirth and have fewer opportunities for socioeconomic advancement. There is a great cost to individuals, families and society when mere children have children of their own. Mwaba (2000) indicated that teenage pregnancy is more common amongst young people who have been disadvantaged and have poor expectations of either their education or the job market. Premature sexual intercourse results in high rates of sexually transmitted diseases, HIV transmission, adolescent pregnancy and abortions (Mkhwanazi 2006). Unprotected sexual intercourse can lead to an unwanted adolescent pregnancy which is often considered a serious social and public health problem. Teenagers have a high risk of unintended pregnancy (Mestad *et al*, 2011). Much research has been done on causes and outcomes of adolescent pregnancy, this to some extent has helped to direct policy formulation in reducing teen pregnancy, but, considering the high rate of teen pregnancy, more work needs to be done. Therefore, this study seeks to understand the characteristics of these adolescents with early pregnancies between the age of 13 and 16, as evidence suggests that sexual debut among unmarried youths aged 15–24 years in Sub-Saharan Africa for both women and men occurred between the ages of 15 and 18 years (Amo-Adjei, and Tuoyire 2017)

1.2 Rationale for the study

A negative perspective on adolescent pregnancy leads to a negative view of pregnant adolescents (Darisi, 2007). The pregnant teen becomes a statistic and assumptions are made about her character, intelligence and maturity. It is therefore important to gain a better understanding of the lives of young people with early pregnancies which will guide treatment and offer preventive measures

To gain an understanding of a human being's life, one needs an in-depth understanding of the context within which that person's life is situated, context informs one's worldview, through which events, thoughts, experiences, and relationships are filtered and assigned meaning. Context is not the unit of analysis in life history research but is critical to the eventual understanding of a life, an event within a life, or a particular experience. Data generated by the

life history approach are characterized by the richness and complexity of contextual information (Cole and Knowles, 2001).

Watson (2003) stated that a strategy can be successful only when a multi-agency tasked group is formed with representatives that provide services and work closely with children and young people. Therefore, this study's views were that one of the gaps is on life qualitative assessment of the childhood and adolescent life processes that predisposes adolescents to early pregnancies. Life processes include the immediate structures that exist around an individual like family, peers and social-economic issues. Hence this study will provide an insight into long term change, as it will allow for exploration of complexity and inter-relationships, which can be useful in policy engagement.

It is of public health importance to investigate the life history pattern of adolescent girls to inform sex education, policymaking, and prevention and intervention programs. There is growing evidence that early transition to parenthood is likely to place further demands on the limited social and psychological resources of these high-risk adolescents and further constrain their life choices and ability to parent their children (Brooks-Gunn and Chase-Lansdale, 1995).

This situation requires the urgent attention of every section of society in order to preserve family life and the future of young people. Structural approach aims to change social, economic, political or environmental factors that predisposes risk of and susceptibility to adverse effects. Adolescent pregnancies can, for this reason be addressed using this approach. Information on the qualitative life processes of these young girls would give a deeper understanding of key targets, as well as facilitate the development of interventions that can effectively respond to the needs of these adolescents, one of the best ways is by using a narrative approach, which brings out information beyond expectation.

1.3 Research Question

What are some of the characteristic of adolescent girls with early pregnancies?

1.4 General Objective

- To explore and determine childhood and adolescent characteristics of girls who experience early pregnancy in Mazabuka and Monze districts in Zambia.

1.5 Specific Objectives

1. To assess the childhood and adolescent social-cultural and economic background of adolescent girls with early pregnancies.
2. To establish family relations and characteristics of adolescent girls with early pregnancies.
3. To explore individual childhood and adolescent characteristics of adolescent girls with early pregnancies.
4. To assess the effect of peer affiliation on adolescent girls with early pregnancy.

CHAPTER 2: REVIEW OF LITERATURE

Findings from studies conducted on life processes of pregnant adolescents, suggest that teenage pregnancy is not only as a result of sexual risk taking behavior but is also strongly influenced by an individual's childhood experiences and adjustments. For instance, early maturing, antisocial girls, being raised in families characterized by parental instability, early motherhood and maternal role models of single parenthood showed a risk of teenage pregnancy (Christopher, 1995).

The following themes were therefore, developed from literature review:

2.1 Social economic background

Access to property was one of the predictors of early pregnancy. A study showed that two thirds of girls with teenage pregnancies did not have fridges at home while among the controls the proportion without fridges was lower. This reflected a reduced level of socio-economic status, increasing the risk for getting pregnant by one and a half times, (Patrick 2010 as cited by Sharma et al, 2002). In Nepal, a study to determine socio-economic determinants of teenage pregnancy found that affected girls were less educated, had poor economic back grounds and more likely to have accidental pregnancies (Chauke, 2013). The characteristics of fathers of children born to teenage mothers in Stockholm, Sweden, were found to have had a more compromised and difficult socio-economic background. They were illicit drug users and involved in criminality. In addition, they often came from single parent households (Molapo et al., 2014).

Other research concerned with developmental characteristics, revealed that it was clear that socioeconomic adversity had an impact on early child bearing. These studies showed that young women from socially disadvantaged family backgrounds characterized with poverty, welfare dependency, large family size, early motherhood, academic underachievement and low parental education aspirations contributed to adolescent pregnancy (McCormick and Brooks-Gunn 1989). Furthermore, there have been differences in the number of teenage pregnancies and parenthood in different ethnic and cultural groups reported in a number of countries. For instance, in New Zealand, teenage pregnancy and parenthood were higher among indigenous

Maori women who are about 15% of the population, compared to Pakeh and women from other ethnic groups (Dickson, Sporle, Rimene, & Paul, 2012).

2.2 Family Relations

Childhood family experiences are also known to influence pregnancy timing. Findings suggest that young people who experience distant and problematic relationships with their parents tend to initiate sexual relationships early (Mitchell 2014, Chase-Lansdale & Brooks-Gunn 1994). Some evidence reveals exposure to coercive child-rearing practices and dysfunctional family relationships as having some effect on early pregnancy and premature transition to parenthood (Mollborn and Morningstar et al, (2011), Hardy et al., 1998; Scaramella, Conger,). Likewise, family environments of single motherhood, multiple parental transitions due to marital breakdown have shown to have teenage girls with increased pregnancy, (Capaldi et al, 1996). These findings therefore suggest that parenting styles and disrupted family relations result in early adolescent pregnancies. In reference to family relations, studies showed that just over half of adolescent pregnant girls grew up with both parents compared with just below half who did not, and among the controls about six in ten grew up with both parents compared with four in ten who did not. The presence of both parents indicated to have minimized teenage pregnancy. However, statistically there was no significant difference between the two groups (Cappa et al., 2011). Reports also indicated that other family characteristics were lack of family continuity; strained parent-child interaction and family discord. Teenagers in these circumstances were thought to be rebellious and seeking affection from sexual partnerships (Nelson, 2013).

Most current studies also revealed that, adolescents found within single-parent families without a residential father have reported higher levels of sexual debut and higher levels of reported pregnancy among African-American adolescents while those reporting a father figure had lower rates of sexual debut (Langley, 2016). Women in rural areas, in female-headed households and in Central, South and West Africa reported higher hazards of early commencement of sexual activity than their counterparts in urban, male-headed households and East Africa. (Amo-Adjei and Tuoyire, 2017).

2.3 Individual characteristics.

A number of individual characteristics were identified. These were summarized as sexual drivers, psychological adjustments, and intellectual or school achievement behaviors. Some research revealed that the outcome of pregnancy depended on an individual's use of

contraceptives (Manlove, 1997; Udry, 1979). It has also been argued that girls who initiate menarche early tend to have early sexual relationships (Pinherio et al 2012). Psychological adjustments which included aggressive and antisocial tendencies were some of the characteristics observed in teenage girls with early pregnancies (Bardone et al., 1996; Miller-Johnson et al., 1999, Serbin et al., 1991). For example, a recent study revealed a clear link between conduct problems at age 8 years and later pregnancy risk, with girls in the most disturbed 10% of the cohort being over five times more likely to become pregnant by age 18 than girls in the least disturbed 50% of the cohort, (Woodward and Fergusson, 1999).

These teenagers tend to have delinquent behaviors for instance engaging in illicit drug use. (Huizinga, Loeber, and Thornberry, 1993; Yamaguchi and Kandel, 1987). These findings are consistent with problem behavior theory which says that 'early sexual risk taking is part of a broader constellation of adolescent problem behaviors that include delinquency, early cigarette smoking, alcohol and illegal drug use and deviant peer involvement' (Donovan & Jessor, 1985; Maphot et al 2014). Some findings suggest that these girls are emotionally vulnerable, (Coley and Chase-Lansdale, 1998). However, evidence to support this proposition remains debatable, with some studies reporting that depression is one of the characteristics, (Miller-Johnson et al., 1999) and other findings refuting emotional vulnerability characteristic, (Bardone et al., 1996; Yamaguchi and Kandel, 1987). In a follow up study of 3,433 young women, it was found that educational attainment delayed parenthood. There is some support from finding of the New Zealand research which showed that educational failure is typically a characteristic of pregnant teenage girls, (Fergusson & Woodward, 2000).

A study conducted in Uganda and Jamaica revealed that girls aged 15 to 17 sexual debut was not a choice. Four focus group discussions and a series of in-depth interviews with 30 pregnant and never-pregnant participants were conducted in each country. Conscious use of contraception appeared to be the main difference between pregnant and never pregnant girls in both countries; however, there was a lack of knowledge and/or misconceptions about family planning methods other than condoms. Most pregnant participants did not plan their pregnancies and did not think it was the right time to be pregnant, did not receive emotional/financial support from their mother, were not in a stable relationship, had an early sexual debut, had a first sexual partner more than five years older, have had two or more sexual partners in their lifetime, and think that contraception is the woman's responsibility. (Langley, 2016).

Stoebenau et al 2016, Lindberg and Maddow-Zimet, 2012, examined whether formal sex education is associated with sexual health behaviors and outcomes using recent nationally representative survey data. Results revealed that recipients of sex education regardless of type as associated with delays in first sex for both genders, as compared with receiving no sex education.)

