



Unpacking the social constructions of motherhood: Exploring mother presence among young African women

By

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DECLARATION

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ABSTRACT

The experience of pregnancy and childbirth are life changing for women. In most African societies, childcare is often a woman's responsibility. The motherhood journey of a young woman may be significantly impacted by the presence and/or absence of a biological mother. The presence of a biological mother is regarded as important in all stages of development, particularly for female children. However, mothers are absent for a number of reasons including their death. The absence of a biological mother exposes children to various challenges, including poverty, poor educational attainments and health issues. A growing body of research in South Africa has focused on father absence; however, few has explored mother absence and the implications this has on children. Therefore, this study aimed to unpack the meaning of motherhood as socially constructed by young African women in a township of KwaZulu-Natal province. The study sought to explore the perspectives and experiences of young women, taking into consideration the presence and/or absence of a biological mother. A qualitative research methodology was employed and data was obtained through telephonic interviews with 20 young women who grew up living with the presence of their biological mothers as well as 20 young women who grew up in the absence of their biological mothers. Young women were recruited using purposive and snowball sampling. The findings of the study suggest that the presence of a biological mother was significant for women who fell pregnant at a young age. Even though grandmothers and extended family members were actively supporting young women who had absent mothers, the presence of a biological mother was deemed essential for women. The transition from girlhood to motherhood was accompanied by numerous implications for young women. Financial challenges stemming from unemployment, poor economic backgrounds and father absence affected young mothers. This negatively impacted education and career aspiration of certain young women. The study recommends the involvement of families, government and private stakeholders in supporting young mothers. This can be achieved by enhancing family support programmes within communities. Furthermore, the promotion of Small, Medium and Micro Enterprises (SMMEs) is deemed important for the reduction of high rates of unemployment among young women in South Africa.

Keywords: *young mothers, township, South Africa, experiences, qualitative*

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ABBREVIATIONS AND ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ARVs	Antiretrovirals
COVID-19	Coronavirus Disease 2019
HIV	Human Immunodeficiency Virus
HSRC	Human Sciences Research Council
ICU	Intensive Care Unit
NAFCI	National Adolescent Friendly Clinic Initiative
NSFAS	National Student Financial Aid Scheme
SASSA	South African Social Security Agency
SMMEs	Small Medium and Micro Enterprises
UNICEF	United Nations Children’s Fund
WHO	World Health Organization

**PAPERS SUBMITTED FOR PUBLICATION AND CONFERENCE
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CHAPTER ONE

INTRODUCTION

1.1 Background

The birth of a child is usually regarded as one of the most important events and milestones in the lives of parents as well as the family at large. It requires changes in the ways of living within families (Ramukumba and Masala-Chokwe, 2017; Relvas, 2004). Mothers' and fathers' adjustment to parenthood is multifaceted and includes both general wellbeing and more specific dimensions related to their new roles as parents. Motherhood is regarded as an important component to parenting. Jordan and Carlson (2014) define motherhood as the upbringing of a child, which involves caregiving, teaching and supporting the child in all spheres of life. Mothering is normally related to activities and/or practices concerned with caring, nurturing and providing physical, emotional and psychological needs of the child (Ghost, 2016). These activities may be performed by women who are not necessarily the biological mother of the child. For example, the care provided by grandparents, relatives and/or care takers may be regarded as mothering. Ghost (2016) suggests that in a contemporary society, mothering may be provided by men and homosexual guardians. A mother figure is a person who provides care, nurture and guidance in relation to personal values and social behaviours (Swarnananda and Wickramaarachchi, 2016). A mother figure may be a grandmother, female relatives and female educators who acts as a mother by providing love, care and advice to the child who might not have a present biological mother. A mother figure is often associated with specifically women who serve as mothers to children who may not have a present biological mother. Within traditional societies, most women serve as mother figures to children within the community. This is because such societies are dominated by the notion of children being raised by the village that is, treating all children within the community equally. Mothering and mother figures are performed and experienced in the context of the meanings and ideologies of motherhood (Ghost, 2016). Motherhood is a larger social institution, which is characterised by specific meanings and ideologies (Ghost, 2016). It is associated with women as it has a direct impact on women's lives. The notion of motherhood is expressed differently across social class, race, ethnicity and culture (Ghost, 2016; Moore, 2013). In many African societies, motherhood ideally begins with heterosexual relations that is, social and/or legal marriage between a man and woman (Moore, 2013). The institution of motherhood involves the potential role of a woman as a wife, mother and daughter-in-law (Ghost, 2016). Young women are

normally socialised at a young age to take the roles of motherhood after marriage. Motherhood is experienced through childbearing however, the ideas and duties associated with being a mother are instilled at a young age to many women within traditional societies (Moore, 2013). Young women are often expected to perform domestic duties and assist their mothers with providing care for younger siblings, which exposes them to the different duties associated with being mothers at a young age.

In South Africa, the majority of children are not living with their mothers. Only 43 percent of children (8.5 million) are living with their biological mothers (Statistics South Africa, 2019a). The White Paper on Families (2021) suggests that nuclear families are declining in South Africa, which indicates that many children are not living within the same households as their biological parents. Many families are headed by single parents, with high female-headed households. The AIDS epidemic and the recent coronavirus (COVID-19) pandemic placed families under significant strain with the loss of caregivers and economic providers (White Paper on Families, 2021). There are approximately 29 percent of African children living with both biological parents, while 85 percent of Indians and 78 percent of White children are living with both parents (Statistics South Africa, 2019a). A vast majority of African children are not living with their biological parents. Factors that may perpetuate the increasing numbers of African children not living with their biological parents may include declining marriage rates, divorce and early childbearing as a result of the lack of knowledge and access to services (Eyo, 2018; Statistics South Africa, 2018a). The decline in marriage rates is often accompanied by non-marital cohabitation and pre-marital childbearing (White Paper on Families, 2021). The increasing ilobola payment (bride price) among Africans has resulted in marriage rates declining as certain people cannot afford to pay ilobola. Researchers in South Africa suggest that even though marriage has been declining among Africans, unmarried women are having children (Palamuleni et al., 2007). Childbearing can occur at any point while marriage is considered a step that takes place later in life once education and financial security have been attained (Maharaj and Shangase, 2020). Hence, certain women delay marriage in order to obtain qualifications and achieve financial security. Divorce rates that are relatively high among the African population have resulted in parental absence and the limited access to service within rural areas has increased the numbers of early childbearing among African women (Eyo, 2018; Statistics South Africa, 2018a).

According to Statistics South Africa (2018b) South Africa's population was estimated at 56.5 million people, of whom 19.6 million were children under 18 years. Children make up 25 percent of the total population. Provinces such as KwaZulu-Natal, Eastern Cape and Limpopo accommodate almost half of all children in South Africa (Statistics South Africa, 2018b). The share of children living with both parents decreased from 39 percent in 2002 to 34 percent in 2018 (Statistics South Africa, 2018b). This shift may be influenced by a number of factors such as death, separation of parents and migration. Mothers are regarded as being present in their children's lives as compared to fathers. Mother presence is regarded as pivotal within families as it is unique, treasured and important (Gežová, 2015). The presence of a mother is considered as important to the family and the whole household as mothers provide and ensure emotional support for children and the whole family (Štrbová, 2004 cited in Gežová, 2015). The child's upbringing is an essential component as it influences the behaviour, values, personal growth and direction. The mother's presence and care is irreplaceable during the child's growth and development because the way in which a child is raised often has an impact on their behaviour and personality (Gežová, 2015). This ultimately influences the child's future and how to raise their own children as parents. It can therefore be said that mother presence has an impact on how individuals are brought up and how they raise their children in future.

In South Africa, motherhood was rooted in patriarchal systems and practices that predominantly favoured men. In the early years of apartheid, motherhood was affiliated to homemaking and caring practices which perpetuated struggles for survival as a central feature for mothers (Mathis, 2011). Women had the sole responsibility of caring for their children while their husbands migrated to look for work. They depended on remittances from their husbands as a source of income for the whole family (Mathis, 2011; Richter et al., 2012). Although the majority of women were living in rural areas with their children, there were women who were employed as domestic workers in urban areas. African women found employment as domestic workers in urban areas, this occupation was often devalued and racialised (Back, 2008). As women were becoming employed as domestic workers in urban areas, they were separated from their children who lived in rural areas. Domestic work was the second largest employment sector for African women in South Africa, with approximately 755 000 women employed as domestic workers (Statistics South Africa, 2005). Women who came from disadvantaged background found domestic work attractive because it provided them with employment and a shelter as migrant domestic workers were living

with their employers. Domestic work was a common type of informal employment, often undertaken by marginalized women who lack formal education (Mkandawire-Valhmu et al., 2009). Studies on domestic work revealed that certain domestic workers experienced gender, class and racial inequalities as they were exploited, marginalized and abused (Clark, 2002; Cohen, 1991; Mkandawire-Valhmu et al., 2009). Although certain women experienced such treatment, they continued working as they had to care for their families and children. Over the years, an increasing number of women moved internally and internationally for other opportunities such as education, employment and marriage (Statistics South Africa, 2020c). This resulted in children growing up without present biological mothers as they were left under the guidance of their grandparents and relatives.

Father absence has been receiving considerable attention as there are numerous studies conducted to tackle this parental issue (Freeks, 2017; Van den Berg and Makusha, 2018; Willerton et al., 2011). However, not much has been done on mother absence and the implications this has on children. Therefore, there is a need for research to be conducted to inform policy makers about mother absence and the impact this has on children, families and societies at large. According to Statistics South Africa (2018b) three percent of children live in households where their fathers are present and their mothers are absent. Approximately 20 percent do not have either of their biological parents living with them (Statistics South Africa, 2018b). Therefore, there are mothers who are absent in their children's lives for a number of reasons. A mother who has left the home environment, even if available telephonically is perceived as being absent (Träger, 2017). An absent mother is someone who does not have a sense of attachment to the child as they are not present in the child's life (Xu, 2013). Mothers who are not living within the same household as their children may be regarded as absent because they do not provide care and are sometimes not able to build and maintain healthy relationships with their children (Posel and van der Stoep, 2008). Mothers are regarded as being absent when they do not support the child physically, emotionally and financially. Certain absent mothers are generally harassed by the feeling of guilt, resulting from conditional maternal investment, various parent offspring conflicts, and the assumptions of the motherhood myths (Xu, 2013).

Younger children are more likely than older children to have co-resident mothers whereas older children are more likely to be living with neither parent. While 12 percent of children aged 0 to 5

years (875,000) live with neither parent, this increases to 27 percent (1.6 million) of children aged 12 to 17 years living without their parents (Statistics South Africa, 2019a). Mother absence is caused by a number of factors. The disintegration of families can result in economic difficulties, weakening of family bonds and the absence of mothers (Escutin, 2013). Other factors that may cause mother absence include death, abandonment, cohabitation and marriage. In addition, housing, educational opportunities and labour migration contribute to mother absence. Mother absence places children in multiples vulnerabilities associated with being separated from their primary caregivers (Hall, 2010). The definition of what makes a child vulnerable is complex and focuses on three core areas of concern. These are material problems, including access to financial support, food, clothing, shelter, health care and education; emotional problems, including insufficient care, love, support, space to grieve and containment of emotions; and lastly social problems, including lack of supportive peer groups, role models to follow or guidance in difficult situations and risk factors in the immediate environment (Skinner and Davis, 2006). Other factors associated with mother absence include limited access to services, neglect as well as exposure to physical, sexual and emotional abuse.

