

XHOSA TEENAGERS' EXPERIENCE OF MOTHERHOOD

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ABSTRACT

The high rate of unplanned teenage pregnancies and teenage motherhood remains a concern in South Africa and worldwide. Most of the teenage pregnancies in South Africa are reported to occur among the black African and coloured communities. The teenage mother leaves school and is often unemployable, making it a challenge to raise the child. Some of these teenage mothers become depressed and suicidal as they struggle to cope with the consequences of teenage motherhood. Under such circumstances, the final responsibility of looking after the child becomes that of the already poor family and the South African state by means of a child grant. The study will be of benefit by drawing attention to the impact of teenage motherhood and to increase the awareness of the use of contraceptives by teenagers as well as by getting the necessary support from the nurses and midwives. The study used a qualitative research design with data being collected by means of audio-taped semi-structured interviews. With the assistance of an independent coder, three main themes emerged from the experiences of teenage mothers. The main themes revealed that teenage mothers experienced motherhood as a burden, a sensitive cultural transgression and as having the potential to have a positive impact on her, the baby, the family and peers. The study concluded that midwives should avail



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themselves to teenagers, including before pregnancy, in order to share the crucial health education related to sex, sexuality and use of contraceptives.

Keywords: infant, midwife, motherhood, teenager

INTRODUCTION AND BACKGROUND INFORMATION

Teenage motherhood and teenage pregnancy have emerged as a worldwide phenomenon. The physiological immaturity of these teenagers leads to spontaneous abortions, premature labour and low birth-weight infants as some of the many obstetrical complications recorded among pregnant teenagers (James, Van Rooyen and Strümpher, 2010:4). Teenage motherhood problems extend beyond the medical and obstetric challenges of pregnancy to include social challenges for the teenager.

Teenage motherhood curtails the social life of the pregnant teenager and reduces her freedom to be with her peers whenever she wants to enjoy herself socially. This exposes her to the risk of social isolation and loneliness as her interests now differ from those of her peers (James et al., 2010:4). She may feel abandoned by her school friends. On the other hand, school friends do not have insight into the changed life experiences and responsibilities of motherhood. The perceived abandonment by the peers may cause resentment and jealousy in the teenage mother (Davies, 2004:4).

Also because of their young age, teenagers do not cope easily with the pregnancy and labour, which affect their emotional ability to be good parents (Hanna, 2001:247). According to Fraser and Cooper (2006:224), new-borns mostly use crying to communicate needs such as hunger, pain, boredom, irritation from a wet napkin, and reaction to a cold or hot environment. However, teenage parents have a low tolerance to infant crying, lack patience with infants, lack knowledge of the normal growth and development of an infant and therefore tend to punish the baby physically when they as parents cannot cope (Hanna, 2001:247). The teenage mother's inability to cope with her motherhood role may result in an extra burden on her parents, especially the mother of the teenager (James et al., 2012:1). According to these authors, the infant may ultimately become the responsibility of the grandparents.

A Xhosa-speaking single teenager who falls pregnant is viewed as a breaking-down tradition and this may lead to unhappiness in the family. Nevertheless, there are circumstances that make it possible for an illegitimate child to be accepted by the family, for example, the payment of reparation and acceptance of paternity (James et al., 2012:192). Unfortunately, some of the teenage mothers are denied paternity by their partners and do not get the traditional allowance for the pregnancy, which may jeopardise the chances of support by the family.

STATEMENT OF THE RESEARCH PROBLEM

The school-going teenage mother living at home, besides being expected to assist with house chores, also has to study and pass examinations. The teenage mothers may not be able to fulfil all these duties. According to some school teachers in Port Elizabeth where many of pregnant teenagers were noticed, teenage mothers have an increased absenteeism and failure rate at school. Some of these teachers reported that the teenage mothers were sometimes asleep during lessons and reported that they had to attend to the baby's needs during the night and now feel sleepy in class.

RESEARCH QUESTION

How do Xhosa teenagers experience motherhood?

PURPOSE OF THE STUDY

The main purpose of study was to explore and describe the experiences of teenagers of being mothers in Nelson Mandela Metropolitan Municipality in the Eastern Cape Province.

Definition of keywords

An infant is a child up to 2 years (24 months) of age (World Health Organization, 2003:152). In this study an infant refers to a child between the ages of 6 and 12 months.