In sub-Saharan Africa, young women ages 15-24 have more than twice the risk of acquiring HIV as their male counterparts. Acquisition of sexually transmitted infections is one of the risk factors in young people engaging in early sex. A study conducted by Houlihan et al, 2016, on Human Papilloma Virus (HPV) provided that, HPV incidence was very high after first sex, including some vaccine genotypes and infection duration was short, hence help to explain high cervical cancer rates and supports recommendations for HPV vaccine to girls before first sex. Results from meta-analysis demonstrate that school-based sex education is an effective strategy for reducing HIV-related risk. Students who received school-based education interventions had significantly greater HIV knowledge, (Fonner et al, 2014). Other findings from other studies demonstrated that rural adolescents initiated sexual activities early with limited protection from infections and unintended pregnancies. Community and school based sexual health education was recommended, (Salih et al 2015). Many 15- to 19-year-olds are at risk of HIV/STIs and unplanned pregnancies because of multiple partnerships and insufficient condom and other contraceptive use (Doyle et al 2013).

2.4 Characteristics of peer affiliation

Patrick 2010 as cited by Akuffo et al 1987, revealed that among the teenage girls with pregnancies, only about a third were influenced by friends whereas among the controls, this was even less with only about one in four or a quarter being influenced. This is despite what literature says about "behavioral contagion" which referred to an increased tendency for a behavior to be performed when socially related persons had already performed it (Jones, 1994). Additionally, association with peers revealed a characteristic of misguided and inaccurate knowledge on sexual matters. Nevertheless, peer affiliation has shown to play some role in deviant behaviors (Scaramella et al., 1998). These findings are consistent with research relating to problematic behavior in general which shows that involvement with deviant peers and

partners during adolescence and early adulthood encourages antisocial and risk taking behavior in both disordered and non-disordered individuals (Fergusson & Horwood, 1996)

2.5 Synthesis of the Literature

All these findings from the studies suggest that pregnant teenage girls have some common characteristics of being teenage raised in socially disadvantaged and dysfunctional families, and have antisocial tendencies; risky sexual behaviors, involved in deviant peer relations, and poor school achievers. However, it is important to note that much of this research has been characterized by a number of methodological limitations (Chase-Lansdale & Brooks-Gunn, 1994; Coley & Chase-Lansdale, 1998). First, most of the research involving younger parents has been compared with teenage and older mothers. Second, many studies have used small selected samples of teenage mothers, limiting the statistical precision and generalizing findings of these studies. Finally, very few studies have examined the relative contributions of different explanatory factors in determining early pregnancy risk, making it difficult to draw conclusions about the relative importance of various predisposing factors, or the process or processes by which multiple factors combine to determine pregnancy risk (Chase-Lansdale & Brooks-Gunn, 1994).

Cultural norms and values could be the cause of not empowering teenage mothers and could contribute to greater confusion in adolescent minds (Dlamini 2002: 45). These are some of the family values that cannot be avoided as young people grow and are natured in different family environments. Another study by Ehlers (2003), found that pregnant female adolescents were poor students with low educational aspirations. On the other hand, Ehlers (2003) also stated some of the causes of adolescent pregnancy such as lack of parental guidance, as most parents evade their children from talking about sex, in some cases; they provided false information regarding sex and discouraged their children to participate in any adolescent sexual behavior, this results in girls having inadequate knowledge about safe sex.

Given these advantages, this study offered an exploratory approach through the use of a qualitative, narrative design to explore the characteristics of adolescent girls, therefore giving a broader understanding of their nature.

2.6 Conceptual Framework

This conceptual framework was developed from literature review. It acted as a lens to guide the study. The four themes below were used to develop objectives of this study as they covered the various characteristics of adolescents with early pregnancies.

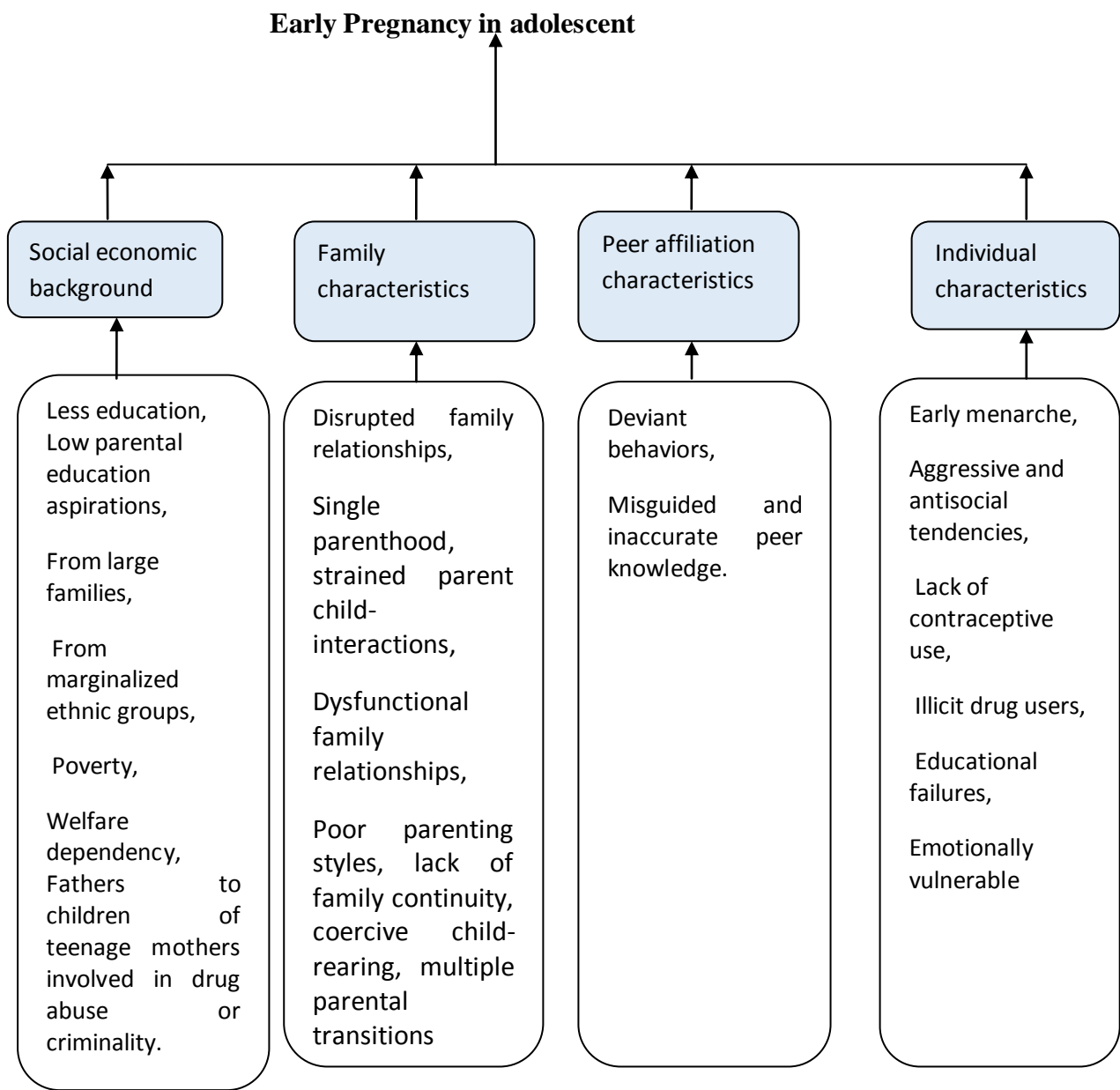


Figure 1 Conceptual Framework-Adolescent Pregnancy

The concepts that were identified from this conceptual frame work were; social economic background which shows some sociaeconomic characteristics of these adolescents with early pregnancies. These included less education, low parental education aspirations, coming from large families, in some societies it included those from marginalized ethnic groups, welfare dependency, fathers to children of these teenage mothers are most likely to be involved in drug abuse or criminality, come from disrupted family relations, families of single parenthood, and

are less educated. Family characteristics comprised of poor parenting styles and disrupted family relationships. These included single motherhood, multiple parental transitions, coercive child-rearing practices and strained parent-child interaction.

The third concept is peer affiliation. The characteristics of their peers are deviant behaviors, which lead to misguided and inaccurate peer knowledge. The last concept in this conceptual framework is individual characteristics. These girls tend to have early menarche, are known to have aggressive and antisocial tendencies which may have shown its manifestations at very early age. These girls have a tendency of not using contraceptives even when they are aware of them. They are known to be illicit drug users, educational failures and emotionally vulnerable. Literature also revealed that as adolescents engaging in early sex were also at risk of acquiring sexually transmitted infections, including HIV. The study therefore was directed by these concepts.

CHAPTER 3: RESEARCH METHODOLOGY

This was a qualitative study, which was developed from the Research Initiative to Support the Empowerment of Girls (RISE). The RISE program enhances opportunities for communities to support adolescent girls to continue going to school and increases girls' possibilities to postpone pregnancy and marriage. Material support, Economic support and Community dialogues on empowerment of adolescent girls are some of the areas being implemented by this study. RISE is a randomized controlled intervention study. This research on the history of adolescent girls with early pregnancy got ideas only from the formative stage of the RISE study and has nothing to do with the end results of the study.

The RISE program is currently being implemented in 9 districts, Chikankata, Mazabuka, Monze, Pemba, Choma, Chibombo, Kabwe, KapiriMposhi, and Mkushi. According to the (2013/2014) ZDHS statistics on teenage pregnancy, Southern province ranks number 3 hence has significant rates of adolescent pregnancy. This research was conducted in Mazabuka because the RISE project had already collected data which addressed the objectives of this study from Monze and it was availed for data analysis.

3.1 Study Design

This was a qualitative study, with a narrative approach. This is because the scope of the study was to explore the life histories of adolescents with a history of an early pregnancy. Qualitative aims to explore the phenomenon in question by focusing on the individuals who experience it. (Vishnevsky and Beanlands, 2004).

3.2 Study sites

The study therefore obtained data from both Mazabuka and Monze districts which were randomly selected from the 5 districts in Southern province where the RISE project was being implemented. The study was conducted from selected health facilities and schools. Two chiefdoms were also visited to gain more information from the custodians of the law who are the chiefs. Southern Province was chosen because according to the ZDHS 2013/2014 report, it ranks the 3rd highest in adolescent pregnancy, furthermore; it was easy for the researcher to conduct the research among this population as there was no language barrier.