Studies have shown that the absence of fathers is common in South Africa (Eddy et al., 2013). Mothers are also absent in children's lives however, this topic has remained under explored. Mother absence occurs when the biological mother is absent from a child's life for a number of reasons. Therefore, this study explores young women's socially constructed perspectives of motherhood and how they were affected by the presence and/or absence of their biological mothers. The chapter outlines the background, problem statement and objectives. In addition, theoretical framework and the outline of the dissertation are discussed.

1.2 Problem statement

According to Maisela and Ross (2018) becoming a mother is an astonishing event that is regarded as important in a woman's life. Certain cultures support the notion that motherhood can be viewed as an ultimate fulfillment in a woman's life however, this notion can be problematic as it may focus on specific aspect of motherhood while omitting certain experiences relating to motherhood. Motherhood is socially constructed and subject to ideologies and societal pressures. Kelly (2009) states that due to the social constructions of motherhood, women are criticised when they have children that is, in relation to the age they decide to have children, whether they stay at home or

return to work and whether they are in a heterosexual relation and/or single parents. The conceptualisation of motherhood is dominated by how women should raise their child and not their experiences of being a mother. The social determinants of motherhood are constructed as a function rather than an experience; the subject of motherhood is concerned with the child receiving care rather than the mother herself (Long, 2009). In addition, the focus of motherhood has been on how the mother is a tool in her child's development rather than how she experiences motherhood. Ribbens-McCarthy and Edwards (2011) terms this 'maternal thinking' in an attempt to shift the gendered connotations of motherhood. Despite of this predominantly feminist work, motherhood is still regarded as a gendered role and this assumption continue to shape knowledge and experiences of motherhood.

The most dominant ideology of motherhood is intensive mothering. Intensive mothering assumes that the mother is child centred and that mothering is exclusive and emotionally concentrated (Arendell, 2000; Currie, 2004; Hallstein, 2004). This ideology proclaims that the mother is selfless and is based on the idealised version of the family unity consisting of two heterosexual parents living with their children. While this ideology is dominant in certain societies, it may be argued that the majority of South African societies have undergone significant changes. Marriage rates have been on the decline throughout the years, which is evidenced in the increasing number of children growing within families where there is only one present biological parent (Statistics South Africa, 2018a). Furthermore, the cumulative number of filed divorces observed in South Africa is an indication that children are not living within nuclear families (Statistics South Africa, 2018a). Increasingly, women are entering the labour market and as a result, many have resumed work soon after childbirth. In addition, certain women migrate for better economic opportunities in order to care for their children while others abandon their children. Hence, the ideology of intensive mothering is problematic as it does not encompass the fact that most women are engaging in economic activities even after childbirth. Another factor contributing to the mothering ideology being problematic is that motherhood can be paradoxical. Becoming a mother can lead to a sense of fulfillment, meaning and contentment, on the other hand, motherhood can be physically and emotionally draining leading to mothers losing a sense of self and identity (Alanne et al., 2011; Liamputtong, 2011). Childbirth is often celebrated within families however, the experience of motherhood may be challenging for some women. This is because certain mothers experience health-related complications associated with childbirth, which may include postnatal depression

(Kathree et al., 2014; Norhayati et al., 2015). Maternal depression may be related to the woman's inability to admit their frustrations and negativity about the experience of motherhood. The mask of motherhood is described as the shield that disguises the chaos and complexities of the woman's experience as a mother (Gill and Liamputtong, 2013). It keeps women silent about their lived experiences of motherhood as it may be challenging to express feelings associated with being a mother due to the fear of judgment and being misunderstood. Women may find it difficult to share negative experiences relating to motherhood as they are concerned about the opinions of family members and/or their partners who may not comprehend and relate to their experiences.

Miller (2005) highlights that certain women feel a moral and social pressure to conform to an idealised version of motherhood. The ideal is that women aspire to be good and recognised mothers within societies. This idealised version is often influenced by socio-cultural background, political discourse as well as social programmes (Baker, 2010). The good mother aims to follow what is socially accepted that is, placing the needs of the child before herself at all times. Barlow and Chapin (2010) observe that a good mother aims to promote the development and wellbeing of her children while being generous, patient and nurturing. The idealised version of a good mother is in sharp contrast to the bad mother who is characterised as being selfish, impatient and insensitive. The existence of these versions may not be useful in capturing the complexities of motherhood as it may result in maternal judgements and self-blame (Baker, 2010; Balow and Chapin, 2010). The ideology that women aspire to be good mothers may be problematic. It may imply that there is a universal ideal and a set of practices that makes a good mother. Arendell (2000) argues that women are aware that it is impossible to be a good mother at all times and there is no universal good mother ideal. Raising a child may require women to act differently in certain situations depending on the context and circumstance. For instance, in cases where the child engaged in a violent behaviour, certain mothers may punish their child regardless of whether he or she initiated the behaviour. This does not necessarily mean that the woman is a bad mother however, it is a way of disciplining the child in order to prevent future engagements in violent behaviour. Therefore, it is essential for women to measure themselves based on their own set of ideals associated with a good mother (Jenson, 2011). Keely et al. (2009) further emphasise that women should internally review their own mothering practices with an effort to resist uncertainty and reduce anxiety. This may have positive implications in their roles as mothers and how they raise their children. Self-scrutiny and self-improvement may prevent anxiety, self-blame and depression associated with

motherhood and this may positively impact the experiences of motherhood within societies (Jenson, 2011).

It can be argued that there is a relationship between family, care practices and motherhood. A family is often perceived as a site of care involving love, warmth and nurture; such may be assumed to be the domain of a mother. Ribbens-McCarthy and Edward (2011) indicate that certain feminist writers criticised the idea that care should be solely provided by women and suggested that care is a social construction, which involves work and effort. It is common for women to provide care within families however, feminists proposed that this may be provided by any family member and it should not be associated with women only. Inequalities related to the distribution of domestic duties and childcare are continuously addressed by feminists, while there is evidence that certain men engage in such duties around the house, social policies and dominant mothering ideologies still constrain women and mothers (Guendouzi, 2006). Certain studies have shown that women are still predominantly responsible for domestic duties and care for their children regardless of whether they are working or not (Alanne et al., 2011; Baker, 2010; Maume et al., 2010). This means that some women are expected to perform domestic duties when they arrive at home after work, it becomes challenging to perform such duties as women may be exhausted from a long day at work. In addition, this may affect the woman's capabilities of being productive at work when they do not get enough time to rest. In relation to performing domestic duties, women are responsible for the health of their families (Maher et al., 2010). For instance, the food and medication provided to children are often determined by mothers, who ensures that children receive sufficient nutrients suitable for their health and wellbeing. Female children often model their mothers' actions and perform similar duties when they are also mothers. In addition, they may instill what they learned from their mothers to their children in future. Hence, the presence of a mother influences the whole family in a variety of ways.

Studies on motherhood tend to explore socially problematic aspects of ideologies associated with motherhood as well as the issues pertaining to the prevalence of teenage pregnancy and single mothers (Kruger, 2006; Nkani and Bhana, 2016). However, there are other issues pertaining to motherhood such as when the mother is absent for various reasons. Mother absence may cause various implications for the child's wellbeing, which include anger management challenges, emotional imbalances and health issues (Ampong et al., 2018). This may result in prolonged

consequences to the child's social relationships as well as educational attainments. In addition, a child's future may be affected, which ultimately has an impact on the kind of parents they become. Thus, there is a need to shed insights into understanding the social constructions of motherhood among young women and how growing with a present and/or absent mother affect them as mothers.

There are a number of reasons associated with mother absence. Death is considered as the common cause of mother absence. Kailahemo and Erola (2016) highlight that parental death may result in harmful consequences such as prolonged distress. Numerous studies have shown that parental death causes multiple stressors in a child's life, particularly if the child loses the primary caregiver which is usually the mother (Amato, 2000; Fauth et al., 2009; Kailahemo and Erola, 2016). Female labour migration is considered as the cause of mother absence. Women are becoming independent as they move to different parts of the world in search of better economic opportunities in order to care for themselves and their children. Consequently, children are separated from their primary caregiver at a young age. While some women are migrating for better employment opportunities, others are moving to different parts of the world for educational attainments. Pillay (2021) argues that a mother's desire to further her studies is stimulated by the aspiration to ensure that the child is well taken care of. In addition, a mother's schooling is perceived as the main determinant of her child's welfare. Hence, women are moving around the world for educational attainment in order to improve their standards of living.

Both cohabitation and marriage can be regarded as factors that promote mother absence. When a couple that does not have a child together decides to cohabit, both their children are at risk of being separated from their parents. As the proportion of cohabitation is increasing, it could be feared that a number of children may be separated from their parents (Statistics South Africa, 2018a). It is often noted that in most cases women leave their homes to live with their intimate male partners (Osborne and McLanahan, 2007; Statistics South Africa, 2018). In such cases, children are prone to growing up without a biological mother as they are often left with their grandmothers. Similarly, marriage places children in positions of growing without a mother. In certain cultures such as the Zulu culture, after the payment of ilobola (bride price) and the wedding ceremony, the woman leaves her family behind to stay with the husband's family (Baloyi, 2014). In cases where the woman has a child born out of wedlock, as a consequence, she is forced to leave the child behind.

This perpetuates the probability of the child to grow up without a present mother. Increasing divorce rates have contributed to the increase in single-parent families (Statistics South Africa, 2018a). When parents decide to divorce, children are in a position of not living with either the mother or the father. This may be determined by a number of factors such as the age of the child, the relationship that the child has with parents as well as the mental fitness of parents, thus divorce can perpetuate mother absence.

Abandonment of children can be regarded as another factor associated with mother absence. Abandonment comes in two forms, psychological and physical abandonment. Psychological abandonment refers to the neglect experienced by an individual who suffers emotional neglect from parents while physical abandonment refers to the type of abandonment due to the sudden loss of parents or the primary caregivers (Ampong et al., 2018). Mothers abandon children for a number of reasons such as when the child is born disabled, when parents are not married or in conflict with each other and the mother decides to abandon the child. Ampong et al. (2018) highlight that most parents with disabled children abandon them as they believe that improvement from their disabled children is nearly impossible. Commonly, women take the responsibility of caring for children in families, as a result, when their children are disabled, they become stressed and carry a burden of knowing that this is a lifetime event. Therefore, in certain cases mothers end up abandoning their children when they cannot cope with the stress of caring for their children alone. Alcohol and drug abuse is related to the context of social relationships due to the repercussions for users and related individuals such as partners, children and the whole family (Griffiths and Larkin, 2004). Substance abusing mothers display problematic behaviours during their interactions with children (Twomey et al., 2013). There are a number of challenges that substance abusing mothers face which affect their relationships with immediate families, including children. Difficulties in emotional regulation result in challenges for drug abusing mothers to maintain precise perceptions of their children's affective needs (Brancato and Cannizzaro, 2018; Rutherford et al., 2011). Consequently, the demand for care may turn into a struggle as substance users fail to be present in their children's lives.

