

Distress Protocol for a PhD study exploring the Implementation of the Pregnancy Re-entry Policy among Stakeholders at Primary school level in Chongwe District, Zambia

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Abstract: Teenage pregnancy amongst primary school girls in Zambia is considered to be a deviation from social norms of sex outside marriage. Moreover, school re-entry of teenage mothers is also against social norms. Therefore, a distress protocol for potential participants and the researcher is necessary to deal with psychological and emotional responses which might culminate from the sharing of experiences by the participants. The protocol also considers similar distress on the part of the researcher resulting from locating the participants and the information disclosed by participants. The research is qualitative in nature. This research is considered to be medium risk.

Keywords: Teenage pregnancy, risk, distress, participants, researcher

I. INTRODUCTION

A distress protocol is recommended for sensitive topics because of the likelihood of participants and the researcher being left vulnerable to emotional distress due to information shared by the former to the latter. Bates (2021:2) refers to sensitive topics as those that focus on ‘unwanted experiences’ (Mallon & Elliot, 2019). The World Health Organization (WHO) estimated that about half of pregnancies that occur during adolescence are unintended (WHO, 2020). They can thus be said to be unwanted. Draucker, Martsof, and Poole (2009: 343) explain that sensitive topics involve ‘traumatic, aversive events which could cause anxiety, depression, embarrassment or acute stress as the experiences are recalled, reexamined and revealed’. Bates (2021:2) explains that sensitive topics focus on ‘private material, ask about unwanted experiences or revisit trauma’. Private material refers to personal encounters that are perceived to be an individual’s secrets. Unwanted experiences are unpleasant encounters that occur to people which are against their personal value systems. Revisiting trauma implies to recollection of unpleasant experiences.

The implementation of the pregnancy Re-entry policy captives all three features of a sensitive topic by Bates (2021) because it focuses on teenage pregnancy which in most cases is out of wedlock thus a taboo in the Zambian culture. Moreover, some of the pregnancies result from sexual abuse, that is, a traumatic experience. This study is socially sensitive posing

‘intrusive’ threats because it focuses on sexuality which is a private topic and ‘sanction’ threats from stigmatization (Mallon & Elliot, 2019; Dickson-Swift, James, & Liamputtong, 2008). Fenge, Oakley, Taylor, and Beer, (2019) add that sensitive topics can adversely affect all who are involved in it.

Context of implementation of the pregnancy Re-entry policy in Chongwe, Zambia

Zambia introduced the Re-entry policy in 1997 (MESVTEE, 2012). The policy allows girls who fall pregnant to remain in school until such a time when they get maternity leave to go and deliver. Afterwards, the teenage mothers are allowed to re-enter six months after delivery. This is to uphold the right to education for girls who fall pregnant whilst in school. This was in the context of the Beijing Platform for action of 1995 on promoting gender equality (UN Women, 2015).

Zambia currently has a high rate of teenage pregnancy, that is, 59 % of 15-19 years old girls becoming mothers (UNICEF, 2019). Therefore, the need to ensure that teenage mothers re-enter school cannot be overemphasized to ensure that gender equality is promoted. Stigma is one of the key factors affecting the re-entry of teenage mothers (Mweemba, Moono, Chishipula, & Maambo, 2019).

The sensitivity of the topic at hand relates to breaching of societal norms or values of pregnancy out of wedlock as well as mothers in school thus leading to stigmatization of individuals or social groups (Drucker et al., 2009). Therefore, the nature of the topic puts the participants at risk. The researcher is also at risk due to the vulnerability created by the emotional aspect of the topic which involves social justice and inequality (Fenge, Oakley, Taylor, & Beer, 2019).

II. METHODOLOGY APPLIED IN THE STUDY

This research adopts a qualitative methodology aimed at exploring the experiences (Tuli, 2010) of teenage mothers, their parents as well as gate keeper institutions on the Re-entry policy. The research will use case studies of schools. Case studies have been found to be ideal in studying education policies (Creswell, 2012) focusing on addressing how and why questions (Stake, 2010). In this context, the

case studies will focus on how the policy is being implemented and why some teenage mothers are not re-entering in order to inform the design of a framework that will help address re-entry challenges. The process will be an interpretative bottom-up inductive process (Yin, 2011). Secondary and primary data will be used in the study. The secondary data will be collected through Re-entry documents at school level. Individual face-to-face interviews are ideal for sensitive topics and will be used for primary data collection (Elmir, Jackson, Jackson, & Wilkes, 2011). The psychological effect of sensitive topics is that of the researcher being human thus it is difficult to detach completely from another person's sharing of their lived experiences (Palaganas, Molintas, & Caricativo, 2017) which can lead to emotional exhaustion (Bates, 2021). Qualitative research is considered ideal for sensitive topics (Bates, 2021; Buchanan & Warwick, 2021; Fenge, Oakley, Taylor, & Beer, 2019; Haigh & Witham, 2015) as it is said to bear emotional labor on the researcher. The qualitative research approach requires reflexivity (Fenge, Oakley, Taylor, & Beer, 2019; Palaganas, Molintas, & Caricativo, 2017) to promote social justice whilst at the same time reducing risk of harm for both the participants and the researcher.