3.3 Study Population

The study population were adolescent girls between the ages 13 and 16 with a history of an early pregnancy. According to WHO 2014 adolescent age is from 10 to 19 years. The participants aged 13 to 16 were interviewed in Mazabuka, an early sexual debut is when a first consensual sexual experience for an adolescent has occurred prior to age 15 (Guttmacher Institute, 2012). The study tried to find out the characteristics of this age group in Mazabuka and those aged 16 to 19 were interviewed in Monze

3.4 Sampling Procedure and Sample Size

Purposive, snowball technique was employed as sampling in a qualitative research depends on selecting samples that would provide rich information (Goodson and Spikes 2001). In this study the participants were specifically girls with a history of an early pregnancy between the ages of 13 and 16. All the ages between 13 and 16 were represented though not in equal proportions. The age distributions were as follows; one 13-year-old, three 14-year-old, four 15-year-old and six 16-year-old. Four key informants were interviewed and the sample from Monze included 2 focus group discussions, 7 girls between the age of 16 to 19 and 3 key informants. The total sample was 21 girls, 7 key informants and 2 focus group discussions. Data saturation determined the sample size.

3.4.1 Inclusion

Girls between 13 and 16 years with a history of early pregnancy were included in this study. These were either school going or not. All participants received consent from their parents/guardians and they all signed assent forms hence were eligible to participate in the study.

Exclusion criteria 3.4.1.1

Those who had reservations in participating were not forced to participate, hence were not included in the study.

3.5 Data Collection.

Themes identified during literature review guided data collection. Objectives of the study were also developed from these themes, and data collection was tailored to meet the objectives of the

study. Data was collected by the researcher as the sample size was not too large. Interview guides were used to collect data from key informants and timeline interviews were used for the girls as life history research follows a chronological path. Mazabuka's local language is my mother tongue hence translation was not a problem.

Data collection tools

3.5.1 Interview guides

These consisted of a set of 'open ended questions' that helped to collect information on the life history of the girls and their relationships with family and friends. It included questions on sex education and contraceptive use, school achievement behaviors, menarche and their psychological adjustments.

3.5.2 Time line tool

This tool provided a step by step of events of one's life history as the stories of their life history unfolded. The tool guided the interviewee of main events in a person's life and it helped engaging the interviewee in constructing their story. Goodson and Sikes (2001) argue that timelines can be a useful start for life history research, for instance by inviting the interviewee to construct a timeline of key events. The interviews were divided into a number of sections. These included life chapters, then moved to critical events, life challenges, influences on the life story both negative and positives and narration of other stories that might have influenced one's own story.

3.5.3 Voice recorder

Permissions to record were sort from the participants prior to using this instrument. This was used for both key informants and adolescent girls.

3.5.4 Data management Plan

Data collected was stored on the hard copies, though much of the data was audio recorded and copied on the lap top for backup, storage and for easy transcribing. Each interview was clearly labeled with the date, place and a code number. Interview notes were reviewed after each day's work for completeness and consistency. The voice recorders greatly assisted in completeness of the interview notes.

3.6 Data Analysis:

1. Thematic analysis was used to analyse the data. It involved searching through data to identify any recurrent pattern. This helped to come up with subtheme then finally loped the main theme. This study was guided by the themes developed during literature review. The interviews were audio recorded, files were downloaded on the computer to prepare for transcribing which was done verbatim with consent from the participants.
2. Data was transcribed into text and formatted the document so that the margins were used for identifying individual bits of data. This was done by assigning line numbers as identifiers for cross referencing.
3. The text was read noting items of interest, while making note of major issues as they came to mind during the first reading. This helped to acquire a sense of the various topics embedded in the data.
4. Examined the text closely, line by line, to facilitate a micro analysis of the data. This also promoted open coding which identified any new information by de-contextualizing bits of data embedded within the primary material.
5. Sorted items of interest into sub-themes, this is where themes began to emerge by organizing items relating to similar topics into categories.
6. Examined the sub-themes and attempted initial definitions this phase of trawling back through the data examined how information was assigned to each sub-theme in order to evaluate its current meaning. A provisional name and flexible definitions were eventually created for each emerging theme.
7. Re-examined the text carefully for relevant incidents of data for each sub-theme. Constructed the final form of each theme the name, definition and supporting data were re-examined for the final construction of each theme, using all the material relating to it. This stage of re-contextualization focused more closely upon the underlying meaning of each theme.
8. Reported each theme. Finalized the name of each theme, wrote its description and illustrated it with a few quotations from the original text to help communicate its meaning to the reader.
9. Note that the major themes that emerged were coincidentally identical to those identified during literature review except for 2 themes that emerged from key informants.

3.7 Ethical Consideration

3.7.1 Respect for persons and confidentiality

Each participant was provided with sufficient and understandable information regarding her participation in the study before signing the consent/assent form. Participants who express unwillingness to participate in the study were not coerced to participate. There were 2 adolescents who were uncomfortable with participating, therefore did not participate. Confidentiality was maintained and observed at all times, a quiet isolated place was identified in each facility to offer some privacy. All participants were treated fairly and recruited purely on voluntary basis. All participants required their parents/guardians to sign the consent forms. Hence it took 2 days approximately for each participant to be interviewed, as participants were given consent forms for their parents/ guardians to sign then meet the following day after consent was obtained as all participants were not eligible to consent on their own. Participant's signed assent forms prior to participation. All participants were appreciated for participating in the study after each interview.

3.7.2 Beneficence

A few participants experienced some psychological effects as they recalled their harsh experiences to the point that the interviews were disrupted as they wept in the process of telling their stories. This also happened to one of the key informants who felt that her daughter had harsh experiences of life. During these moments, the interviews were suspended until the participants calmed down. Refreshments were provided during the interviews and transport reimbursement was provided because participants were interviewed outside their usual clinic visit or school period and had to come back to the health facility twice because of consent forms that had to be signed by their parents or guardians. It was explained to participants that there was no direct benefit for participating.

3.7.3 Justice

Participants were informed on how they were being selected to participate in the study, this helped to clear off any suspicions or uncertainties. Participants were picked on the basis of what the study stipulated to do, that's the specified age group and history of early pregnancy. Permission to sample participants was obtained from health care and school managers as well as parents/guardians.

This study was justified because exploring the life histories of girls with early pregnancies and understanding their experiences could lead to a dramatic shift in their lives through interventions that could be taken to arrest the situation. None of the participants was seriously psychologically traumatized or physically injured from participating in the study, apart from those who wept and calm down during the process of telling their life stories.

3.7.4 Autonomy

Participants were informed that participation in the study was voluntary and they had the right not to participate or with draw from participation at any time during the course of participation. Emphasis was made that participating or not participating had no effect on them receiving quality services from the health facility or being in school as a pupil. All research materials for participants will be destroyed in accordance with ethical approval standards. All voice recordings were deleted immediately after completion of transcription.

Approval from the University of Zambia Biomedical Research Ethics Committee (UNZABREC) was granted. Permission to go into the sampled facilities was obtained from Ministry of Health Research Centre and Ministry of Education.

CHAPTER 4: FINDINGS

Findings from life history research allows the researcher to explore a person’s micro-historical experiences within his history of the time. It helps the researcher to understand an individual’s current attitudes and behaviors and how they may have been influenced by initial decisions made at another time and in another place. Life history research, was revived in the 1970s, mainly through the efforts of Daniel Bertaux and Paul Thompson. One of the main approaches of the interviewer is avoiding “yes or no”-questions, but rather to get the participants to tell “the story of his or her life,” in his or her own words. This is also called the “narrative” research method. It is common practice to follow a chronological path in the interviews, that is, to begin with the subject’s early childhood and proceed chronologically to the present.

This study was carried out to explore the characteristics of adolescent girls with a history of an early pregnancy in Mazabuka and Monze Districts. A total of 14 adolescents were interviewed from Mazabuka and 7 from Monze. Seven key informants and 2 focus group discussions. A brief demographic description of adolescents and sampling of sites, illustrated below.

4.1 Table 1.A brief demographic description of adolescent girls and sampling sites

Age of participants	13	14	15	16	17	18	19
Mazabuka District	1	3	4	6	0	0	0
Monze District	0	0	0	2	2	2	1

It was difficult to come across 13-year-old pregnant adolescents. The community volunteers confirmed that it was very rare to have 13-year-old pregnant adolescents. The researcher hoped to follow participants in the communities in Mazabuka but it was a challenge because residents had fears of being identified with a pregnant adolescent which was viewed as being against the much growing campaign against child marriages.

Table 2. Major and sub-themes

Major themes	Sub-themes
Individual Characteristics	<p>Emotional status</p> <p>Easily irritable</p> <p>Desire of independency</p> <p>Child rebellion</p> <p>Contraceptive Use</p> <p>No history of contraceptive use</p> <p>No information on contraceptives</p> <p>Misinformation on contraceptives</p> <p>Sex Education</p> <p>No history of sex education from parents</p> <p>sex education-was from peers, granny’s or aunties.</p> <p>School achievement behaviors</p> <p>Low education attainment</p> <p>Desire for school</p> <p>Substance use</p> <p>Low to no use of both alcohol and smoking.</p> <p>Childhood Parental status</p> <p>Orphaned</p> <p>Single parenting</p> <p>Step child</p>

Family characteristics

Family relations

- Parenting styles
- Disrupted family relationships
- Child circulation
- Compromised, parental education aspirations

Peer characteristics

Peer relationships

-
- Peers with low education levels
- Peer pressure to indulge in clubbing*
- Peers engaged in early marriages

Social economic characteristics

-
- Poor family financial position

No school sponsorship

Victims of family property grabbing
Engaged in child labor

Spiritual Characteristics

- Religious Position

Acceptance of prayerfulness as most important in one's life

Community Characteristics

- Social/Physical Environmental aspects

Schools being far from home, culture, Limited space in secondary schools, Sacrifice for rituals, early marriages,

4.2 Individual Characteristics

4.2.1 Emotional status

Adolescent girls with early pregnancies had difficulties describing their emotional abilities. This was well explained by key informants. Three out of seven key informants confirmed to say their daughters had difficulties with their emotions.