A midwife in South Africa is a person who has been trained and is qualified and competent to practise midwifery independently in the manner and to the level prescribed by the South African Nursing Council (Fraser & Cooper, 2006:5). He or she is capable of assuming responsibility and accountability for such practice.

Motherhood is the state of being of a mother and having the ability to provide the physical and emotional care essential for a young baby (Collins Concise Dictionary, 2004:976).

A teenager refers to a teenage girl aged between 12 and 16 years who is still in the process of becoming physically and emotionally mature (World Health Organization, 2004:5).

RESEARCH METHODOLOGY

Research design

A qualitative design utilising explorative, descriptive and contextual approaches was implemented.

Research population and sampling

The target population in this study were Xhosa-speaking teenage mothers who resided at Kwazakhele Township in the Nelson Mandela Metropolitan Municipality. A purposively selected sample (Jooste, 2010:306) of teenagers who were 12 to 16 years old, who had given birth 6 to 12 months before the time of the interview and whose infants were still alive, was used. The potential participants were identified from the labour ward birth registers followed by sampling away from the midwives' attention.

Data collection

One-on-one semi-structured recorded interviews were conducted. Participants responded to the same question: *Ndixele kunjani kuwe ukuba ngumama oselula wom Xhosa?* (How is it for you to be a Xhosa teenage mother?). Where possible, questions from a pre-prepared interview schedule were used. Duration of the data collection and analysis was over one year (March 2010 to March 2011). Following a pilot study of two participants, data were collected from fourteen participants.

MEASURES FOR ENSURING TRUSTWORTHINESS

Four strategies that the researcher used to establish trustworthiness were truth-value, applicability, consistency and neutrality (Polit and Beck, 2008:202), using the criteria, credibility, transferability, dependability and confirmability. A summary of the criteria is provided in table 1.

Table 1: Criteria to ensure trustworthiness

Criteria to ensure trustworthiness	Criteria	Application
Credibility	Prolonged Engagement	Contact with participants' prior to the interview was held to build rapport with the participants. The researcher collected data until data saturation was reached.
	Triangulation	Data was gathered using both interviews and field notes; it is then verified through literature control.
	Peer examination	The researcher had analytic sessions with an independent coder to finalise the main themes and the discussions were held with the supervisors of the study.
Transferability	Nominated sample	Purposive sampling.
	Dense description	A complete description of methodology including the research population, data gathering and data analysis were given to enable another researcher to follow the same methodology.
	Pilot study	A pilot study was conducted before the main study commenced.
Dependability	Dependability audit.	Data analysis included the input of the independent coder skilled in the field of research
	Peer examination	Discussion with the supervisor and co- supervisor took place so as to ensure that the data had been interpreted accurately.
Confirmability	Triangulation	Information is gathered from the interviews and field notes. It is then verified through the literature control.
	Reflexivity	Discussion between the researcher and the independent coder to exclude biases by the researcher.
	Confirmability audit	Audit was done by presenting themes and sub-themes to the independent coder to confirm the results.

ETHICAL CONSIDERATIONS

The researcher obtained the necessary permission and ethical clearance from the Nelson Mandela Metropolitan University to conduct the study and from the Regional Department of Health to access the delivery registers in the identified hospitals in Kwazakhele Township in order to get information regarding potential participants. The

parents of the potential participants were contacted telephonically and an appointment was set where the researcher, the participant and the parent of the participant met to confirm permission.

The principles of beneficence and non-maleficence, anonymity, self-determination and justice were applied to this study to enhance research ethics. To maintain anonymity in this study, true names of participants were not mentioned or listed in the transcripts. Taped interviews, notes and transcripts with pseudonyms were kept locked in the safe in the researcher's office to protect the confidentiality of participants. Although quotes were used in the research report, care was taken not to use information that could be traced to a specific participant.

To enhance beneficence and non-maleficence, the researcher must secure the wellbeing of the participants at all times and protect them from any discomfort and harm (Brink, Van der Walt and Van Rensburg, 2012:35; Burns and Grove, 2009:190). There was no risk of physical harm but that of emotion. Participants were assured of anonymity and confidentiality, the right to withdraw at any stage of the study without being penalised and also informed of the available assistance. The researcher had a clinical psychologist on stand-by should there be any need. Debriefing assisted to identify the need and there was no need for the assistance. This was done to ensure the protection of participants from psychological harm that may develop during or after the interviews (Brink et al., 2012:36). The principle of justice ensures fairness. An informed consent and assent was signed by all the parents and participants, respectively.