Risk posed by sensitive topics to the participants

Risk refers to harm that can result due to an individual's participation in a study such as emotional, psychological, or physical harm (Dickson-Swift, James, Kippen, & Liamputtong, 2008). Risk is linked to the nature of the study topic with sensitive topics exhibiting medium to high risk. This study's risk level is rated as medium thus requires a distress protocol. This study has been rated as medium risk due to the potential trauma that might result from recalling the experiences of the teenage pregnancy emotionally, physically, materially, and socially. The distress protocol is aimed at non-maleficence by reducing risk.

Distress Protocol for potential participants

A distress protocol is a strategy outlining how signs of anguish by potential participants before or during the data collection will be identified and handled by the researcher to reduce risk of harming participants involved in the study (Haigh & Witham, 2015). It is an ethical requirement when dealing with sensitive topics meant to ethically triage potential participants through a subjective analysis by the researcher to perceive likelihood of triggering trauma in potential participants when they are made to recall their experiences.

It has been argued that the fact that the topic is rated as medium risk does not necessarily imply that all participants will be harmed. Harm is subjective (Buchanan & Warwick, 2021). Harm is perceived to be the likelihood of the risk manifesting which is unique to individual participants (Bates, 2020). Undertaking a study on a sensitive topic focuses on the benefits outweighing the risks. Participation for some individuals can be therapeutic. Overall, the study undertaking hopes to find solutions to a sensitive topic considered as a problem at individual and societal level in this case the

teenage pregnancy, and its resultant consequences on the continuation of teenage mothers' education.

The risky nature due to the sensitivity of the topic requires that a distress protocol be used to assess the likelihood of harm as expressed by potential participants through verbal and non-verbal communication. This is done on a case by case assessment of potential participants. The decision to participate in the study will be entirely based on the potential participants because it is argued that some signs of distress should be handled accordingly by asking the proposed questions by Drucker et al. (2009). The decision for participants to continue with the interviews should be respected because some distress can be therapeutic by way of a 'soothe system' by the researcher (Bates, 2021).

It is also worth noting that the main data collecting tool in qualitative research is the researcher who is human thus also benefits from designing a distress protocol by way of being aware of potential distress of participants, how to 'self-manage' support that the researcher will need and how that should be given' (Bates, 2021). Therefore, the researcher's need to consider herself to be aimed at ensuring that the researcher's emotional disturbance is considered and also the need to uphold research ethics of not harming participants by addressing "power, ownership, and voice" issues (Fenge, Oakley, Taylor, & Beer, 2019). This requires that the researcher also identifies a team to supervise and mentor her.

This distress protocol is all-encompassing, that is, participants and the researcher are covered considering that distress is subjective and unpredictable to a large extent. The distress protocol in dealing with participants adopts the protocol guidelines by Haigh and Witham (2015). The distress protocol will be as follows;

III. DISTRESS PROTOCOL FOR THE PARTICIPATES

i. Pre- data collection

The potential participants will be informed about the study through the information sheet (Bates, 2021). Attention will be paid to the cues in the behavior of the potential participants in terms of the verbal and non-verbal reactions as the information on the study is being shared with them. Those who show distress at this point will be offered the number for the counsellor for them to contact out of their own free will. The researcher will then ask the potential participant if it is ok to contact them the following day to check up on them.

ii. Distress during the data collection

The researcher will pay attention to distress cues such as crying, shakes, long pauses, and uneasiness in body language. The participants will be asked if they would like to pause or discontinue with the interview.

iii. Follow Up

The researcher will seek permission from the potential participants on whether she can call them to check up on them

the following day. For the respective schools will be availed to the participants as required.

For teenage mothers not in school and other participants who may become distressed counselling referrals will be with the social worker in the Ministry of Community Development and Social Services in Chongwe District will be engaged.

Distress protocol for the researcher

The researcher has also considered the potential psychological impact of the study on her. The potential physical impact has been distance as it is a village set up thus vastly spaced which will determine the number of interviews that will be conducted per week. Handling risky topics calls for some expertise. The researcher is a teacher by profession thus has some experience in psychology. She has also done a course in mental health. Moreover, she has experience in qualitative research. The researcher will have an Associate Professor of special education, and a research ethics trained nurse as the team for debriefings and counselling for the researcher.

IV. CONCLUSION

Re-entry of teenage mothers' deviates from the social norms thus poses emotional, psychological, or physical harm to the participants as well as to the researcher. This is to say that distress protocols should holistically address distress for all potential participants including the researcher. An exploratory qualitative research calls for the researcher to be the main data collecting tool. A thought through process of handling any psychology, emotional or physical harm needs to be considered before undertaking the study. This requires consideration of potential behaviors displaying distress and handling thereof including prior identification of counsellors.

ABOUT THE AUTHOR

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