Globally, it has been observed that there is growth in female prisoners, of whom vast majority are mothers with dependent children (Muftić et al., 2016). Steyn and Booyens (2017) suggest that approximately 22.6 percent of offenders were females in the continent of Africa. In South Africa,

the female incarceration rate is 7.2 per 100 000 and this has been stable over the past few years (Institute for Criminal Policy Research, 2015 cited in Steyn and Booyens, 2017). Although the proportion of female offenders is stable in South Africa, most females who engage in criminal activities are predominantly mothers who are sentenced for crime relating to fraudulent activities, particularly theft and shoplifting (Steyns and Booyens, 2017). Maternal incarceration is another factor that causes mother absence. Children are separated from their mothers due to maternal incarceration, which causes multiple implications associated with the trauma of witnessing their mothers being imprisoned. The absence of mothers significantly increases the likelihood that offsprings are actively involved with the criminal justice system in the future (Muftić et al., 2016). Beyond mother absence, maternal incarceration is likely to have unique impacts on children that may be due to increased attachment disruptions, trauma and negative psychosocial effects. There are many factors associated with mother absence that has remained under explored. These factors contribute to young mothers walking the journey of motherhood alone. Therefore, the purpose of this study was to help close this knowledge gap by exploring the social constructions of motherhood and how the presence and/or absence of biological mothers has shaped the lives of young mothers.

1.3 Rationale of the study

Early childbearing is a widespread phenomenon in both developed and developing countries with consequences for the future life of young women. Global estimates suggest that almost one in five women aged 20 to 24 years has had a live birth before age 18 years (Loaiza and Liang, 2013 cited in Mjwara and Maharaj, 2018). In South Africa, by the age of 19 years, approximately 28 percent of young women reported ever having been pregnant and the pregnancy rate was higher in rural than urban areas (Statistics South Africa, 2017). National surveys conducted in South Africa suggest that the number of pregnancies among young women is not increasing however, it is still high (Mkhwanazi, 2014; Statistics South Africa 2017). A recent South African study conducted on the rates of pregnancies before the age of 19 years suggests that the number of deliveries in the public sector increased by 17.4 percent from 2017 to 2021 (Barron et al., 2022). Most deliveries within public healthcare facilities were reported to be from Black African women. Studies conducted in South Africa among young mothers further reveal that the highest rates of pregnancies occur among Black women living in townships, which are poorly serviced and are characterised by high levels of poverty, lack of knowledge about different preventative measures

as well as limited access to sexual and reproductive health services (Govender et al., 2020; Mjwara and Maharaj, 2018; Nkani and Bhana, 2016; Pillay, 2021). Hence, the study focused on young African mothers living within a South African township in KwaZulu-Natal province.

The pregnancies among young women occur outside of marriage and it is often unplanned (Mjwara and Maharaj, 2018). Early childbearing also suggests that young individuals are engaging in unprotected sexual activities. The lack of knowledge and access to the different contraceptive measures may contribute to young women engaging in unprotected sexual activities. Nkani and Bhana (2016) highlight that the main reason for the non-use of contraceptives is the lack of access to reproductive health services. Certain parents lack knowledge about the different contraceptive measures as some may not have been exposed to them. In addition, due to parental absence, certain young women are raised by their grandparents who have limited knowledge about sexual and reproductive health issues. Consequently, young women receive information about sexual and reproductive health issues from their peers who may also not have enough information. In their study Mpondo et al. (2018) observed that the majority of young women received information relating to sexual and reproductive health issues from their friends, who are often misguided as they also had limited knowledge, which were based on assumptions or what they might have heard. Peer pressure from friends and partners also has an impact on early childbearing as certain women engage in sexual activities with limited knowledge about the repercussions (Mjwara and Maharaj, 2018). The challenges relating to parent-child communication have an impact on the limited knowledge associated with sexual and reproductive health among young women. Various barriers are associated with parent-child communication; in the African context, the communication style and the tone of discussion are regarded as the main obstacles to effective communication (Bastein et al., 2011 cited in Mabunda and Madiba, 2017). Certain parents are reluctant to initiate sexual discussions with adolescents at an early age, they believe that this will encourage them to engage in sexual activities (Yadeta et al., 2014). This often results in delay in communication, which sometimes prompts early childbearing. Although there is an indication that parent-child communication influences the reduction of sexual risk behaviors among young women, the proportion of these discussions in sub-Saharan Africa is low (Emelumadu et al., 2014; Yadeta et al., 2014).

According to Harries (2019) certain South African young women are aware of the different contraceptive measures; however, they choose not to use them because of the myths associated with the use of preventative measures. Physical and emotional changes contribute to the non-use of contraceptives. In their study on the use of contraceptives among young women, Tabane and Peu (2015) discovered that certain young women did not use contraceptives because they believed it was going to change their body shape and may cause infertility in future. Furthermore, the study discovered that despite the knowledge and understanding of the value of contraceptive use, certain young women expressed that the use of contraceptives was stressful and a huge responsibility, which revealed ignorance and lack of commitment (Tabane and Peu, 2015). In South Africa, the child support grant may be regarded as a factor influencing early childbearing. The child support grant is a cash equivalent amount of R460 which was introduced as a mechanism to alleviate poverty and promote human development as well as improve inequalities in the country (Pillay, 2021; Satumba et al., 2017). The main recipient of the child support grant are women, with approximately 90 percent of Black women receiving the grant (Dicks et al., 2011; Paterl et al., 2012). The child support grant is considered as important for the child's wellbeing and development as it has a positive impact on the health, nutrition and education of the child. In a South African study, Wright (2015) discovered that the child support grant provides some women with protection and dignity, by allowing them access to a vital income stream that enable them to better provide for their children and fulfill their role as caregivers. The study further found that recipients felt that other aspects of the child support grant including the application process, meager amount and negative labels has led to the erosion of their dignity (Wright et al., 2015). In South Africa, there have been concerns expressed by policy makers and community members that young women are falling pregnant to access the child support grant (Goldblatt, 2003). In addition, some beneficiaries of the child support grant are abusing it by not using it for its intended purpose. Though it may be believed that certain young women fall pregnant in order to receive the child support grant, it should be noted that in Sub-Saharan Africa early childbearing is high even in countries where there is no grant (Loaiza and Liang, 2013). The South African study conducted by Ngubane and Maharaj (2018) which investigated the association between early childbearing and child support grant suggests that while this grant was not enough to cater for all the needs of the child, it benefited young women as the majority of them did not have formal, full-time employment and were not engaged in income generating activities, it provided them with some

financial relief. The study further discovered that many young women wished they delayed childbearing, which is an indication that the pregnancy of young women was not influenced by the child support grant (Ngubane and Maharaj, 2018).

There are numerous consequences associated with having a child at an early age. Early childbearing is a serious problem because women who give birth at an early age tend to have more negative economic outcomes than those who have delayed childbearing (Branson and Byker, 2018). This may be linked to the woman's inability to complete and further their studies after childbirth. Ardington et al. (2015) conducted a longitudinal study in rural areas within the province of KwaZulu-Natal in South Africa, which suggested that early childbearing is associated with fewer years of schooling and increased mortality risks. In South Africa, tertiary education is limited to a privileged few and an unplanned pregnancy often puts an end to the dream of achieving higher levels of education (Ngubane and Maharaj, 2018). The level of education among certain young mothers often limits their ability to find employment in a competitive labour market. The increasing rates of unemployment, which is currently sitting at approximately 34.9 percent further perpetuates women's inability to find employment (Statistics South Africa, 2021b). This result in young mothers settling for informal employment as they have to provide financial support for their children whose fathers are sometimes absent. Early childbearing exposes young mothers to poverty. In South Africa, certain families are living below the food poverty line of R624 per person per month (Statistics South Africa, 2021a). Poverty has contributed to early childbearing because sometimes young women engage in risky sexual behaviours in order to provide for their families. The birth of a child further aggravates poverty because some households depend on the child support grant as well as old aged grant for basic needs. This is mostly evidenced in female-headed households, which are prone to poverty as compared to male-headed households (Nwosu and Ndinda, 2018). The presence of a biological mother is regarded as important for women who fall pregnant at a young age because they are able to receive guidance from them. Even though certain mothers are unemployed, they are able to assist with childcare and positively contribute to the experiences of young women. Women growing up with an absent biological mother sometimes do not receive support after childbirth, they become exposed to numerous challenges, which has greater negative effects because they do not have a support system (Kailaheimo and Erola, 2016; Mogotlane et al., 2010). Early childbearing may result in certain women not getting married while others delay marriage. Historically, childbearing occurred primarily within marriage, meaning that

entry into marriage was associated with exposure to childbearing for women (Shangase and Maharaj, 2019). It has become accepted within certain societies for women to have children before marriage. For certain women, marriage occurs at a later stage once education and financial security has been attained. However, other women do not get married due to early childbearing and the stigma associated with having a child at an early stage. As women are becoming more educated, their dependence on men and the desire for marriage lessens, leading to women opting for looser family models and lifestyles such as cohabitation or singleness (Mohlabane et al., 2019). Therefore, this study explores the lived experiences of young women and how the presence and/absence of their biological mothers' shape young women's perspectives and experiences of motherhood.

1.4 Aim and objectives

The overall objective of the study is to unpack the meaning of motherhood as socially constructed by young African women in an urban township.

The objectives of this study are:

- To explore the perspectives and experiences of young women in their roles as mothers.

The objective explored the different perceptions and experiences of young women who are mothers. This may include the social constructions of motherhood, which may shape their understanding of motherhood. The objective unpacks the experience of motherhood in relation to childbirth, breastfeeding, and the adjustments associated with the new role. Furthermore, the objective focuses on the mothering roles and how having a support structure may impact the experience of motherhood. Factors that influence the experiences of motherhood include emotional, psychological and economic support.

- To ascertain how the presence and/or absence of their own biological mothers shape young women's perspectives and experiences of motherhood.

The objective unpacks the reasons for mother absence, implications of mother absence and the role played by grandparents in raising their grandchildren. It further focuses on family's reaction to the pregnancy and how becoming a mother at a young age impacted the relationship between young women and their families. The presence and/or absence of biological mothers may have an

influence on the use of contraceptives and how young women are raising their children hence, this is unpacked in the objective.

- To investigate how young women navigate motherhood in a rapidly changing social environment.

The objective covers how young women handled the two demanding roles of being young and mothers at the same time. Certain mothers are still studying while other are working thus, this was unpacked under this objective. In addition, the objective unpacks how young mothers were able to maintain healthy relationships with their partners after childbirth and the impact of motherhood on their social life.