4.2.1.1 Easily Irritable and highly sensitive of what others say

This was described as being sensitive to what people say about them, and could easily get upset about what would be said or commented on them. This made them to withdraw from associating with people. One of the key informants explained as follows;

...it was not so easy for my daughter to express herself, one would just notice that she is withdrawn and spending most of the time in her room and not wanting to be disturbed. She even missed her meals. This is how we would know there was something wrong....

One of the participants felt rejected by her parents and sister. She said *...at times I feel like I should live this earth...*

From her narration, she feels she cannot lean on anyone she considered close to her. Her mother and sister called her a dog most of the times when they differed and she had no hope of getting married to the man who impregnated her.

One of the orphans interviewed said that she cried when she learned that she was pregnant. Her facial expressions indicated that she had regretted of what happened. It took time for her to complete the sentence, she appeared to have been fighting back emotions, almost in tears she responded that *“...I cried because I stopped school, and being the first born no one would look after my siblings...”*

4.2.1.2 Desire of independency

Independency was an issue that was raised by one key informant and one adolescent girl. The desire of being independent was viewed as a way to relieve pressure these adolescents had in their own parent's homes.

This was one of the narrations from a key informant:

...my daughter was tired of being a step child both when she was with me and again a step child when she was with her father. This forced my intelligent daughter to abandon school in preference for marriage. To do this she suddenly got pregnant and we married her off, unfortunately her marriage never worked, she was divorced in less than 2 years ...

The adolescent girl who also mentioned independency, put it this way*when I got pregnant my strained relation with my mother got worse. She called me all sorts of names and denied me food. Our neighbor told my mother-in-law who came to get me to stay with the father to my son who is my husband now. This was better for me because....*

Information from the key informants also revealed that the girls also had a tendency of expressing that they knew their rights and capable of making their own decisions. This made it very difficult for elders to advise. This results in a lot of misguided information and engaging in risk sexual behaviors.

One of the views from one key informant;

...yes madam it is a problem. because most of these children that we're having, these ante-natal mothers, I call them children because they are, some of them are 18 years and below so they are coming from as far as grade 7 so they are stopping school because they are pregnant.....

4.2.1.3 Child rebellion

The key informant who explained on how she felt the niece became rebellious said no matter how much effort she made in her own powers to control the behavior of her niece, she failed because she continued bring a boy in her bed room whom she found on several occasions. She acknowledged this as follows...

...I tried to talk to the mother of the boy to talk to her son to stop, I even beat up my niece and took her to the boy's mother's house, she then disappeared from home for 3 days. I got worried and stopped pursuing this issue. It was sad because my niece was very intelligent in school...

4.2.1.4 Contraceptive use

Thirteen out of 14 interviewed participants refused to have used any contraceptives. Some said they never knew anything about contraceptives, others said they heard about them but thought they were only to be used by married women. Still others said they tried to use contraceptives but unfortunately got pregnant. When asked what type of contraceptive used this was her response;

.... yes before I got pregnant I used to take contraceptives, I would drink cafenol to protect myself from falling pregnant, I just got surprised to realize I missed my periods for 2 months (16 year old grade 9 from Mazabuka School of continuing education).

Some participants agreed to say they had not been taught on contraceptive use, or even how contraceptives worked. For those who were taught on sex education what was just mentioned was that once a girl starts her menstrual periods, she could get pregnant if she had sexual intercourse with a man. Others even said they thought having sex with their fellow school boys won't harm them and would not fall pregnant but only if they had sexual intercourse with an adult. Fifteen-year-old pregnant adolescent had this to say;

....when I started my menses I told my grandmother, as per tradition, she slaughtered a chicken for me to eat by first starting with eating the liver then everyone home was allowed to take part in eating the chicken. She told me that I was a grown-up girl now and needed to take care of myself not to have sex with men to prevent falling pregnant.....I had sex with my classmate who is my age he is just a boy and I got pregnant, I don't understand...

Girls had different views on what they were taught on prevention of pregnancy as follows:

"...elders say that after sex, drink a cup of water, then squat semen will come out..."

".... you pee after having sex to remove all sperms and all the sperms of the man will comeout..."

".... you use injections or pills..."

"...don't sleep with a man immediately after having periods, have sex after 7 days of periods...."

“... when a man is cuming he should pull out and cum outside the vagina..” this was information from one of the youth meetings.

4.2.1.5 Sex Education

Adolescents responded to say sex education was mainly received from friends, and a few agreed to have received sex education from their aunties and grandmothers. The key informants agreed to say they never educated their daughters on sexuality this was because their culture did not permit them as parents. According to them culture allowed their aunties or elderly cousins to help with the upbringing of girls to understand sexuality. Some responses from key informant;

.....we never educate our daughters on sexual matters, tradition does not allow, the normal way is to wait until they go into initiation, it is at this point that an elderly woman will be appointed to talk to the girls firstly on cleanness as a woman, then teach them what to do during menstrual cycles and it's from this point that the girls are educated on what menstruation means and that it can result in one having a baby if they have sexual intercourse with a man.....

Parents and culture belief was that if girls are taught by aunties and elders during initiation ceremonies which occurred once a girl become of age, qualified by physical features of developing breasts and the beginning of menstruation then there was a higher chance of abstaining as the ceremony was considered more or less sacred. Though she agreed to say it's unfortunate that culture does not allow them to talk to their daughters because most of the girls get pregnant before they go into initiation. She didn't like it that their daughters have to be taught by other people other than their mothers because she expressed herself as :-

it's unfortunate that we can't talk to our daughters on sex issues, we live that to other people to do it. (throwing her hands away and quickly folding them up together).

Giving an expression like there isn't much that can be done to correct this.

Affirmation from one of the key informant was that it was traditionally practiced that once a girl undergoes initiation ceremony then she is ready for marriage. Normally they would be married off and this happens at the age of 14 to 15 years.

These were some of the responses from girls: -

.... No one ever educated me on sex matters, I grew up with my sister who never told me anything I even got pregnant in grade 5.

.... Yes my grandmother educated me a lot about sex issues, but never mentioned anything about contraceptives

.... No I got some information from friends but my granny taught me something on sex, though I had no knowledge on contraceptives

This response was from one of the girls who said the father died and were staying with their mother who remarried and their stepfather joined them in their mother's house. They received no support for school from both their mother and stepfather. Their mother was a busy woman who worked throughout including weekends.

...No one taught me on sex issues, my mother had no time for us, she was very busy with her work after work she was busy with our step-father, she would live us alone and prefers to go and visit our step-father

One interesting quote from a 14 year old girl....

....but my friend told me that one can only get pregnant if she has sex with an elderly man and not young boys. I had sex with one of my classmates who then refused. I am confused because.....

4.2.1.6 School achievement behavior

The education levels of these girls were solow, the highest grade attained was grade 11. Some had not even been in school at all. Each girl had their own story to tell on how and why they couldn't continue with school which mainly resulted in them failing pregnant. One of the girls said she was well sponsored at school but just got pregnant at church during camp meetings

Other's stopped school after they couldn't receive any sponsorship, that's after the demise of their fathers. This is what one of the girls had to say:-

...my stepfather never paid for our school, he just paid for his children, when we reported him to the police my mother threatened to chase us from the house....

One the participants expressed the desire to go back to school. She narrated that she was very good at school, she even managed to qualify to grade 10 but her mother never supported the idea that she goes to school.

.... I loved school, but my mother never supported me, instead she always asked me to be at the stand in the market to help her sell eggs. My husband promised to pay for my school once his business picks up and am ready to go back... ..

Most of the participants had no hope of going back to school, they said that it was very difficult to go back to school because no one would be willing to sponsor a mother back to school. One of the key informants complained on how the daughter failed to remain in school;

.... madam I supported my daughter to go back to school after her first child, I got the child from her and sent her back to school, unfortunately before long she got pregnant again, I did not lose hope I got her child again and sent her back but I thought I was just a very unfortunate parent because she came back home with a third pregnancy....

4.2.1.7 Substance use

Most of the girls agreed to having taken alcohol once or twice at the time they went out with friends. From what was said on alcohol most of the girls reported to say they took alcohol when they went out with friends as it was considered being cool. Those who never took alcohol were looked down upon as being backwards. They said the whole idea of drinking was to please their fellow friends and wanting to appear cool They all denied having smoked. One of the responses was: -

...Yes, I have taken alcohol once, actually those were spirits when I went clubbing with my friends after school. I think it was dangerous because I just found myself home, I don't know how I got home. From that time, I vowed never to take alcohol. My grandmother was very upset with me...

4.2.1.8 Childhood Parental Status

Most of these girls had difficult parent guide or parental presence. Others never grew up with both parents. They grew up either with their grandmothers, or elder sister. One of the participants grew up with only her brothers. Others just with either their mothers or father. These were some of their responses

....I grew up with mum and dad, but after my dad died things changed and it wasn't well....

.... I left the village to come to Mazabuka town to live with my granny, my granny took me to school...

....I used to stay with mum and dad after sometime dad got sick and died when I was in grade 8....

The following narration was from one of the girls who said she never saw her mother and father. She was still a baby when they died, she was the last born, she actually grew up knowing her sister was the mother. She said she only realized it was her sister and not her mother when she was not taken to school while her friends that's her sister's children went to school while she stayed home doing nothing.

.... I do not know my father and mother, I grew up with my elder sister and her husband, my sister took me in after our parents died. I was still a baby I drew up in her house I thought she was my mother, she only told me she was my sister when she said she had no money to pay for my school. When I questioned how she was paying for my other friends, she said it was not her but their father paid for their school, I got confused then she explained that she was my elder sister and the man I thought was my father was her husband. I stayed home frustrated doing nothing, I had a boyfriend, then I had my child and he disappeared.....