ANALYSIS

Data analysis was done by adopting the eight steps suggested by Tesch (Creswell, 2009:186) to identify themes and sub-themes. An independent coder assisted in excluding bias by the researcher (Creswell, 2009:185). Three main themes emerged from data analysis as provided in table 2.

Table 2: Identified themes and Sub-themes

THEMES	SUB-THEMES
Motherhood as a burden	<ul style="list-style-type: none"> * caring for a baby as an overwhelming responsibility * rejection from peers and family * limiting the chances of success in school
Motherhood as a sensitive cultural transgression	<ul style="list-style-type: none"> * of family values, beliefs of community members and significant others
Motherhood as having the potential to have a positive impact on herself, the baby, the family and peers	<ul style="list-style-type: none"> * feeling happy when the baby was accepted by the family * positive enrichment from her baby * advise fellow teenagers in terms of contraceptives

Theme 1: Motherhood as a burden

When pregnancy occurs, it is the teenage mother who bears the burden of pregnancy and child care (Brown & Amankwa, 2007: 25). The teenage mother, despite her young age, has to take care of the baby and also of herself. Such a situation is bound to cause conflicting interests within the teenager (Hudson, Elek & Campbell-Grosman 2000: 446). Hence she feels that motherhood is a burden.

Sub-theme: caring for a baby as an overwhelming responsibility

According to the participants, none of them planned the pregnancy as they were still scholars, so the confirmed diagnosis of pregnancy came as an unpleasant surprise. With motherhood, the roles changed and they had to take the responsibility of caring for the baby and to provide for his/her needs as well as being a scholar. Motherhood was an overwhelming responsibility because they had no skills in taking care of the baby. The experience was expressed as:

It is not nice to have a baby. It is difficult, things have changed, I have to take care of the baby yet I am a child myself.

There is work that should be done by me and still waiting to be done by me and I also have to help my mother to sell fruit and vegetables in town in order to help in supporting the baby financially.

The participants reported that they have accepted the responsibility for taking care of their babies, but the researcher felt that they were still experiencing motherhood as overwhelming. They said:

I feel pain because she (the baby) doesn't sleep at night but is crying. She cannot tell me what she is feeling. The fact that she doesn't say what is she experiencing makes me worried.

It is not nice to have a baby whilst still young, this baby is crying a lot perhaps she wakes up at night and cry and I have to wake up and breastfeed the baby. There are times where I have to sleep then I wake up at night and take care of the baby like changing the nappy and breast feeding.

These experiences prevented the teenage mother from enjoying motherhood. Instead, they see the baby as a burden they are responsible for.

Sub-theme: motherhood associated with rejection from peers and family

Loneliness and rejection were some of the challenges that confronted the teenage mothers. They were used to having friends with whom to socialise and talk, but now there was no time to go out with other teenagers because they have to take care of the

baby. The impact is that they remain at home alone, thus feeling isolated from their peers.

I'm staying in the house. I've stopped going out with my friends.

I used to be with my friends but now that doesn't happen anymore. I only meet them at school.

Interrupted relationships with family members contributed to the feeling of rejection. Some of the participants reported that they had been abandoned when the pregnancy was confirmed. They had to leave their parental homes and live with a family member, such as a grandmother. Others reported that the people sharing the home with them did not talk to them. One participant said:

My father said he did not want to see me even in photos and I was staying with my step-sisters, now they do not talk to me and I decided to move out to stay with my grandmother.

These attitudes of the parents and other family members left the teenage mother unhappy and without the necessary support from family members, which resulted in her having a huge amount of work and little or no time to attend to her school work.

Sub-theme: motherhood limiting the chances of success in school

Three of the participants returned to school at the beginning of the year following the birth of the baby. In this study, none of the participants reported that they were excluded from the school because of the pregnancy and motherhood. Five participants left school optionally because they were unable to cope with pregnancy and motherhood as well as attending school. One participant said:

I had to leave school in June last year. I returned to school this year in January.

A number of reasons affected the school performance of these young mothers and sometimes led to the teenager dropping out of school. Among the reasons are the amount of physical work in the home, looking after the baby as well as the limited time she had to spend on her school work or even attending school. Sometimes they were only able to do their homework in the morning before going to school. Where this happens, the quality of school work is poor, resulting in poor class marks. One participant reported:

When I come back from school I have to wash nappies. Perhaps it was raining I kept the nappies then I wash them all when the weather is clear. I run out of time as I've got homework to do. I feed the baby and let her sleep and do other things and sometimes fail to do them all and do them in the morning.