The study used an exploratory research design, which Babbie and Mouton (2001) define as a phenomenon used to examine new interests or relatively new subject, or when the researcher seeks to develop new insights into a previously, but differently explore phenomenon. The research topic on unpacking the social constructions of motherhood is under explored therefore, an exploratory design was applicable as it focused on a new and/or differently explored phenomenon. The study employed a qualitative research methodology which is used to gain an understating of the underlying reasons, opinions and motivations. A qualitative methodology is the observation and interpretation of people's perceptions on different events based on their experiences (Gentles et al., 2015). The study was based on the social constructions of motherhood among young African women who grew up with either present and/or absent biological mothers hence, a qualitative research methodology has the capacity of providing subjective information.

1.5 Theoretical framework

The social constructionism theory was used to explore the complexity of the research study in unpacking the social constructions of motherhood focusing on both mother presence as well as mother absence among young African women. The theory of social constructionism was introduced in the 1966 book, the social construction of reality by Peter Berger and Thomas Luckman (Berger and Luckmann, 1996). Social constructionism or the social construction of reality is a sociological theory that examines the communication and development of jointly constructed understanding of the world (Galbin, 2014). Social constructionism is the understanding of the world which is influenced by social and interpersonal factors. The theory observes the interactions of individuals with their society and the world around them. Galbin

(2014) argues that although genetically inherited and social factors are interrelated and work cohesively, social constructionism does not deny the influence of genetic inheritance however, it concentrates on investigating the social influences on communal and individual life. Social constructionism focuses on how families and societies shape individual's perceptions and experiences about their lives. This may include their manner of approach to life and daily routine activities, which are largely influenced by the dominant norms that exist within societies where they grew up.

The theory is based on relations and sustains the role of individuals in the social construction of realities (Cojocaru, 2005; Cojocaru, 2013). Individuals learn and adopt social constructions that are dominant within societies. Various beliefs, values and attitudes regarding a specific phenomenon are often influenced by the constructions of realities that exist within communities. Social constructionists uphold the belief that the way in which individuals understand the world is a product of a historical process of interaction and negotiation among groups of people (McLeod, 1997 cited in Galbin, 2014). Perceptions and understandings of the world are rooted to the existing constructions that are dominant within societies. Social constructionism represents a movement towards redefining psychological construct such as the mind, self and emotions; which are socially constructed processes that are not intrinsic but rather are produced by the social discourse (Galbin, 2014). The way in which a phenomenon is portrayed within a specific context may have an impact on the feelings and perceptions of individuals. For instance, traditional societies that are predominantly in contradiction of women entering the labour market may negatively influence young individual's perceptions about the idea of women entering the labour market. Thus, social constructionism strongly influence individuals' perceptions, which may consequently impact their decisions and ways of living within societies.

There are several cardinal principles emphasised in social constructionism, this include that realities are socially constructed; realities are constituted through language; knowledge is sustained by social processes; and the emphasis on the reflexivity of human beings (Gergen and Davis, 1985; McNamee and Gergen, 1992). Social constructionism focuses on meaning and power, meaning is not considered as a property of objects and events however, it is regarded as a construction. Meaning can be referred to as the product of the prevailing cultural frame of social, linguistic and symbolic practices (Cojocaru and Bragaru, 2012). Human beings that are interacting in social

systems create concepts and mental representation of each other's actions. These concepts may be habituated into reciprocal roles observed and adopted among individuals within societies. An individual's knowledge, conception and belief of reality is embedded in the institutional fabric of societies (Berger and Luckman, 1966). Hence, becoming social constructions of what is perceived as appropriate in societies. In relation to the study, the ideologies of motherhood that exist within families and societies are socially constructed. Women learn and internalise what they grew up being predominant within societies. This often guide them and strongly influence how they perform mothering roles. Long (2009) highlights that the social determinants of motherhood are constructed within societies and the majority of women adhere to the social constructions when they are raising their children. Socially constructed norms relating to motherhood guide women and impact their journey of motherhood. Furthermore, the social constructions of motherhood that exist within societies may largely impact young women's experiences and perspectives of motherhood.

From a social constructionist perspective, language is not merely a way of connecting people however, people exist in language (Berger and Luckman, 1996). Consequently, the focus is not on the individual but rather on the social interaction in which language is generated, sustained and abandoned (Gergen, 1999). In addition, Berger and Luckman (1996) suggest that individuals socially construct reality by their use of agreed and shared meaning communicated through language. Thus, the social beliefs about the world are social inventions that are socially constructed. Knowledge and systems are inherently dependent upon communities of shared intelligence (Galbin, 2014). These are dominantly governed by the normative procedures that are historically and culturally situated. Consequently, social constructionist do not claim to provide the truth as the criteria invoked to identify behaviours, events and entities, they are largely circumscribed by culture, history and social context (Gergen, 1999). Therefore, social constructionist perspective as opposed to a social constructivist perspective "locates meaning in an understanding of how ideas and attitudes are developed overtime within a social and community context" (Dickerson and Zimmerman, 1996: 80). Knowledge evolves among people in the realm of the common world (Hoffman, 1991 cited in Glabin, 2014). The reflexivity of people through on-going interactions and conversations, develops a sense of identity and inner voice. Individuals live in a world of conversational narrative, understands themselves and each other through changing stories and self-descriptions (Hart, 1995). In relation to the study, women's perceptions

of motherhood may be largely determined by interactions that they engaged in with their families and communities. The narratives shared with them pertaining to motherhood may impact their insights and understanding of motherhood and the different mothering roles.

Berger and Luckmann (1996) suggest that human beings create and sustain all social phenomena through societal practices, they identified three fundamental processes which include, externalisation, objectivation and internalisation. Externalisation is the process in which individuals endeavor to adapt in the society through the use of language and actions (Nurhadi et al., 2018). Individuals use language as way of adapting to the socio-cultural world and actions are modified to the socio-cultural world. Galbin (2014) highlights that people externalise when they act on their world by creating artefacts and practices. In relation to the study, young mothers observed and learned behaviours that were instilled by their parents as they were growing up. Both positive and negative behaviours were often influenced by their parents, guardians as well as the environment where they grew up. Growing up in an environment with a present biological mother may differ as compared to when a child grows up with a guardian who is not the biological mother. This is associated with a number of factors such as the way a child is raised, the effects of not having a present biological mother and the behaviours portrayed in the child's presence. The ideologies of motherhood relating to women placing their families and children before themselves is regarded as a factor impacting women's experiences of motherhood (Alanne et al., 2011; Liamputtong, 2011). This is considered as an external factor, which is often instilled through interactions and observations. Women may adapt this ideology as they believe that it is a socially accepted practice and one of the qualities of being a good and recognised mother. Young women's perceptions of motherhood and how they raise their children may be influenced by how they were brought up, this is drawn from the presence and/or absence of their biological mothers, which ultimately impact how they adapt and adjust in the socially changing environment of motherhood.

The second process is objectivation. Nurhadi et al. (2018) suggest that objectivation is where an individual attempts to interact with the socio-cultural world. Once the external idea expressed has become an object of consciousness for people in the society, it develops the factual existence of truth (Galbin, 2014). An objective feature of the world which appears natural, become the basic rule that people follow and adopts in their daily lives. Nurhadi et al. (2018) further emphasise that values embraced become the guidance to interpret actions of individuals within societies. In

relation to the study, as young mothers were growing up, they learned and practiced what they were taught and that became their way of living. This impacts how they nurture and conduct themselves in the presence of their children. The social construction of the body image may influence the experience of mothers. Lorber and Martin (2011) cited in Hodgkinson et al. (2014) explain the ideal body as a socially constructed phenomenon when physical characteristics are ingrained with moral judgements. The social constructions of the ideal body impact young women's journey of motherhood as pregnancy and childbirth may result in visible body changes. The difference between the woman's body after childbirth and the socially constructed ideal body may negatively influence the woman's experience of motherhood as this often result in body dissatisfaction and body shame. Consequently, this may lead to negative feelings, which may cause health complications such as maternal depression and risks of suicidal ideations.

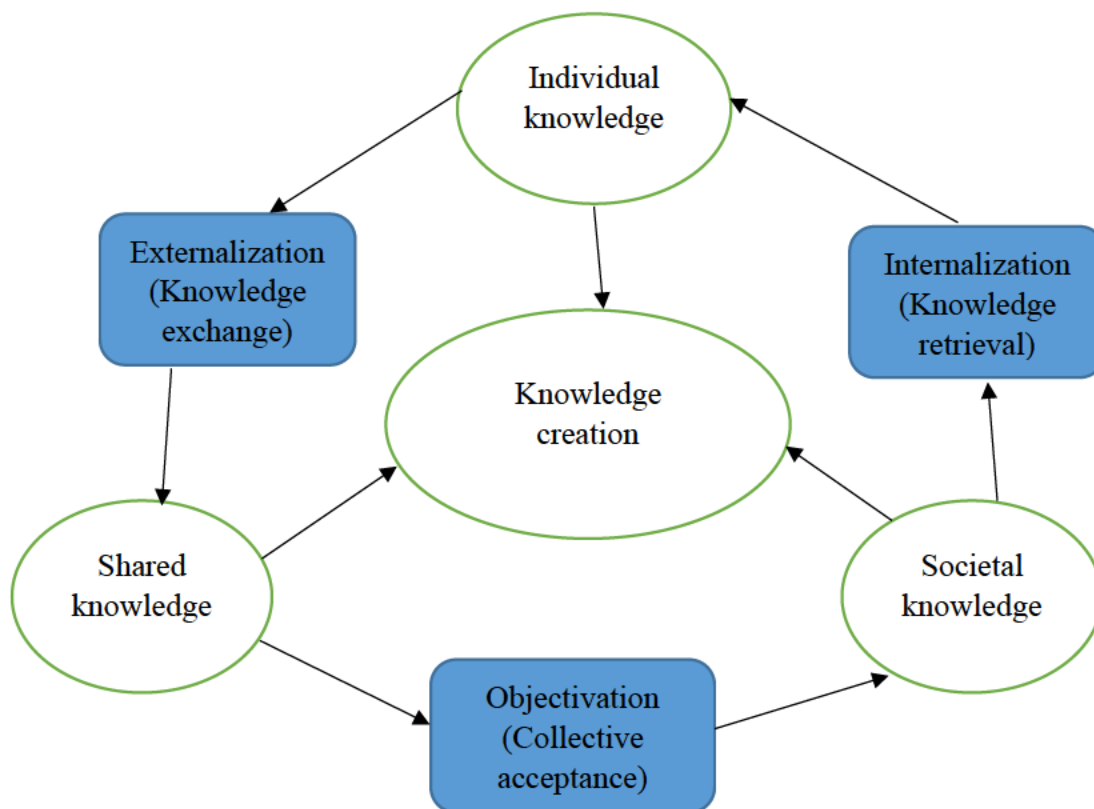
According to Berger and Luckmann (1996) internalisation is the apprehension or interpretation of an objective event as expressing meaning that is a manifestation of subjective processes, which thereby becomes subjectively meaningful to oneself. Internalisation is the understanding of humans and the world as a social and meaningful reality. When an objective feature is instilled and becomes the basic rule, individuals internalise and practice it on a daily basis (Galbin, 2014). In relation to the study, young mothers internalise what was instilled to them when they were growing up, their children observe and learn what their mothers teach them. Young mothers have different childhood experiences that shape the kind of mothers that they are to their children, this may be influenced by whether they had present and/or absent biological mothers when they were growing up. In addition, the perception and adaptation of being a young mother is influenced by what has been internalised in families as well as the environment and societies where young women grew up. The dominant ideologies of motherhood may be internalised by mothers when it is widespread within societies. This shape mothering roles and how women experience motherhood. Furthermore, the social construction of values and principles within societies may shape young women's journey of motherhood and how they navigate their mothering roles in the socially changing environment.