4.3 Family Characteristics

4.3.1 Parenting styles

Majority of participants reported to have challenges with their parents, especially for those who grew up with their stepmothers or stepfathers. One of the participants complained on how

the mother left her home with her little 3-year-old sister for days. She explained her situation as follows;

...my mother used to live me with my little sister even for 1 week without food. She used to live us some bread rolls but this was not enough for the number of days she would be out she used to disappear I don't know where she used to go. One day I got some money to buy food because my little sister cried a lot, she was hungry so I got the money she used to hide in a box, I broke the box and got the K100. This helped us to get some food, when she came back she was very upset with me, she shouted at me and called me names. She called her relatives and told them that I was a thief, she even said that I go K200 when it was just K100. Her relatives came and I did not say anything, I didn't even tell them that she disappears and lives us hungry....

Another participant explained how the mother and father fought in the house in their presence. The stepfather used to sell plastic bags at the market and the mother used to sell eggs at the market. Both her parents used to drink beer. Her narration was;

.....My mother and stepfather used to fight a lot. My stepfather would even insult me with my young sister. One day as they were fighting, my stepfather threw our cloths outside to burn them. I use to talk to my mother to stop the fights especially when they were both drunk but she would just shout at me also. It was not nice because our neighbors used to come and watch these fights....

4.3.2 Disrupted Family relationship

This aspect also came out so prominently from most participants. They reported to having poor relationships with their parents and some with their sisters as well. some reported that their parents divorced and remined with their mother and that they did not know the whereabouts of their father. Others had difficulties relating well with their parents. After saying this, the participant sobbed for some time and the interview was interrupted for some time.

These were the words from one of the participants;

.....my mother doesn't like me, she favors, she loves my sister more than me. One day I came back home late from playing then she told me that am very naughty, instead of coming home late, if I feel like having sex I was free to have sex with my own father....

Other participants talked about not living with their first families. Two participants elaborated on how they were not with their first families. One of them said;

I am the only girl in a family of 6. My grandmother took me on when I was just a little girl, since then I have never seen my parents, they never come to visit us and I have not gone to see them.....yes they are both alive, they live in Mufulira with my brothers. My granny takes good care of me but,I just I love the guy who made me pregnant because he loves me and is working he promises that he will pay for my school once I deliver, he has even.....

The story from another participant was as follows:

I used to live with my mother and father. I am the first born and I have a brother. Life was very fine with both my parents, my father used to work for Barclays Bank, unfortunately he got sick and died. When he died, my mother decided that we move to my grandmother's place because my dad's relatives grabbed everything we had. My mother also got sick and died after some time, we remained with my granny but life was tough I even stopped school, I started selling at the market in a restaurant when I met my husband a bus driver....

A 16-year-old participant with a 2-year-old baby failed to explain her own situation fully. Her mother one of the key informants gave details on how she got pregnant

.....my daughter was kind and loving, caring to all members of the family. After my husband died, I also got sick for 3 months I couldn't even get out of bed my daughter took care of me. It was during this time that her elder brother took advantage of her and raped her just at the age of 14.....

One of the things that was revealed from the interviews was that these girls are at risk of falling pregnant because they have their own bedrooms away from their parent's house, leading to poor parental supervision. A 14-year-old participant stated that;

.... I used to sleep in the same room with my cousin. She had a habit of going out every night to meet a man. She would live the room open, when she lives a boy used to come in to have sex with me it happened 4 times, the boy threatened to kill me if I told anyone about it I was scared,.....

One key informant provided that parents/guardians married their children off as early as 12 years hence most of the girls within the neighborhood were primary school drop outs. Parents opted to marry their children off at an early age. This was mostly after the initiation ceremony which is done when a girl attains the age of 14 to 15 years. The girls were considered mature, it was confirmed that even just by looking at the changes in body structure/appearance of girls, parents considered them ready for marriage.

4.3.3 Child Circulation

One participant gave a history of being taken away from her parents and used as a house maid by her own aunty. She explained on her situation as;

.... I used to live with my mum and dad in the village, and I used to go to school, my aunty got me brought me to town, she told me she was just getting me for a holiday and I would come back home when schools opened. I was very young doing my grade 3, when schools opened she told me she would take me to school. All my friends in the house went to school, after sometime I asked her when I would start school, she then shouted at me, I was scared I stopped asking so I just stayed home doing house work, I didn't know my way back to my parents, I was happy when I met a man.....

4.3.4 Compromised parental education aspirations

This participant, revealed that she used to stay with her mum alone, she didn't know her father. She said that she loved school and really wanted to complete her grade 12. Her narration was;

...my aunt used to send money for my school fees but my mum uses it in her business. When I was about to write my grade 9 I was asked to pay k50 at school, my mum refused to pay it, it was the father to my baby who paid for me and I managed to write grade 9, my mother never wanted me to be in school, the father to my child who is now my husband promises to pay for my school again when his business picks up....

4.4 Peer Characteristics

4.4.1 Peer pressure to indulge in clubbing

Responses from the girls who dropped out of school were almost similar under this subtheme. They reported and admitted to say it was bad influence to encourage each other to play after school and reporting home late. This was because it was interesting and very tempting to join friends who appeared to have a good time with boys after school especially on Fridays. This forced most of pupils to steal money from parents/guardians to enable them pay for beers and all sorts of leisure they could get. A comment from one of the girls;

..it was fun going out with friends but this is what brought problems, I got pregnant, I feel very bad after all the support for school I got from my aunty, I

Others reported absconding from school. One of the participants expressed this as ‘a moment when you feel being in school is a waste of time’.

..it was good to live home early in the morning in the pretext of going to school. It was good because no one would question why you are living home, I carried my cloths in the bag and changed when I reach somewhere away from home, I had money that I was given daily from home by my granny...

The girls also mentioned to say group influences made them fail with school work this was an expression from one of them;

.....most of my friends did not do well in school. I was very bad in all subjects also except for mathematics. My other friend liked school, she even completed but I thought she was boring. My other friends did not panic so much with school. I also didn't want to be under pressure with school work so

There was a belief that fighting or bullying others put someone at an advantageous position in school because everyone would fear that person. Among some pupils who believed this, they organized fights and one of the participants agreed to have enjoyed this with her friends. Her comments;

.... Unfortunately, this is what led to my suspension from school with my friends. I did not tell anyone home so I pretended to be going to school for the whole term with the same friends who were on suspension with me, we ended up engaging in wrong things, I then fell pregnant...

4.4.2 Peers engaged in early marriages

Most girls believed having babies early was more health. They speculated among themselves that getting married early prevented one from getting married to an old man. Another belief was that the more one grows the more difficult it was to get married and have children. This caused some panic in some girls who preferred getting married early.

Girls explained to having pressure of being followed by both their agemates and married men, being promised to be married and presented with gifts in monetary terms or small gifts like soap and lotion.

4.5 Social Economic Characteristics

The social economic background for most of these girls was described as families going through financial challenges by all participants. Information from the interviews revealed that they were orphans who experienced property grabbing, throwing the remaining family into poverty. Others grew up with their grandmothers who had difficulties financially. One of them grew up with the sister who described the sister's situation as a house wife and the husband not earning much income. These were the reasons the girls alluded to for not being sponsored in school.

4.5.1 Property grabbing

This was the expression from one adolescent who expressed property grabbing after the death of the father;

...after my father died things changed everything was grabbed from us, mum died also I remained with my young brother and granny, I couldn't continue with school, I started selling in a restaurant in the market and I met this boy, who promised to help me with money after every sexual encounter, I didn't like it but...

4.5.2 Family financial status

It was also disclosed that one participant stopped school because the father forced everyone to start selling homemade brooms to increase on family finances. All family members were forced to be in the market every day, they stopped school. The participant affirmed that:

...My father gave us targets for each day and mum agreed to this, we all had to sell brooms. In the process, I met a man who said he could help me meet my targets daily after every sell he took me to his house to rest, and this is how I got pregnant...

Some girls confirmed to say, they would get gifts like soap and lotion from boys which their parents could not afford. The result was to pay back by giving in to sexual intercourse to these boys and men perceived as providers of what their parents fail to provide.

4.6 Spiritual Characteristics

During interviews girls were asked to reflect back and in their lives to identify what they thought was the most important thing in someone's life. Almost 90% of the participants mentioned that it was important for one to go to church for prayers. Some girls explained their attendance to church as routine, others said they have stopped going to church as they believe people will not accept them. Others commended as follows;

I cannot go to church if I am not allowed to participate in any church activities. At our church they believe if you get pregnant outside marriage you are a sinner and will not be allowed to be active in church. I want to sing in the choir with my friends but I have been burned so why should I go to church.....

For some still said going to church was good because that was the only way they got motivated to move on in life after passing through some difficulties during pregnancy. They said they participated in church by cleaning up the church. They said with God you can look up for something better in the future.

4.7 Community Characteristics

4.7.1 Schools being far from home

It was learnt that there was a challenge with girls walking long distances to school which most likely, highly contributes to girls dropping off from school. Schools were located as far as 13 kilometers from home.

4.7.2 Limited space in secondary schools

Other issues that emerged from the key informants were that good schools in the area were highly competitive. Most of the pupils taken up in these schools were from Lusaka,

Copperbeltor from the big towns where people with money are found. This as a result made these good schools to put high cut off pass marks to qualify to be in these schools. This according to them disadvantaged their children to proceed into higher learning education. It was mentioned to say that

“children from big towns have an opportunity to go to kinder garden where they have an excellent school foundation, our children do not have that opportunity, how do they then compete with children with high opportunities. Worse still the community sacrificed and contributed much in building these schools, in terms of free labor to draw water and build blocks, now our children cannot”

4.7.3 Sacrifice for Healing and Rituals

This was discussed with key informants, in connection with child defilement cases that have contributed to an increase in adolescent pregnancies among young girls. Young girls being considered virgins are believed to be a source of healing of serious sexually transmitted infections such as HIV. This resulted in very young girls engaging in sexual activities with elderly men who enticed girls. Sex with young girls is also believed to result in one accumulating a lot of wealth, it was revealed that elderly men craved for a lot of cattle and the practice was to engage in having sex with virgins for one to accumulate this wealth.

4.7.4 Early marriages

One of the key informants contributed that the issue of early marriages still existed in the community except that parents and guardians tried their best to hide. One of the parents who was discovered to have married off her young girl, was summoned by the chief but he insisted that that was his daughter and had the right to make decisions for his children. He then went ahead to remove the child from the community and is believed to have married her off away from home. However, the informant confirmed that the community was already doing something about this. They formed and trained a group of community members with a responsibility to counsel and educate girls from failing pregnant and taking back those with babies back to school.