The interrupted education had a negative impact on their expectations for their own and the baby's future.

Theme 2: motherhood as a sensitive cultural transgression

Teenage pregnancy is a sensitive cultural transgression because teenage pregnancy is not accepted by those communities who subscribe to the 'Xhosa culture'. A girl who becomes pregnant while still a teenager and still at school is considered to have acted in an unacceptable manner; and may be subjected to punishment, which may include exclusion from the family group or the community. In this study, the teenage motherhood changed the status to that of an adult while peers were still regarded as children. One participant said:

My friends are saying I'm an adult, yet I'm still young it is just that I have a baby.

Teenage mothers had to mix with older women at the clinics during antenatal care and in hospital during the delivery of the baby which also contributed to the feeling that motherhood has caused them to become old before their time.

Sub-theme: family values, beliefs of community members and significant others

Participants reported being insulted by their parents and other family members as soon as the pregnancy was discovered. They reported that even their siblings showed a change in attitude towards them and, at times, they had to move out of the house. Participants verbalised these experiences as follows:

Perhaps I'm in conflict with my father at home. He insulted me and swear at me telling me that I have a baby without a father It is painful to me to be told that I have a baby without a father yet the baby has a father it is only that he doesn't care for the baby.

My father said he doesn't want to see me because of this baby and even my step-sisters do not want me. We were staying together before I moved out to my grandmother and in good terms but now even if we meet each other; it seems as if we don't know each other.

The insults and family conflict experienced by the participants became worse when it spread to outside the home. Participants also experienced the community as rejecting them.

Even in the church I was not recognized as a faithful girl by the church elders. I am regarded as the one who performed a sin and I'm allowed to sit at the back chairs no more with the church choir and with the youth.

The community rejection caused the participants to discontinue their participation in church activities. The participants felt that they were let down by the people they trusted.

Despite the conflict with family, friends and community in general, some participants managed to experience their motherhood status positively.

Theme 3: motherhood as having the potential to have a positive impact on herself, the baby, the family and peers

Teenagers, who had their pregnancy accepted by the family, reported being assisted with the baby while they are at school. A participant said:

My aunt is looking after the baby during the week when I'm at school and I am looking after the baby during the week-ends.

Some participants, as noted from the above statement, were assisted in caring for the baby, and this resulted in them performing better in school.

Sub-theme: feeling happy when the baby was accepted by the family

Where the pregnancy was accepted by the family, the teenagers became happy and one participant had the following to say:

What makes me happy is the acceptance of the baby by the family.

With some teenage mothers, being pregnant and the support of the parents helped them to acquire skill in baby care.

Sub-theme: positive enrichment from her baby

Quite a few of the participants reported that because the baby was being looked after while they were at school, it made them to want to do well at school and make their parents to be proud of them and said:

I'm doing better than I used to do and having a baby does not affect me much because the baby is most of the time with my mother and I always have enough time to study my books.

... of course I have disappointed them but I know I need to go to school at least to make them proud.

Sub theme: advise fellow teenagers in terms of contraceptives

This study did not attempt to show or confirm that teenage mothers have knowledge of contraception, but two of the participants made mention of contraceptives and the availability of abortion in order to prevent motherhood. The participants in this study stated that they were not happy about becoming pregnant, but reported that they were glad that they decided to continue with the pregnancy and give birth. All participants in the study reported that they became pregnant before deciding to use contraceptives. One participant said:

No my teacher once told us about contraceptives when one is sexual active and some friends are using contraceptives. Unfortunately for me I got pregnant on the first sexual contact and by that time I had not started with the use of contraceptives, I was afraid of my mother.

To have a baby makes things worse I would rather say wait and have a baby at a certain stage, if you want a baby settle down because having a baby is very expensive. I don't blame those who abort children cause you can't bring a child in this world then you cannot feed the child. You should rather condomise.

Teenage mothers acknowledge the fact that teenagers should not be having babies and that they should have waited until they were old enough to have a baby.