Social constructionism theory is therefore applicable when unpacking the social constructions of motherhood in relation to both mother presence and/or absence. This theory focuses on the wholeness of interdependence of the social constructions that shape individual's lives within

societies. It provides a holistic view to depict the perspectives of motherhood, the impact of having a present and/or absent mother as well as how young women navigate motherhood in the rapidly changing social environment.

Below is a diagram representing the three fundamental processes of social constructionism which include: externalisation, objectivation and internalisation.

Figure 1.1: Social Constructionism



Source: Huysman and de Wit (2003)

1.6 Outline of the thesis

The thesis consists of seven chapters. Chapter one introduces the research topic and provides an overview of motherhood and the importance of having a present biological mother. The various causes of mother absence are discussed, taking into consideration the impact this may have on young women in their roles as mothers. In addition, the chapter discusses the significance of the study and the knowledge gap that the study has identified. The latter part of the chapter presents key objectives and theoretical framework that guided the study.

Chapter two provides a review of the literature on motherhood with specific focus on South Africa. The chapter draws on existing literature to provide an overview of motherhood, including the history, construction and experience of motherhood. Available statistical information pertaining to motherhood is also reviewed. The causes of mother absence as well as the implications this has on children are explored.

Chapter three outlines the methodological approach of the study. A qualitative research methodology was used and the rationale for using qualitative methods, participant selection, interviews and research procedures are discussed. All the relevant research components; namely the design, aspects of sampling as well as data collection and analysis are detailed.

Chapter four addressed the first objective of the study. The chapter begins with the presentation of the demographic characteristics of participants. Themes that were identified from interviews are discussed. Perspectives and experiences of young women are documented, this includes how young women defined motherhood, their childbirth as well as breastfeeding experiences. The latter part of the chapter draws on physical body changes and economic support.

Chapter five addressed the second objective of the study which explores two aspects, the impact of having a present as well as absent biological mother. As a start, the study discussed the causes of mother absence and the consequences this had on young women. Factors such as the family's reaction to pregnancy and the use of contraceptives are documented. The latter part of the chapter outlined the factors influencing how young women are raising their children as well as their living arrangements.

Chapter six addressed the third objective which unpacks strategies employed by young women in navigating motherhood. The chapter provides a discussion on the experiences of student as well as working mothers and how they navigate motherhood and these roles. As certain mothers were studying while others were working, childcare arrangements and how young women maintained relationships is documented. In addition, the chapter explores the social life of young women after childbirth.

Chapter seven provides a discussion on how the results of this study correlate with existing literature. In addition, the chapter presents the unique contribution of the study by outlining new and important findings relating to motherhood. Findings are also discussed in accordance with the

theoretical framework which was used to guide the study. The latter part of the chapter discusses the limitations of the study as well as recommendations for the future.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

Motherhood is considered as an important event in a woman's life. The notion of being a mother is embedded in the historical construction of motherhood (Gosh, 2016). It is often viewed as a woman's role due to the changes associated with the daily routine activities of women. Some fathers may not necessarily encounter changes, particularly when they do not live within the same household as the child. During the child's growth and development, motherhood has been emphasised as more important in comparison to fatherhood (Gosh, 2016; Hodgkinson et al., 2014). The presence of a biological mother is essential throughout the different stages of the child's development. In South Africa, many young women fall pregnant at a young age and the majority of them require assistance from their families. Young women experience motherhood differently and this may be impacted by the presence and/or absence of their biological mothers. This chapter outlines the construction of motherhood in South Africa. It further unpacks the importance of mother presence on the child's development. The causes of mother absence as well as the implications this has on children are discussed.

2.2 The construction of motherhood in South Africa

The historical context of motherhood is rooted to interrelated structures of race, class and gender (Collin, 1994). Walker (1995) argues that the conceptualisation of motherhood favoured the political significance over an examination of the woman's own practice and social identity as a mother. In South Africa, it was observed that motherhood was associated with patriarchal practices that favoured men in comparison to women. The construction of motherhood did not change despite the far-reaching reorganisation of social relations over time (Collins, 1994; Walker, 1995). In the early twentieth century, particularly after the Native Urban Areas Act of 1923, Africans without urban jobs were restricted to the rural reserves created in 1913 (McKendrick and Senoamadi, 1996). The historical processes of capitalist penetration within the political context of colonialism, and the emergent patterns of opportunities and constraints, provided a setting which necessitated the labour circulation of certain men between towns and villages (Moore, 2013). The emphasis was placed on men as it was common for men to migrate in search of better opportunities while women looked after children in rural areas. Moore (2013) suggests that motherhood was

experienced in the context of relationships other than that of a mother and child. In the early 1940s to 1960s, the lives of African women were predominantly shaped by marriage and patriarchal systems (Lee, 2009). The woman's parity was determined by their husbands as it was part of their duties as wives to bear children in order to extend the family. Within patriarchal societies, the female's sexuality and fertility were controlled by men, women were forced to bear many children in order to satisfy men even when their health was not good enough to bear many children (Bofu-Tawamba, 2015). This is showing that certain women were forced to become mothers in order to prove their fertility after they were married. In a study conducted in a rural area of Vhembe District within South Africa, Mudau and Obadire (2017) observed that men decided on the family size, specifically the number of children women gave birth to. The study further found that men did not believe in the use of contraceptive therefore, women were not allowed to use contraceptives (Mudua and Obadire, 2017). As a way of shifting women into becoming mothers, families negotiated marriage without the consent of the woman. The elders of families selected the family where their daughter should marry, particularly if they knew the family background (Moore, 2013; Mudau and Obadire, 2017). Immediately after marriage, women were expected to bear children and also care for other children within the family of the husband. In cases where the husband already had children, the woman had to care for these children and treat them as her own. Mudau and Obadire (2017) highlight that within traditional societies, most men preferred a boy child. Therefore, women had the responsibility of ensuring that they bear boy children. Women were expected to bear children until they gave birth to a boy child; in circumstances where they were not giving birth to boy children, women had to take traditional medicine that would assist them in bearing a boy child (Moore, 2013; Mudua and Obadire, 2017).

According to Moore (2013) married women oscillated between the urban hostels and rural areas, torn between domestic responsibilities, maintaining relationships as well as collecting money from husbands to feed their families. During this era, fertility rates among African women were high, resulting in large families that shaped mothers' identity as predominantly carers (Moultrie and Timaeus, 2002). This was embedded in the notion of extending families and growing the family name. In the early years of apartheid, motherhood was affiliated to homemaking and caring practices, which perpetuated struggles for survival as a central feature for mothers (Mathis, 2011). Richter et al. (2012) suggest that income for rural households was received as remittances from

working husbands. Thus, women were highly dependent on men for the basic needs of the entire family including children.

During the apartheid era, there were Black women who moved to urban areas as they were employed as domestic workers. Lee (2009) alludes that low female educational levels left few options for employment other than domestic services. In addition, Back (2008) posits that many African women found employment as domestic workers, an occupation that was devalued and racialised. Domestic work often separated many women from their children. Women, as domestic workers were required to further perform duties of being nurturers and carers (Lee, 2009). Certain African women lived in urban areas due to their employment as domestic workers, their duties included cleaning, washing and caregiving. As an increasing number of women were moving for domestic work, different residential arrangements emerged in African communities. Extended families often located in rural areas mitigated the effects of maternal separation from children, as grandmothers became the primary caregivers for their grandchildren (Mathic, 2011). Although certain mothers were discontent about leaving their children behind, they were comforted with knowing that they were able to send remittances to their families in rural areas. Moore (2013) emphasises that domestic work strengthened women's roles and reinforced notions of maternal responsibilities. Women were building and maintaining healthy relationship with children that they were looking after; the majority of these women treated children as their own. In certain cases, both African husbands and wives were employed in the same household, the woman performed domestic duties while the man was a gardener (Moore, 2013). Individuals who were employed as domestic workers as well as gardeners often lived in households where they were employed. Being organised, resilient and networking became central to how women managed mothering activities (Mathic, 2011; Moore, 2013). As women were separated from their children, they tried different forms of communicating with them and often visited them during their leave days. Networking with other domestic workers within the same area gave certain women hope as they came to the realisation that they were other mothers who were separated from their children due to employment. The experience of domestic work varied among women. The employer's power over the domestic worker, due to race and class, created a situation prevalent for abuse (Cohen, 2000; Mkandawire-Valhmu et al., 2009). In South Africa, domestic workers were historically marginalised due to their race, gender, low socio-economic status and poor education. The majority of domestic workers were treated as inferior and different (Donald and Mahlatji, 2006;

Mkandawire-Valhmu et al., 2009). For instance, some employers expressed suspicion towards their domestic workers through actions of locking cupboards and hiding keys, conveying the message that domestic workers were different and they should not be trusted (Lawson, 1985; Magona, 1990). In a South African study conducted on domestic workers within the Gauteng province, Donald and Mahlatji (2006) observed that that most domestic workers came from poverty-stricken backgrounds, had few skills and entered domestic work as a last resort. Most of them were sole breadwinners who migrated to work for their families. The study found that domestic workers were marginalised, powerless, experienced different forms of verbal and physical abuse, as well as sexual harassment (Donald and Mahlatji, 2006). As the years progressed, marriage rates decreased while divorce and separation increased. This resulted in women relocating with their children to urban townships. They began to build informal settlements where they were able to travel and work on a daily basis. Women heading households began to increase within South Africa. This is substantiated by Lee (2009) who suggested that as marriage rates were observed to be declining, the majority of households were headed by women. Posel and Ridwick (2014) further emphasised that the declining marriage and fertility rates resulted in women heading households.