4.7.5 Cultural characteristics

The culture characteristics that will be presented below were specially tailored to upbringing of young girls.

It was disclosed that cultural beliefs in Southern Province for young growing girls was to undergo initiation ceremony. This ceremony is believed to help a girl understand her body changes and the importance of being smart at the same time to have healthy babies. Most of the interviewed adolescents got pregnant before initiation ceremony. The key informants also confirmed to say their daughters got pregnant even before initiation ceremony.

There was also another belief that once a girl reaches of age meaning experiencing her menstrual periods for the first time, she should first tell the grandmother or aunt so that a chicken is slaughtered for them to eat as a sign of maturity and she will be taught how to take care of themselves.

Eight out of the 14 girls interviewed said they had no one to share their menstrual experiences with, their friends told them what to do and never shared with any of the family members. They said they feared being restricted from their freedom, this was a response from one of them;

.....I did not tell any of my family members because I did not want to be told a lot of things of being modest as a woman and being told to spend most of the time doing house chores than playing out with friends.....

5.0 CHAPTER DISCUSSION

5.1 Discussion of the findings

The aim of the study was to explore and determine the childhood and adolescent characteristics of girls who experience early pregnancies. Findings from the study suggest that adolescent girls with early pregnancies have some common characteristics of coming from compromised and disadvantaged socio-economic family backgrounds, have risky sexual behaviors, are influenced by peers and are low academic achievers. These findings correlate with what literature review says (McCormick & Brooks Gunn 1989). Furthermore, they are also orphans, or raised by a single parent with limited or no source of income. The relationships with their single mothers was poor with most of these girls. Chase-Lansdale & Brooks-Gunn, 1994 expressed that adolescent with early pregnancies are characterized with problematic relationships with parents. This study revealed similar relationships with parents. Girls were also at risk of being engaged in child labor and child circulation. This separation from their immediate families and raised by other family members caused a strain relationship with their immediate families.

The girls had very poor or no sex education. For instance, one of the girls revealed that she was told by an elderly aunty that to avoid pregnancy, she should be drinking a lot of water after sex to pass urine and all the sperms will come out. These girls were at the same time used for rituals by elderly men who entice them in sexual activities. This was a belief among elderly men that virgins had the power of healing from illnesses like HIV and wealth accumulation. This study further confirmed that there was compromised parental education aspirations, other parents preferred that their daughters just got married instead of completing school.

Peer affiliation is known to play some role in deviant behavior (Scaramella et al, 1998), this study also agrees with this statement as girls brought up issues of being influenced by their peers to go clubbing and absconding from school in preference to spending time with their boyfriends.

Adolescent pregnancy and childbearing has been an issue of concern, policies and programs have been developed to reduce the incidences but the impact has been minimal. This as a result becomes a great cost to families and the nation at large. As the Center for Population Options noted in 1988, "a cycle of poverty often begins with an unintended adolescent pregnancy. Too

often they are the product of economic disadvantage and inadequate educational systems, of poor housing, family instability, and the emotional deprivation associated with it.”

It was however interesting to note that efforts in some village communities of Mazabuka and Monze were being made to prevent early adolescent pregnancies. It was mentioned that there was a team of trained community members who would counsel girls and encourage them to go back to school, and that this has seen a number of adolescent mothers go back to school as well as prevent pregnancies.

5.1.1 Individual and family Characteristics

The individual characteristics of the adolescent girls in this study were specifically directed to their use of contraceptives, emotional abilities, knowledge on sex, school achievement, substance use and their childhood parental status. All the girls confirmed that they never used contraceptives or condoms believing that contraceptive were only to be used by adults. A research on Adolescent birth control revealed that adolescents are unlikely to use contraceptive the first time they have sex and that failure rate was quite high compared to older women (Ann K. Blanc and Ann A. Way 1998). The girls could not describe their emotional abilities clearly though most of the key informants indicated to say their daughters or nieces were highly sensitive emotionally, at the same time agreed to say they had not educated their children on sex issues. Most of the girls had no hope of attaining higher education, this mainly was due to failure to identify who could help them pursue education and also who to help with babysitting. This posed a challenge, living majority of these girls with no choice but looking forward to marriage. This was what was found in a similar study conducted in South Africa (Case, Anne, and Angus Deaton. 1999)

5.1.2 Peer affiliation

The effects of peer affiliation on adolescent pregnancy was quite evident from the girls who reported having relationships with boys in school due to influence from their colleagues. This was considered as having fun and enjoying life with fellow peers. They also influenced each other into early marriage as they believed it was easier and less complicated to have a baby when one is young compared to older age. Ngonidzash Mutanana and Godfrey Mutara (2015) revealed in their study that socio-economic background, peer influence, lack of sex education, non-use of contraceptives, traditional roles, low self-esteem and low level of education contributed to teenage pregnancy.

5.1.3 Social Economic and Cultural Characteristics

Literature review indicated that children from low economic households are more likely to become pregnant compared to the those from wealth families (ZDHS 2013/2014 report). From this study, it was difficult to isolate this as these girls were from the rural set up and almost experiencing similar social economic conditions. Their household were characterized by mainly peasant farming. A study by Akella and Jordan (2015) indicated that culture environments had some way of nurturing adolescent pregnancies some of these findings were that peer support to a pregnant adolescent provided a conducive environment for the pregnant adolescent, peers supported each other as they also experienced similar conditions. Others were religious norms that forbid abortions hence adolescents gave reasons for keeping their pregnancies. Single parenting of none working mothers and those mothers who played as role models of being teen mothers encouraged adolescent pregnancy among their own daughters. Families that assisted to baby sit also gave an impression that the environment for these adolescents was conducive for early childbirth.

In this study one of the results of baby sitting for an adolescent mother perpetuated the situation. One of the adolescent repeatedly fail pregnant on three occasions after the mother took on her responsibilities of babysitting. It was not until the mother stopped helping did she realize the hardship that come along with child bearing. These are some of the consequences of the norms and beliefs associated with each culture and practices.

5.1.4 Spiritual Characteristics

Most adolescents in this study agreed to find comfort in attending church as they strongly believed God was the only hope for what they were going through. They gave an impression that the most important thing in their lives was going to church and knowing God. At the same time, other resented church with a view that people at church would not embrace them as they would be regarded as sinners. A research on religious influence on adolescent social competence showed that religious commitment was consistently related to increased competence. This is where the adolescent develops attitudes that society regard as good (Darwin L. Thomas and Craig Carver 1998)

5.1.5 Community Characteristics

The physical environments in the research sites seemed to have disadvantaged adolescent girls who had to walk very long distances to school. Apart from that it was another challenge for the girls to have school space at higher learning education after they complete their primary school. This was because the secondary schools were being taken by pupils from big cities who preferred these boarding schools in the rural areas due to conducive learning environments. In this study school drop outs due to lack of school places lead to early marriages or early motherhood of these adolescents from low social economic backgrounds who couldn't compete with children from wealth families. In Africa, especially the Sub-Saharan Africa countries, there are concerns about high rates of pregnancy-related school dropouts, also leading to the reported gender disparities in education in the developing world (Mensch et. al.)

CHAPTER 6: CONCLUSION

The study revealed that adolescent pregnant girls have various social and emotional challenges. This was clearly indicated from the six characteristics associated with these adolescent girls. These were individual, family relations, Peer relationships, Social economic, Spiritual and Community characteristics. From these characteristics issues like lack of contraceptive use, lack of sex education, hadlow education attainment, were from single parent households, including step parenting and orphaned emerged. They experienced poor parenting styles in some cases, were victims of child labor and child circulation. Most of the parents had low education aspirations which encouraged most of these girls to drop out of school. Peer affiliation resulting in some deviantbehaviors was prominent as well.

Their communities had very good secondary schools which offered school places inappropriately. Children from far big towns benefited places and good education in these schools living out the indigenous girls. This is because the school were highly competitive in favor of the privileged girls from big towns. Beliefs practiced in their communities of virgins having the power to heal sexually transmitted diseases put them at high risk of contracting sexually transmitted infections including HIV. The HIV status of these girls could not be verified either through question and answer of testing as this was not part of the scope of this study. Unfortunately, some parents believed in marrying their girls off at an early stage.

Considering all these harsh environmental, social and economic conditions that were outlined through the use of timeline interview as a tool, typical issues existing in these communities were exposed. The study has added more knowledge to literature on the important characteristics of these girls which can also direct policy change to reduce adolescent pregnancy. Hence interventions can be taken at individual, family or community levels.

6.2 Implication

The implication of these results is that adolescent pregnancy is serious and actions to reduce this may require a multi-agency approach. Adolescent pregnancy may be due to poor family financial background, school drop outs, poor parenting styles, family disunity, peer influence and lack of sex education among others. The Zambian Government has a number of Ministries that can take different approaches in addressing adolescent pregnancy. This cannot only be left to Government but there are also a number of NGOs that have an interest in child welfare. Therefore, results from this study can act as an eye opener to facilitate goods and services to these adolescents with early pregnancies.

6.3 Recommendations

1. Government to offer free education to orphans and vulnerable children in all government schools.
2. Schools to introduce counselling units that shall specifically target educating girls and boys in sex education and the importance of being focused with academic work. This should be mandatory in all schools.
3. Government collaborating with NGOs to come up with programs that will educate parents in the communities on the importance of providing sex education to their children.
4. To build strong youth friendly corners in all government hospitals that shall address sexual and reproductive health for adolescents.

6.4 Limitation of the Study

The findings of this study cannot be generalized as the study had respondents from only two districts, with a very small sample size. To help with generalization similar studies could be conducted in other remaining districts of the country to compare results.

Adolescents have a tendency of not opening up completely especially to strangers who ask them sensitive questions. Opening up to a stranger on one's life history is not easy due to some personal sensitive issues. For instance, none of the participants revealed they were raped but one of the key informants confirmed that her daughter was actually raped by her biological brother amounting to incest. Another limitation was that not all study sites were utilized to collect data as proposed, Kaonga Secondary School authority did not accept to expose the pregnant

adolescents as per school policy to prevent stigmatization on these pupils. The last limitation was that not all key informants were interviewed to verify what the girls said.