DISCUSSION OF RESEARCH RESULTS

Parenting during the teenage years is problematic because, developmentally and emotionally, teenagers have not yet completed the task of being a teenager. As parents, teenagers have a low tolerance to infant crying, they lack patience with the infant and they lack understanding of normal growth and development. Literature supports this and states that teenage mothers become overwhelmed with parenting as they struggle to understand the baby's cues (Hanna, 2001:461). Motherhood responsibilities are embraced, but, when combined with household work and schoolwork, it becomes overwhelming and tiring (Hanna, 2001:459).

When she becomes overwhelmed by her dual role and drops out of school, she places her and her child's future on the line as she will not have a well-paying job. Financial hardship can aggravate the teenage mother's social adjustment problems, increasing the likelihood of her resorting to prostitution to augment her income (Ehlers, 2003:14). It is argued that the disadvantages associated with teenage motherhood, notwithstanding physiological problems, are caused by her socio-economic position and not by her age (Marcvarish, 2010:316).

Rejection and loneliness are also cited as some of the reasons that teenage motherhood becomes a burden. Family values and community beliefs are related factors. The Xhosa culture shares the same value with other black or African cultures of not accepting teenage pregnancy easily (James et al., 2010:5). The family may even resent their daughter. In support of this statement, a message shared by Du Toit and Van Staden (2005:32) states that when the values of the culture are broken, punishable and negative attitudes are displayed by the family members and the community towards those who broke them, the church included.

Christian churches do not condone premarital sex and therefore pregnant teenagers may be prevented from taking part in church gatherings (Dlamini, Van der Merwe and Ehlers, 2003:74). When such banishment happens, there is limited family and social support, which aggravates the loneliness and rejection experienced by the teenage

mothers. Researchers have asserted that loneliness is a prevalent and serious problem among teenage mothers (Hudson et al., 2000:446).

Besides the negative experiences, there were also positive ones due to the family support once the baby was accepted by the family. African teenage mothers are less likely to live with the father of their babies and are more likely to remain at home with their families (Bunting and McAuley, 2004:207). Where the social support is higher, the teenage mother will experience less stress associated with parenting, which in turn has a positive impact on her parenting behaviour and competence (Humerick & Howell, 2003:31). Most of the time, the teenage mothers stay with their grandmothers and benefit from their support. Grandmothers provide practical support with housework, money and babysitting, promote the self-esteem of the teenage mother and reduce symptoms of depression (Bunting & McAuley, 2004:216).

The other positive experience of the participants of this study is that of maturity. Motherhood brought a certain maturity to the teenage mother to be more productive and hopeful of the future, despite their stress and struggles (Kaye, 2008:4). They developed the courage to perform better in their studies and became ready to share some advice with their peers in relation to the use of contraceptives. According to Ehlers (2003:19), reasons for teenagers not using contraception included that their mothers did not approve of their use or they were ignorant about the use of contraceptives.

A study conducted by Kanku and Marsh (2009:361) stated that teenage pregnancy is also associated with poor socio-economic conditions, which include unemployment and poverty. These conditions provide significant incentive for and pressure on teenagers to fall pregnant because they rely on accessing government grants to survive. Some teenagers are physically forced by their partners to have sex even if they are not yet ready or not prepared (Godlwana, Lubazi & Mbulawa, 2010:154). Participants in this study advise the use of condoms to their peers.

CONCLUSION

In this study, it emerged that the teenage mothers were experiencing motherhood as a burden. They found themselves having to live with the consequences of teenage motherhood and transgressing a cultural taboo and therefore deserved the adults' scorn.

In spite of these negative experiences of teenage motherhood, there are positives ones following acceptance of the baby by the family. This support has made it possible for teenage mothers to attend school again and complete their studies. Reviewing the results of the study, it became clear that the challenges faced by teenage mothers are of great concern as the pregnancy adversely affects the future of the teenage mother and her baby. Health professionals and policy makers need to develop strategies to reverse the challenges.

RECOMMENDATIONS

Based on the results of the study, recommendations were developed as follows:

Health professionals should organise awareness campaigns, focusing especially on how pregnancy at the young age affects the mind and body.

The midwives should avail themselves should the teenagers need assistance even before pregnancy to discuss related challenges. The midwives should also organise support groups of teenage mothers where the teenage mothers themselves may share their motherhood experiences.

LIMITATIONS OF THE STUDY

The biggest limitation was that the study took a long time to complete due to access-related issues. The researcher had difficulty finding participants to interview as this was a sensitive topic.

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