According to Moore (2013) towards the end of apartheid, housing in urban areas remained scarce for Africans however, women continued to live within informal settlements. In these settings, motherhood increasingly took place in matriarchal, multi-generation households. African women's migration to urban areas represented a flight from poverty and patriarchy. In a South African study conducted within an urban township, Posel (2006) observed that women moved to urban areas as they had a personal desire for freedom, income of their own as well as to escape overpowering traditionalism that existed in rural areas. The urban stable residential base gave mothers a single place to practice mothering. Although certain women were dissatisfied with the living arrangements in urban townships, the presence of their children motivated them to work hard in order to improve their living conditions. In addition, they did not experience the distress associated with the wellbeing of their children as they were living with them (Lee, 2009; Moore, 2013). Women continued to be nurturers while becoming the core income providers. The majority of children living in women-headed households did not have a father and/or male figure present in their lives. Some of their fathers provided financial support while others did not support their children at all (Freeks, 2017; Van den Berg and Makusha, 2018). This is supported by Rogan

(2011) who stated that where women raise their children as single parents, financial inputs from fathers of their children were often absent therefore, women bear a disproportionate financial and caring burden for the support of their children. In women-headed households, state grants, in the form of pensions and child support, acted as a reliable source of income (Moore, 2013). African women and children experienced the highest rates of poverty among all South Africans (Posel and Rogan, 2009). While the prevalence of poverty was high among African women, White South African women did not experience distress associated with poverty (Lehlohlhla, 2009). The majority of White women were free from the pressure of working for survival and were presented with opportunities such as pursuing their studies. Mothering roles were performed by African domestic workers while White women focused on their careers. Hence, the experience of motherhood was different among the racial groups and this was associated with the privileges presented to women. As the years progressed, South Africa was dominated by post-apartheid policies, which encouraged equality among the different racial groups. The change in fertility rates among African women was observed and this may be attributed to knowledge and access to services within the communities. During the 1990s, young African women had fewer children as compared to the previous generation of women (Moultrie and Timaeus, 2002). African female employment and educational attainments increased as there were better opportunities for all women. In addition, the desire to improve their living conditions was the main factor that encouraged women to use the opportunities presented to them. At this stage, motherhood took place alongside formal employment, home ownership, scholarships and informal relationships (Moore, 2013).

The construction of motherhood varies within families and societies. The majority of mothers transmit various ideals to their daughters on how to raise a child (Collin, 1997). Through the transmission of these ideals children, particularly daughters, are raised with specific discourses about motherhood which plays a huge role on how these they internalise motherhood for themselves when they become mothers. The families and communities in which women are raised strongly influence ways in which they perceive motherhood. Motherhood as a social construct means that this identity is situated in a social context, has gendered and culturally specific qualities. Sudarkasa (2004) suggests that the notion of motherhood may be natural and/or cultural. The biological aspect of being able to conceive and give birth is derived from nature however, the rules and expectations of mothers are culturally determined within societies (Sudarkasa, 2004). The cultural notion of motherhood denotes that motherhood entails providing care for biological

children as well as those within the community. In a study conducted with Black and White South African mothers in Durban, KwaZulu-Natal province, Magwaza (2003) discovered that in Black communities, neighbours assisted with providing care for children when their biological mothers were absent for various reasons. On the contrary, in White communities, certain neighbours did not know each other, there was no sense of solidarity and the area was dominated by domestic workers who assisted with childcare when biological mothers were not present (Magwaza, 2003). This indicates that motherhood is socially constructed and may differ among communities. The process of socialisation has an influence on the way women perceive motherhood. Thus, motherhood varies among women depending on how they were raised and the communities they come from.

Over the years, the notion of motherhood has changed dramatically. There are many forces that impact on what constitutes motherhood. Motherhood as a social construct continually emerges through interactions and is subject to change overtime (Kleinberg, 2006). There are factors that has resulted in women raising children within absent fatherhood settings. The decline in marriage rates has affected the family structures and this has had an impact on motherhood (Posel and Ridwick, 2014). Furthermore, the increasing divorce rates and domestic violence has led to women raising their children within setting where fathers are absent (Statistics South Africa, 2020b; World Health Organization, 2020). Women's experiences of motherhood in extended family settings are different when comparing to nuclear families. This may be attributed to the support that mothers receive for instance, social, emotional and financial support. The absence of the father within these households has implications for both the mother and child. Gežová (2015) highlights that one of the serious problems caused by the absence of one of the parents during the upbringing process is a missing opportunity to achieve sexual identity by identification with the parent of the same gender and differentiation from parent with the opposite gender. In addition, the presence of a father evokes a sense of security and protection within family, this provides the mother assurance that she can rely on him and will not raise children on her own; therefore, the impact of father absence can denote defective backgrounds with implications that may affect women and children for the rest of their lives (Gežová, 2015). For instance, in settings where the father is absent, most decisions pertaining to children are made by the mother; in cases where children involve themselves in a predicament, certain women question their role as mothers and what they may have done incorrectly when raising their children.

Motherhood has been largely influenced by the different social media platforms, this is often dominant among young mothers. Rideout et al. (2010) allude that one of the ways that new mothers may receive support to navigate and deal with their new responsibilities is through social connections offered on the different forms of media. Social networking has been the new form of expression and connection for mothers. For instance, ‘mommy social media pages’ have been widely used by mothers as a way of communicating with the wider parenting community (Feinberg, 2010). Participating in these social media platforms assist certain women with a number of issues pertaining to their children. For instance, when the child is not feeling well, other women may advise on what the mother may use to ease the pain experienced by the child, alternatively they may suggest a pediatrician who may assist the child. Participation of mothers in social media platforms may provide them with a sense of connection with other mothers around the world assuring them that they are not alone. In addition, this may allow mothers to communicate with their families and friends without having to leave home, which is convenient for women who recently gave birth (Fienberg, 2010; Rideout et al., 2010). The positive impact of using social media platforms is that it may decrease stress levels associated with motherhood. An American study conducted by McDaniel et al. (2012) indicate that the frequency of blogging positively predicted feelings of connection among mothers and their extended families and friends. Furthermore, social networking had a positive impact on the lives of mothers as it decreased maternal depression associated with raising a child, particularly in cases where the father is absent (McDaniel et al., 2012). In a South African study conducted on the of social media platforms, Budree et al. (2019) observed that the younger population utilised social media more frequently than the older population. In addition, it was discovered that most females including young mothers used social media for social interactions with their close friends and relatives (Budree et al., 2019). This positively impacted the lives of young mothers as they were able to communicate, receive guidance and support from their extended families and friends. There are negative factors associated with young mother’s use of social networks (Budree et al., 2019; McDaniel et al., 2012). Certain social media platforms affirm norms of femininity and consumerism, which could negatively influence mothers’ feelings of parenting stress, competency and adjustment to the transition of motherhood (Pitts 2004 cited in McDaniel et al., 2012). The use of social media platforms may be addictive for certain women, limiting their interaction with children, which may consequently lead to mothers not having a sense of bond and connection with their children.

2.3 The experience of motherhood

In order to unpack the experience of motherhood, it is essential to consider the physical body changes associated with pregnancy and postpartum period. A woman's body image is a physical representation of herself which includes attitudes about self-perceptions and appearance, developing from biological, psychological and social influences (Hodgkinson et al., 2014). Body image can be significantly affected by changes caused by pregnancy and childbirth, which signifies a transition to motherhood. Due to pregnancy and childbirth, there are expected body changes including weight loss or gain. A social constructionist approach to body image explains the ideal body as a socially constructed phenomenon within societies (Hodgkinson et al., 2014). The discrepancy between a woman's body image and the socially constructed ideal body, may result in body dissatisfaction, possibly leading to psychological distress. Heinburg and Guarda (2002) cited in Woekel and Ebbeck (2013) emphasise that body dissatisfaction and negative emotions towards one's body could be due to unrealistic weight loss or gain resulting to unexpected body expectations as certain women assume that they will return to their pre-pregnancy bodies. In a study conducted in the United States of America, Upton and Han (2003) discovered that mothers experienced challenges in regaining their sense of self after childbirth and felt an increased pressure to get their body shape back. Furthermore, women described a shift in personal identity from pregnancy to postpartum in that, their body sizes changed and that they experienced social and internal pressure to regain their previous shape (Upon and Han, 2003 cited in Woekel and Ebbeck, 2013). There are limited South African studies that have placed emphasis on the pressures relating to women's body image after childbirth.

According to Woekel and Ebbeck (2013) motherhood can be a difficult time for women as a plethora of changes occurs within their lives and bodies. After childbirth, certain women experience visual body changes such as loose skin, weight gain or loss as well as stretch marks; other women experience internal and/or invisible changes which may include postpartum depression, fibroids, hernia and vaginal tearing (Hodgkinson et al., 2014; Nash, 2012; Woekel and Ebbeck, 2013). Certain mothers recover easily from visual body changes associated with pregnancy while other do not recover at all. The internal changes may require longer period for recovery as certain women experience challenges associated with postpartum depression, particularly when they do not receive any form of support. Patel et al. (2005) suggest that internal

changes often require many months if not years and many have lifelong consequences when women do not receive any assistance and support. After childbirth, women do not only experience physical changes, they are also exposed to cognitive, emotional, relationship and self-identification changes. Body dissatisfaction after pregnancy is associated with a number of factors including mood swing, lack of self-confidence as well as eating restrains (Hodgkinson et al., 2014). The pressure associated with after childbirth recovery has resulted in women changing their eating habits as they believed that limiting food intake may have a positive on the process of their recovery. This is because beyond bodily changes experienced during gestation, women are often concerned about their ability to ‘bounce back’ quickly after childbirth and erase the evidence of their childbearing body (Nash, 2012). In addition, weight retention has been regarded as having the greatest psychological impact on mothers as they become concerned about the ability to regain their bodies. Although body dissatisfaction is regarded as one of the factors affecting women’s physical, emotional and psychological wellbeing, South African studies have emphasised on the experience of childbirth and the implications this has on the women’s physical, emotional and psychological wellbeing (Chadwick et al., 2013; Malatji and Madiba, 2020). Physiologically, young women who fall pregnant may be at risk of anemia, premature labour and pre-eclampsia than older women. Furthermore, they are likely to encounter pregnancy related complication, poor dietary habits and inadequate nutrition (Grover and Sandhu, 2009). Using longitudinal data from rural areas in South Africa, Ardington et al. (2015) discovered that women who had their first child before the age of 20 have a higher mortality risk and other pregnancy related complications than other women. The treatment of women during childbirth may have implications for their health and wellbeing. In a study conducted in South Africa with women from rural, urban and semi-urban areas within the Tshwane district in Pretoria, Malatji and Madiba (2020) suggested that women were disrespected and abused when they were giving birth. The study emphasised that women expressed how they were mistreated by healthcare workers through judgment, rude language and neglect when they were admitted in a public hospital to give birth (Malatjie and Madiba, 2020). Similarly, a South African study conducted with women from different racial groups in Cape Town revealed that women felt neglected as healthcare workers did not empathise with them when they were admitted in labour wards (Chadwick et al., 2013). The poor treatment of young women may begin at the early stages of their pregnancy as they attend monthly checkups within healthcare facilities. In a South African study conducted within a district hospital in KwaZulu-Natal province,

Govender et al. (2020) found that young mothers were poorly treated by public healthcare workers and this deterred them from wanting to use public healthcare services. Furthermore, the study found that young women had to walk a long distance in order to access public health care services within their communities (Govender et al., 2020). Due to such mistreatments certain women were affected physically, emotionally as well as psychologically. The experiences varied among women and this was attributed to a number of factors.