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APPENDICES

Appendix I: Information sheet for key informants

Information sheet

Title of Study: Life Histories of **adolescent** girls with early pregnancies in **Mazabuka** District, **Southern** Province, Zambia

Principal Investigator

Nchimunya M. Malambo (MPH student)

Department of Public Health

Cell: +260977-779-651

Email Address: chikondip2013@gmail.com

Introduction:

You are hereby invited to **consent for your child and yourself** to participate in a study which is part of my requirement to complete my Master of Public Health with the University of Zambia, School of Medicine, Public Health Department. This is an information sheet and consent form. The researcher will also explain and clarify the aim of this study. You are free to ask questions at any time and free not to answer questions you feel are too personal and you are also free to withdraw from the study at any point with no penalties against you.

What is the purpose of this research?

The purpose of the study is to provide information on the life history of the girls with early pregnancies which could give an understanding of how girls end up in risky sexual behaviors resulting in early pregnancies. This will help to add more knowledge and provide different ways of interventions in pregnancy prevention to programs involved in reducing early pregnancies in girls. The research is also part of my academic requirements to complete my master's program.

Why are you being asked to consent for your child and yourself to participate in the interview?

Participants for these interviews will provide useful information that will help improve programs that address early pregnancy in girls **and according to research requirements any child below the age of 16 will require a guardian or parent to allow that child to participate in any type of research. You as a parent/guardian will help to clarify issues that may not be so clear with your child. As a parent most of the childhood experiences and characteristics of the child may be clarified with you.**

Procedures

If you allow me to talk to your child, I will ask her to take part in an interview that will take about **1 hour**. I will tape record the discussion to help me write down exactly what she will say. If there is some information she will feel should not be recorded, she will be free to say so. If I will be allowed to record, the information from the tape or notes will be typed in full to help me fully understand what she will be saying. No name will be included in the tape recording and the typed documents. **This interview will take place in a private room or any preferred place that you as a parent and child feel comfortable to maintain privacy as personal information will be given.**

Risks/discomforts

You and your child will not have any problems because of your participation in this study. However, some information I may learn from your child may be personal and emotional. I would also like to assure you that the information I will get from your child will not be shared with anyone outside the academic team, and will be kept confidential between the participants and the researcher.

Benefits

If you agree that **you and your child participate** in the interview, I will provide some refreshments for the time you will spend. Apart from this there will be no direct benefits to **you and your child**, but what I will learn from you during the interview will help improve the programs aimed at addressing early pregnancy in girls.

Protecting data confidentiality

I have put up measures to protect the information I will get from her and you. Firstly, only members of the academic team will be able to see the information. Secondly, I will not put names on any information collected from you. Instead, I will use numbers for identification. Thirdly, I will destroy all tapes according to academic guidelines. I will keep copies of typed information on CDs in case I have a problem with the computer. All this information will be kept on a secure computer and in a secure room. **After completion of the study all these storage materials will be destroyed according to UNZA recommendation.**

What happens if you do not want to participate or decide to leave the discussion early?

You are free to decide whether you want to take part in the discussion, and you are free to leave at any point during the discussion. You are also free not to answer any questions that you are not comfortable with and this will not bring any problem to you.

Who to call for questions or problems regarding the study?

You can call the principal investigator

Principal Investigator: NchimunyaMalambo
(MPH student)

Department of Public Health

Cell: +260977779651

You can also call or contact

Supervisor: Joseph M Zulu, PhD,

Department of Public Health,

Cell: +260971591388.

The Chairperson,

Biomedical Research Ethics Committee,

University of Zambia,

School of Medicine, Ridgeway Campus,

P.O. Box 50110,Lusaka.

Appendix II: Consent form

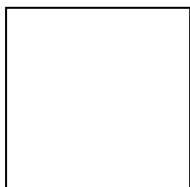
Consent Form Version Date: 11th March 2016

What does my signature (or thumb print/mark) on this consent form mean?

My signature (or thumb print/mark) on this form means:

- I have been informed about the purpose, procedures, possible benefits and risks of the interview.
- I have been given the chance to ask questions before I sign.
- I have voluntarily agreed that my child and I participate in this interview.

Name of participant	Signature of participant	Date
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Ask the participant to mark a “left thumb impression” in this box if the participant is unable to provide a signature above.

Name of witness	Signature of witness	Date
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(if the person giving consent cannot read and write)

**The Chairperson,
Biomedical Research Ethics Committee,**

University of Zambia,

School of Medicine, Ridgeway Campus, P.O Box 5110, Lusaka.

Appendix III: Information Sheet for Adolescent girls with early pregnancies

8.1 Information sheet

Title of Study: Life Histories of **adolescent** girls with early pregnancies in **Mazabuka** District, **Southern** Province, Zambia

Principal Investigator: Nchimunya M. Malambo
(MPH student)

Department of Public Health

Cell: +260977-779-651

Email Address: chikondip2013@gmail.com

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Introduction:

You are hereby invited to take part in a study which is part of what I need to do to complete my Master of Public Health with the University of Zambia, School of Medicine, Public Health Department. This is an information sheet and assent form. I will also explain and clarify the aim of this study. You are free to ask questions at any time and free not to answer questions you feel are too personal and you are also free to withdraw from the study at any point with no problems.

What is the purpose of this research?

The reason for the study is to give information on the life history of the girls with early pregnancies which could give an understanding of how girls get into activities that lead to them becoming pregnant. This will help to add more information and provide different ways of interventions in pregnancy prevention to programs involved in reducing early pregnancies in girls. The research is also part of my school requirements to complete my master's program.

Why are you being asked to participate in the focus group discussion?

Participants for these interviews will give useful information that will help improve programs that address early pregnancy in girls. **As a participant you have full information of your personal experiences in your life time.**

Procedures

If you allow me to talk to you, I will ask you to take part in an interview that will take about **2 hours**. I will tape record the discussion to help me write down exactly what you will say. If there is some information you feel should not be recorded, you are free to say so. If I will be allowed to record, the information from the tape or notes will be typed in full to help me fully understand what you will be saying. No name will be included in the tape recording and the typed documents.

Risks/discomforts

I do not think you will have any problems because you are taking part in the interview. However, some information I may learn from you may be personal and emotional. I would also like to make it clear to you that the information I will get from you will not be shared with anyone outside the academic team, and will be kept between you and me.

Benefits

If you agree that you take part in the interview, I will provide some refreshments to you for the time you will spend. Apart from this there will be no direct payment to you, but what I will learn from you during the interview will help improve the programs aimed at helping girls with early pregnancy.

Protecting data confidentiality

First only members of the academic team will be able to see the information I will get from you. Then, I will not put names on any information collected from you. Instead, I will use numbers for identification. Thirdly, I will destroy all tapes according to what the school tells me to do. I will keep copies of typed information on CDs in case I have a problem with the computer. All this information will be kept on a protected computer and in a protected room.

After completion of the study all these storage materials will be destroyed according to UNZA recommendation

What happens if you do not want to participate or decide to leave the discussion early?

You are free to take part in the discussion, and you are free to leave at any time during the discussion. You are also free not to answer any questions that you feel are not good for you and this will not bring any problem to you.

Who to call for questions or problems regarding the study?

You can call the principal investigator

Principal Investigator: NchimunyaMalambo
(MPH student)

Department of Public Health

Cell: +260977779651

You can also call or contact

Supervisor: Joseph M Zulu, PhD,

Department of Public Health,

Cell: +26097-1591388.

The Chairperson,

Biomedical Research Ethics Committee,

University of Zambia,

School of Medicine, Ridgeway Campus,

P.O. Box 50110,

Lusaka.

Appendix IV: Assent Form

Assent Form Version Date 11th March 2016

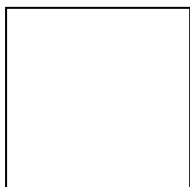
What does my signature (or thumb print/mark) on this assent form mean?

My signature (or thumb print/mark) on this form means:

- I have been informed about the purpose, procedures, possible benefits and risks of the interview.
- I have been given the chance to ask questions before I sign.
- I have voluntarily agreed to participate in this interview.

Name of participant	Signature of participant	Date
---------------------	--------------------------	------

Name of person obtaining assent	Signature of person obtaining assent	Date
------------------------------------	--------------------------------------	------



Ask the participant to mark a “left thumb impression” in this box if the participant is unable to provide a signature above.

Name of witness (if the person giving assent cannot read and write)	Signature of witness	Date
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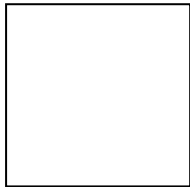
AGREEMENT TO RECORDING

_____ (*participant initials*) I agree to allow the interview I participate in to be recorded.

_____ (*participant initials*) I do not agree that the interview I participate in to be recorded.

Signature of participant

Date



Ask the participant to mark a "left thumb impression" in this box if she is unable to provide a signature above.

Signature of Person Obtaining Assent

Date

Printed Name of Person Obtaining Assent

Signature/ thumb print of Witness (if participant is illiterate) Date

_____ Printed Name of Witness

**The Chairperson,
Biomedical Research Ethics Committee,
University of Zambia,
School of Medicine, Ridgeway Campus,
P.O. Box 50110,
Lusaka.**

Appendix V: Interview guides for key informants

9.1 Key informants

Questions will be probed; concrete examples will be obtained hence giving each interview about 1 hour. The participant will be allowed to speak at length and this will be used as a true guide in the interview process, and not as a list of questions to be covered one after the other.

Potential probes = P

A. Introduction

Can you please tell me about your family?

- P: How old is your daughter?
- P: How many brothers and sisters, how many went to school?
- P: Did they all grow up in this community?
- P: How is her relationship with family members?

B. Social-culture/ economic background

- P: What grade was she when she got pregnant?
- P: what do you do for a living?

C. Family relations

- P: How many family members do you live with?
- P: Does your daughter have any difficulties with any of the family members?
- P: How are differences in family usually resolved?

D. Individual factors

- P: How old was your daughter when she first started menstruating?
- P: Has she taken alcohol or smoked before?
- P: Does she easily gets annoyed/upset?
- P: What are her future plans?