Procedures associated with childbirth may have an impact on the perspectives and experiences of motherhood. In general, human birth can be divided into four categories namely: natural delivery, assisted delivery, cesarean section due to medical factors, and cesarean section due to social factors (Chen and Tan, 2019). Natural childbirth is the inevitable physiological process of human reproduction and it may consist of many positive effects for the mother and child (Chen and Tan, 2019). For instance, in a study conducted in the Nelson Mandela Bay hospital within the Gauteng region in South Africa, James and Hudek (2017) discovered that most women preferred natural birth as the process was quicker than cesarean section, specifically when women were using the birthing ball, which increased contractions resulting in a quicker delivery. Natural birth encourages the first contact between the mother and child, which is essential for establishing mother to child bond and the child's psychological development (James and Hudek, 2017). Cesarean section on the other hand is an unnatural mode of delivery. It is well known that cesarean section has an irreplaceable role in the rapid resolution of parturition under certain medical conditions, such as the fetal position and intrauterine distress (Chen and Tan, 2019; Curran et al., 2016). Hence, cesarean section due to the mother's medical concerns is a necessary operation. Cesarean section was originally a surgical solution to solve problems associated with difficult labour however, it has been observed that certain women prefer cesarean section regardless of whether they have any medical concerns (Chen and Tan, 2019). Guittier et al. (2014) further add that throughout the years, cesarean section has been increasing worldwide. A survey conducted by the World Health Organization revealed that the percentage of cesarean delivery have been increasing throughout the world (Curran et al., 2016). From 1994 to 2014 the global cesarean section average increased from 12.4 to 18.6 percent, and this upward trend has also been observed in sub-Saharan Africa (Harrison and Goldenberg, 2016). Although the lowest rates of 6.5 to 7.3 percent are seen in Africa, rates of approximately 30 percent are reported in regional and tertiary public hospitals in the Durban Metropolitan area of South Africa (Govender et al., 2019). Furthermore, in South Africa,

most women who gave birth through cesarean were aged from 19 to 34 years (Govender et al., 2019). Certain cesarean births were observed in both public as well as private hospitals. In a South Africa study conducted on the rates of cesarean deliveries, Solanki et al. (2020) indicated that in 2017, the rates increased to 27.4 percent. The study further discovered that cesarean deliveries were not done on maternal request within public healthcare facilities, signifying that within certain public healthcare facilities, women were not provided with an opportunity to decide on the mode of delivery, particularly when they were young (Solanki et al., 2020).

According to Chen and Tan (2019) a healthy maternal-infant relationship plays a crucial role in the successful socialisation and development of the child's personality. Cesarean delivery may not be conducive to the establishment of a healthy relationship between mothers and their children. Several studies conducted revealed that mothers who gave birth through cesarean section had poorer mother to child bond in comparison to women who gave birth naturally (Guittier et al., 2014; Sogunle et al., 2019; Solanki et al., 2020). In addition, mothers in a natural birth group have shown to be motivated to care for their newborns and felt less tired than mothers in cesarean section group, who were more likely to fail in their efforts to care for their newborn (Chen and Tan, 2019; Wiklund et al., 2009). In a study conducted in sub-Saharan Africa with women who gave birth through cesarean section, Harrison and Goldenberg (2016) discovered that most women felt as if they were not good enough mothers as they could not give birth naturally and were concerned about not being able to perform certain duties due to complications associated with cesarean delivery. This may result in women not responding positively to their children as they have to deal with health complications associated with the operation. Women who give birth naturally may experience pain after childbirth however, cesarean operation may be associated with severe pain that require women to attend healthcare facilities frequently. This limits the amount of time that mothers spend with their infants as they have to ensure that they attend to health concerns associated with the cesarean operation. Cesarean section results in women experiencing challenges related to moving around the house, feeding their infants, bathing, dressing and caring for their operation (Amanak and Karacam, 2018). This further decreases the ability of women to care for their children after childbirth. Meriç et al. (2019) posit that women's knowledge about the different procedures of childbirth is regarded as important because they are able to overcome the different childbirth related challenges. The childbirth experience is a complex phenomenon that may have negative impacts as well as feelings of accomplishment when the child is born healthy and the

mother does not have any birth-related complications. For certain women, the pain is an essential component of the delivery experience that provides a meaning to the transition of motherhood (Guittier et al., 2014). In addition, Hodgikison et al. (2014) emphasise that the significance of the transition to motherhood should not be underestimated, this is because women adjust to numerous psychological and physical changes which reflect their development to maternal orientation and the way in which they adjust to motherhood. In their study, Govender et al. (2020) discovered that the pregnancy of young mothers had an immense impact on their physical and psychological wellbeing as they expressed feelings of guilt, shame and suicidal ideations. The South African study found that most young mothers described motherhood as being physically and emotionally draining; women experienced financial constraints resulting in anxiety and stress, which hindered their ability to care for children (Govender et al., 2020). Similarly, in a study conducted in a township located in Durban within South Africa, Nkani and Bhana (2016) noted that most young mothers experienced psychological distress as their parents disapproved of their pregnancy and could not accept that they were going to be mothers. Thus, motherhood may be associated with numerous physical and psychological distress, specifically among young mothers.

Globally, the number of women attaining qualifications have been increasing. This includes mothers who have to adjust to being a student and a mother at the same time. Education is regarded one of the many socio-economic factors that contributes to better standards of living (Browne, 2017). This has motivated many mothers who desire a better life for their families including children. Nelson et al. (2013) highlight that most women were attaining education in order to meet the economic needs of their families. Jabeen et al. (2020) further suggest that financial security drives women to obtain qualifications. It can be said that becoming a mother may affect women's education. Women's paths to education are likely than those of men to be interrupted by family formation (Pillay, 2021; Ramukumba and Masala-Chokwe, 2017). Student mothers' experiences in pursuing tertiary education is different from other women who do not have children. As most women are the primary caregivers of their children, studying while being a mother may be challenging. Student mothers are regarded as a disadvantaged group of students as they rarely acquire their qualification on time. In a study conducted in Mpumalanga township within South Africa, Mjwara and Maharaj (2018) discovered that young mothers admitted that they were struggling to cope with the new roles and responsibilities of motherhood as well as schoolwork at the same time. The study revealed that certain young mothers had to care for their sick children

and this prevented them from attending classes, which ultimately resulted in them not finishing in record time (Mjwara and Maharaj, 2018). Correspondingly, the study by Govender et al. (2020) suggested that motherhood disrupted schooling therefore, certain mother had to drop-out of school to care for their children in cases where they did not receive any form of support from their families. This resulted in young mothers not being able to return to school, others did not complete their studies in record time. In addition, student mothers were likely to drop out of university as they failed to balance their roles of being students and mothers (Mamabolo et al., 2013; Taukeni, 2014). For instance, having an assignment to complete while the child is not feeling well may disturb the mother as she has to prioritise the child before her studies. Motherhood may be associated with numerous challenges which may affect the mother's emotional and psychological wellbeing (Barnes, 2013). This may further perpetuate challenges in their ability to cope with the problems they are facing at home and the school workload assigned to them. Research has emphasised the role of social, religious and cultural ideas of motherhood and the expectations associated with being a mother (Govender et al., 2020; Mjwara and Maharaj, 2018; Moore, 2013). These expectations influence the experience of motherhood consequently, impacting the adjustment of being a student mother.

It is important to have a support system in the journey of being a student mother. The support from families is important as it may be challenging for women to cope with the role of being a mother and student (Taukeni, 2014). Women who have present biological mothers may receive assistance from their mothers who provide care for their children. Hayslip et al. (2019) highlight that the presence of grandparents assisted women as they were able to care for their children. In a South Africa study conducted with young mothers, Nkani and Bhana (2016) discovered that financial and emotional support was one of the factors that assisted young mothers in being able to return to school. The study revealed that biological mothers and grandmothers played a huge role in assisting young mothers with their children (Nkani and Bhana, 2016). This corresponds with a study conducted in Durban and Cape Town on educators' perceptions of early childbearing as Bhana et al. (2010) observed that educators who took pastoral care seriously sympathised and supported young mothers. This motivated young mothers to work harder in order to accomplish their goals (Bhana et al., 2010). Women who do not receive support may experience challenges and this may be regarded as one of the factors leading to student mothers dropping out of school. Such cases may occur if the student mother does not have parents and relatives who may assist her

and/or when the father is absent in the child's life for a number of reasons. Therefore, the experience of motherhood and education differs for women and the common determinant is the support received as it may have an impact on the academic journey of the mother. The support received from the father of the child is regarded as important to motherhood. This may include social, emotional and financial support. In South Africa, the shift from father absence has been observed as the majority of young fathers are willing to care and provide support for their children, even when they are no longer in an intimate relationship with the mother (Madhavan et al., 2014; Mkhwanazi and Bhana, 2017). In a South African study conducted in the township of Alexandra, Johannesburg with young mothers, Pillay (2021) discovered that the majority of young mothers expressed that young fathers of their children were willing to be present in their children's lives regardless of the relationship status with the mother. The study found that even though certain fathers experienced financial challenges, they were willing to provide care such as babysitting when the mother had to attend to certain matters such as school and/or work (Pillay, 2021). Correspondingly, in a South African study conducted in a rural area within the Limpopo province among young fathers, Madiba and Nsiki (2017) revealed that young fathers emphasised their willingness to be present in their children's lives. In addition, the study found that young fathers expressed that being a father meant that they had to change their behaviours; they used money from part-time employment to prioritise the needs of children (Madiba and Nsiki, 2017). However, certain fathers do not provide support for their children when they are no longer in an intimate relationship with the mother, as the South Africa study conducted by Mufutau and Okeke (2016) indicate that the relationship between young mothers and fathers had an impact on the father's willingness to provide support for the child. Therefore, signifying that certain young fathers do not support their children when they are no longer in intimate relationships with mothers.

The participation of women in the labour market occurs in most countries worldwide. The level of education that is gender equivalent and the modernisation of the economy and technology affect the emergence of a significant shift in the predominantly male labour trend (Anwar et al., 2017). Childbearing has also encouraged many more women to enter the labour market in order to provide financial support for their children. The career development of women is complex as it may be associated with greater pressure of motherhood. Hall and Posel (2019) suggest that households, and specifically women had to make difficult choices on how to manage the competing demands of family, childcare and income generation. Anwar et al. (2017) further highlight that a career

among working mothers cannot be understood separately without family relations. Mothers with young children tend to have their career interrupted by childbirth as well as the duties associated with caring for the child. Motherhood greatly affects women in comparison to men (Connerley and Wu, 2016). In cases where the woman is married, the man continues with his career while the woman provide care for children. Anwar et al. (2017) posit that mothers with younger children tend to have career interruption in comparison to women consisting of families with no children, women with older children as well as men. Even though certain organisations provide maternity work leaves, this may not suffice if the mother does not have anyone who may assist her with childcare. The constructed roles of mothering criticises the widespread labour participation of women. For instance, women who migrate with their children due to employment has the responsibility of ensuring that the child is provided with care in the area of destination (Hall and Posel, 2019). Ajandi (2011) highlights that the widely accepted notion of what is ideal motherhood continues to put strain on many women who are actively involved in the labour market while they are mothers. This may be attributed to the notion of motherhood within traditional societies, which stipulates that the role of women is to care for the family while men engage in the labour market. Rahayu (2015) argues that the cultural role of women is biased for working mothers as they are trapped in two worlds at once, both as being expected to perform domestic work in the homestead as well as being productive in the labour market. This may result in women feeling guilty and irresponsible when they experience challenges with balancing work and motherhood.