E. Peer Relations

- P: Does she have any close have friends?
- P: What do they do?
- P: What are some of the activities they enjoy doing together?
- P: What type of friends did she associate with when she was young?
- P: What type of things did she enjoy doing when she was young?

Appendix VI: The Life Story Time- line interview for adolescent girls with early pregnancies

Authors: Dan P. McAdams, Northwestern University, Revised 1995

Introductory Comments

This is an interview about the story of your life. I would like you to play the role of storyteller about your own life -- to construct for me the story of your own past, present, and what you see as your own future. (The interview should not be seen as a "therapy session." This interview is for research purposes only, and its sole purpose is the collection of data concerning people's life stories.)

The interview is divided into a number of sections. In order to complete the interview within, say, an hour and a half or so, it is important that you provide an overall outline of your story. The interview starts with general things and moves to the particular.

[The interviewer may wish to ask for clarifications and elaborations at any point in this section, though there is a significant danger of interrupting too much. If the participant finishes in under 10 minutes, then he/she has not said enough, and the interviewer should probe for more detail. If the participant looks as if he/she is going to continue beyond half an hour, then the interviewer should try (gently) to speed things along somewhat. Yet, you don't want the participant to feel "rushed." (It is inevitable, therefore, that some participants will run on too long.) This is the most open-ended part of the interview. It has the most projective potential. Thus, the interest is in how the participant organizes the response on his or her own. Be careful not to organize it for the participant.]

Questions

I. Life Chapters

I would like you to begin by thinking about your life as a story. All stories have characters, scenes, plots, and so forth. There are high points and low points in the story, good times and bad times, heroes and villains, and so on. A long story may even have chapters. Think about your life story as having at least a few different chapters. What might those chapters be? I would like you to describe for me each of the main chapters of your life story. You may have as many or as few chapters as you like, but I would suggest dividing your story into at least 2

or 3 chapters and at most about 7. If you can, give each chapter a name and describe briefly the overall contents in each chapter. As a storyteller, here, think of yourself as giving a plot summary for each chapter. This first part of the interview can expand forever, so I would like you to keep it relatively brief, say, within 20-25 minutes. Therefore, you don't want to tell me "the whole story" now. Just give me a sense of the story's outline -- the major chapters in your life.

II. Critical Events

Now that you have given me an outline of the chapters in your story, I would like you to concentrate on a few key events that may stand out in bold print in the story. A key event should be a specific happening, a critical incident, a significant episode in your past set in a particular time and place. It is helpful to think of such an event as constituting a specific moment in your life story which stands out for some reason.

I am going to ask you about 8 specific life events. For each event, describe in detail what happened, where you were, who was involved, what you did, and what you were thinking and feeling in the event. Also, try to convey what impact this key event has had in your life story and what this event says about who you are or were as a person. Please be very specific here.

Event # Peak Experiences

A peak experience would be a high point in your life story -- perhaps the high point. It would be a moment or episode in the story in which you experienced extremely positive emotions, like joy, excitement, great happiness, up lifting, or even deep inner peace. Today, the episode would stand out in your memory as one of the best, highest, most wonderful scenes or moments in your life story. Please describe in some detail a peak experience, or something like it, that you have experienced some time in your past. Tell me exactly what happened, where it happened, who was involved, what you did, what you were thinking and feeling, what impact this experience may have had upon you, and what this experience says about who you were or who you are. [Interviewer should make sure that the subject addresses all of these questions, especially ones about impact and what the experience says about the person. Do not interrupt the description of the event. Rather ask for extra detail, if necessary, after the subject has finished initial description of the event.]

Event #2: Nadir Experience

A "nadir" is a low point. A nadir experience, therefore, is the opposite of a peak experience. It is a low point in your life story. Thinking back over your life, try to remember a specific experience in which you felt extremely negative emotions, such as despair, disillusionment, terror, guilt, etc. You should consider this experience to represent one of the "low points" in your life story. Even though this memory is unpleasant, I would still appreciate an attempt on your part to be as honest and detailed as you can be. Please remember to be specific. What happened? When? Who was involved? What did you do? What were you thinking and feeling? What impact has the event had on you? What does the event say about who you are or who you were?

Event #3: Turning Point

In looking back on one's life, it is often possible to identify certain key "turning points" -- episodes through which a person undergoes substantial change. Turning points can occur in many different spheres of a person's life -- in relationships with other people, in work and school, in outside interests, etc. I am especially interested in a turning point in your understanding of yourself. Please identify a particular episode in your life story that you now see as a turning point. If you feel that your life story contains no turning points, then describe a particular episode in your life that comes closer than any other to qualifying as a turning point. [Note: If subject repeats an earlier event (e.g., peak experience, nadir) ask him or her to choose another one. Each of the 8 critical events in this section should be independent. We want 8 separate events. If the subject already mentioned an event under the section of "Life Chapters," it may be necessary to go over it again here. This kind of redundancy is inevitable.]

Event #4: Earliest Memory

Think back now to your childhood, as far back as you can go. Please choose a relatively clear memory from your earliest years and describe it in some detail. The memory need not seem especially significant in your life today. Rather what makes it significant is that it is the first or one of the first memories you have, one of the first scenes in your life story. The memory should be detailed enough to qualify as an "event." This is to say that you should choose the earliest (childhood) memory for which you are able to identify what happened, who was involved, and what you were thinking and feeling. Give us the best guess of your age at the time of the event.

Event #5: Important Childhood Scene

Now describe another memory from childhood, from later childhood, that stands out in your mind as especially important or significant. It may be a positive or negative memory. What happened? Who was involved? What did you do? What were you thinking and feeling? What

impact has the event had on you? What does it say about who you are or who you were? Why is it important?

Event #6: Important Adolescent Scene

Describe a specific event from your teen-aged years that stands out as being especially important or significant.

Event #7: Important Adult Scene

Describe a specific event from your adult years (age 21 and beyond) that stands out as being especially important or significant.

Event #8: One Other Important Scene

Describe one more event, from any point in your life that stands out in your memory as being especially important or significant.

III. Life Challenge

Looking back over the various chapters and scenes in your life story, please describe the single greatest challenge that you have faced in your life. How have you faced, handled, or dealt with this challenge? Have other people assisted you in dealing with this challenge? How has this challenge had an impact on your life story?

IV. Influences on the Life Story: Positive and Negative

Positive

Looking back over your life story, please identify the single person, group of persons, or organization /institution that has or have had the greatest positive influence on your story. Please describe this person, group, or organization and the way in which he, she, it, or they have had a positive impact on your story.

Negative

Looking back over your life story, please identify the single person, group of persons, or organization/institution that has or have had the greatest negative influence on your story. Please describe this person, group, or organization and the way in which he, she, it, or they have had a negative impact on your story.

V. Stories and the Life Story

You have been telling me about the story of your life. In so doing, you have been trying to make your life into a story for me. I would like you now to think a little bit more about stories and how some particular stories might have influenced your own life story. From an early age, we all hear and watch stories. Our parents may read us stories when we are little; we hear people tell stories about everyday events; we watch stories on television and hear them on the radio; we see movies or plays; we learn about stories in schools, churches, synagogues, on the playground, in the neighborhood, with friends, family; we tell stories to each other in everyday life; some of us even write stories. I am interested in knowing what some of your favorite stories are and how they may have influenced how you think about your own life and your life story. I am going to ask you about three kinds of stories. In each case, try to identify a story you have heard in your life that fits the description, describe the story very briefly, and tell me if and how that story has had an effect on you.

Television, Movie, Performance: Stories Watched

Think back on TV shows you have seen, movies, or other forms of entertainment or stories from the media that you have experienced. Please identify one of your favorite stories from this domain -- for example, a favorite TV show or series, a favorite movie, play, etc. In a couple of sentences, tell me what the story is about. Tell me why you like the story so much. And tell me if and how the story has had an impact on your life.

Books, Magazines: Stories Read

Now think back over things you have read -- stories in books, magazines, newspapers, and so on. Please identify one of your favorite stories from this domain. Again, tell me a little bit about the story, why you like it, and what impact, if any, it has had on your life.

Family Stories, Friends: Stories Heard

Growing up, many of us hear stories in our families or from our friends that stick with us, stories that we remember. Family stories include things parents tell their children about "the old days," their family heritage, family legends, and so on. Children tell each other stories on the playground, in school, on the phone, and so on. Part of what makes life fun, even in adulthood, involves friends and family telling stories about themselves and about others. Try to identify one story like this that you remember, one that has stayed with you. Again, tell me a little bit about the story, why you like it or why you remember it, and what impact, if any, it has had on your life.

VI. Alternative Futures for the Life Story

Now that you have told me a little bit about your past, I would like you to consider the future. I would like you to imagine two different futures for your life story.

Positive Future

First, please describe a positive future. That is, please describe what you would like to happen in the future for your life story, including what goals and dreams you might accomplish or realize in the future. Please try to be realistic in doing this. In other words, I would like you to give me a picture of what you would realistically like to see happen in the future chapters and scenes of your life story.

Negative Future

Now, please describe a negative future. That is, please describe a highly undesirable future for yourself, one that you fear could happen to you but that you hope does not happen. Again, try to be pretty realistic. In other words, I would like you to give me a picture of a negative future for your life story that could possibly happen but that you hope will not happen.

VII. Personal Ideology

Now I would like to ask a few questions about your fundamental beliefs and values and about questions of meaning and spirituality in your life. Please give some thought to each of these questions.

1. Consider for a moment the religious or spiritual dimensions of your life. Please describe in a nutshell your religious beliefs or the ways in which you approach life in a spiritual sense.
2. Please describe how your religious or spiritual life, values, or beliefs have changed over time.
3. How do you approach political and social issues? Do you have a particular political point of view? Are there particular issues or causes about which you feel strongly? Describe them.
4. What is the most important value in human living? Explain.
5. What else can you tell me that would help me understand your most fundamental beliefs and values about life and the world, the spiritual dimensions of your life, or your philosophy of life?

VIII. Life Theme

Looking back over your entire life story as a story with chapters and scenes, extending into the past as well as the imagined future, can you discern a central theme, message, or idea that runs throughout the story? What is the major theme of your life story? Explain.

IX. Other

What else should I know to understand your life story.