There are challenges that women encounter when they are working and at the same time performing their roles as mothers. Kadale et al. (2018) suggest that the recovery of women from childbirth stress and their resumption of work and family responsibilities are primarily influenced by pre-existing health status, parity, breastfeeding as well as access to social assistance from companions and families. Women who have existing health issues may not cope with the stress associated with work and family responsibilities. The number of children that a woman already has may influence how they manage with work and home related duties because having many children within the same age groups may be challenging to manage. The majority of professional working mothers face a predicament of having to cease breastfeeding practices when they are employed (Kadale et al., 2018). This may put a strain on women as they would have to purchase food for the child and this adds to the cost associated with raising a child. Work pressure, meeting deadlines and ensuring punctuality may be challenging for women who have the responsibility of

caring for her family. Balancing a career and family life may result in emotional, psychological and physical burdens for women (Bauer et al., 2012 cited in Kadale et al., 2018). One of the causes of physical burden is when the woman did not rest well at night because the child was restless or was not feeling well. It may be challenging for women to be productive at work the following day if they did not rest well at night. This may cause psychological and emotional distress when women are experiencing challenges with being productive at work. In a South African study conducted in a Durban retail organisation on working mothers from different racial and age groups, Patel et al. (2006) discovered that the majority of women preferred paid work over housework as they had the responsibility to provide financial support for their families. In addition, the study found that most women specifically those who had many years of work experience were able to be productive at work and perform housework (Patel et al., 2006). Conversely, in a study in Nigeria among working mothers from a government institution, Omotosho (2017) observed that women experienced challenges with performing house duties and being productive at work. Furthermore, the study found that the stress associated with working and performing house duties affected the quality of parent-to-child interaction (Omotosho, 2017). The implications associated with the lack of mother-to-child interaction include, the rising levels of mental health problems, sleep disorders as well as other socio-psychological factors (Omotosho, 2017). The participation of mothers in the labour market means that they combine two jobs at the same time, they become paid employees and nursing mothers. The intensity of the stress associated with working mothers may exacerbate when women have children living with disabilities.

According to Cantero-Garlito et al. (2020) childcare, particularly care for children living with disabilities is provided by women. The care of children living with disabilities require women's time and undivided attention. Cantero-Garlito et al. (2020) suggest that in many cases, women who give birth to disabled children resign from work in order to focus on the child's care as this has major effects on their daily lives, requiring greater investment of time and resources. Stone (2013) further adds that having a child living with a disability has a marked impact on mothers to engage in paid work due to the difficulties in finding employment with flexible working arrangements as there are special needs associated with caring for a disabled child. Having a disabled child may be stressful for women and this affect their mental wellbeing due to difficulties in accepting the child and having to provide care on a daily basis (Bluth, 2013). Duties associated with caring for a disabled child may affect the physical health of mothers as they have to tirelessly care for the child

even when they are older. Certain mothers of children living with disabilities found enormous satisfaction and an extraordinary sense of vitality in caring for their children (Murphy et al., 2007 cited in Canter-Garlito et al., 2020). These are mostly women who accept that their children are living with a disability as well as that they would have to care for them for the rest of their lives.

Mothers of children living with disabilities and chronic illnesses experience financial crisis associated with caring for the child (Cantero-Garlito et al., 2020). It may be costly to care for a child living with disabilities depending on the child's disability. For instance, when the child is unable to walk, parents of children are expected to purchase a wheelchair for the child to use as they are growing up. This may expose them to poverty as most mothers of disabled children suffer from employment insecurities due to frequent absenteeism and lack of being productive, arising from the distress of caring for the child when they cannot afford to employ a caregiver. Cantero-Garlito et al. (2020) emphasise that mothers of children with disabilities are less likely to have full-time employment and may suffer job insecurities which may lead to lower income; moreover, caring for a disabled child entails additional care-related costs associated with the needs of the child. In a South African study conducted in Khayelitsha, Cape Town province on mothers who were caring for children living with disabilities, van der Mark et al. (2019) suggested that the majority of women did not have full-time employment and were sole caregivers of their children. The study further found that mothers experienced financial difficulties, factors relating to the cost of service (caregiving and schooling), transportation and cell phone credits (airtime) to make appointments were mentioned as financial barriers (van der Mark et al., 2019). The experience of caring for a disabled child may be influenced by the geographical location of parents. Sodi and Kgopa (2016) allude that when families of children with disabilities are living in rural areas, they encounter unique needs and additional barriers compared to their urban counterparts. These barriers may be caused by geographical isolation such as transport challenges to access services, which may require them to travel long hours. Access to specialised medical services is often limited in rural areas as it predominantly consists of poor healthcare systems (Bristown et al., 2018). Rural areas present a significant deficiency in assistance and support services for mothers in order to provide adequate care essential for disabled children, there are limited accommodative services for people living with disabilities (Bristown et al., 2018). Women who provide care for children living with chronic illness may experience challenges associated with caring for the child, particularly when they are living in rural areas where access to health facilities is limited. In a

study conducted within a hospital located in a semi-rural setting in Durban, South Africa, Maddocks and Chetty (2020) discovered that most caregivers of children living with chronic illnesses were biological mothers, grandmothers and older sisters. The study further found that the majority of caregivers had to walk long distances to access healthcare facilities; caregivers emphasised that caring for a child with a chronic illness was associated with stress and anxiety (Maddocks and Chetty, 2020). The experience of motherhood varies for women and it is influenced by a number of factors.

Parental reaction to their children's pregnancy may influence how motherhood is experienced. Mgbokwere et al. (2015) suggest that the news of a young daughter's pregnancy is often unpleasant to parents. Certain parents find it difficult to believe and accept that their young daughter is expecting a child. Some mothers describe the situation as fearful and shocking while fathers were equally disappointed and found it difficult to accept the pregnancy and arrival of a newborn baby (Fernandes et al., 2012). It may be regarded as normal for parents to worry about their child's future because having a child is associated with many changes, specifically in the woman's life. Parents are often angry because the young woman's child becomes their burden and this results in a strain on the household budget (Bhana and Nkani, 2014). Mkhwanazi (2014) emphasises that the pregnancy of a young woman may bring shame to the family as this may imply that the mother failed to teach her daughter proper conduct. Nava (2010) further adds that while certain parents experience grief and worry about their child's future, others would feel a sense of guilt thinking about how they failed as parents and that they could have done something to prevent this predicament. In a study conducted within a Nigerian rural community on the perceptions of parents on young women's pregnancy, Mgbokwere et al. (2015) discovered that many parents expressed that young women were deviant and had no future since they have to care for their children. The study found that many parents expressed their anger and disappointments as community members perceived parents of pregnant young women as failures who were not able to discipline their children (Mgbokwere et al., 2015). Similarly, in a South African study conducted in KwaZulu-Natal with young mothers, Govender et al. (2020) found that most parents were disappointed and angry because they had hope in their children. In addition, the study revealed that certain mothers were angry when they found out however, as time progressed they were willing to be involved and supported their children in the pregnancy journey (Govender et al., 2020). Therefore, this had an impact on how young women experienced motherhood as certain mothers were willing to be

supportive regardless of their disappointment while others did not involve themselves. There are certain factors that may have an impact on how parents react to the pregnancy of their young daughters.

The parental response to their daughter's pregnancy may be impacted by whether the paternal family has paid damages (*inhlawulo*) to the maternal family. Historically, in many Southern African communities, the paternal family would pay damages to the maternal family as a form of acknowledging that the child is from their family (Hunter, 2010; Kaufman et al., 2001). The payment of damages is largely practised among the Black African families as it is believed that paternal families should recognise their mistake and cleanse the family by paying damages. The customary payment of damages is understood as a way of bringing families together whereby the father acknowledges the responsibility of fatherhood to both the maternal and paternal kin, and this allows the maternal family to accept the father as part of the child's life regardless of his relationship status with the mother (Hunter, 2010; Kaufman et al., 2001). This is often a once off payment of a cow and/or equivalent cash (Mkhwanazi and Block, 2016). Section 21 (1) of the Children's Act 38 of 2005 provides that the biological father of a child born out of wedlock can acquire full parental rights and responsibilities in respect of his child if he pays damages (*inhlawulo*) in terms of customary law. In South Africa, the father's involvement in a child's life may be regarded as a negotiated customary practice, specifically among the Black population (Bhana and Nkani, 2014; Hunter, 2006; Mkhwanazi, 2014; Swarts and Bhana, 2009). Several studies indicate how issues associated with poverty and unemployment have restricted the father's ability to pay damages and subsequently prevented them from being present fathers (Clarke et al., 2015; Nkani, 2017; Swarts and Bhana, 2009). In addition to the payment of damages, certain traditional families consisting of fathers as the heads of households require the father of the child to pay *ilobola* in order to gain access to the child. This further perpetuates father absence in cases where the father is young, unemployed and comes from a poor family background. However, in certain families, specifically women-headed families, fathers are allowed access to their children even when they have not paid damages. This is evidenced in a South African study conducted by Bhana and Nkani (2014) in an urban township in KwaZulu-Natal, which suggested that women-headed households were flexible and willing to involve young fathers in the child's life even when the damages were not paid. After the payment of damages, certain families allow the child to take their father's surname. Hunter (2010) highlights that premarital pregnancy has become common

and the payment of the damages in the province of KwaZulu-Natal is regarded as enough for the child to take the father's surname. This may depend on maternal families; some allow the child to take the father's surname while others only allow the child to take the father's surname after the payment of ilobola. The payment of the damages is important to parents and families as it may create an impression that their daughter was not promiscuous and that the father of the child is willing to be present in the child's life. This may positively impact the parents' acceptance of the pregnancy, which may influence how they treat their daughter. Therefore, the payment of damages may have an effect on how parents respond to their daughter's pregnancy consequently, impacting young women's journey of motherhood.

The experience of motherhood may be influenced by the reaction of community members toward the young woman's pregnancy. In many traditional African cultures, childbearing is regarded as a rite passage to womanhood as it enhances the woman's social status (Jewkes et al., 2009). Social values as well as kinship networks that exist in many African cultures often disapproves of early childbearing when the woman is not married. Due to societies criticising early childbearing, young mothers are treated differently within communities. Young women often experience stigma associated with their pregnancies (Amod et al., 2019; Govender et al., 2020). South Africa remains largely a patriarchal society in which gender stereotyping dominates the landscape of early childbearing (UNAIDS, 2019 cited in Govender et al., 2020). Certain young women are excluded within communities as it is believed that they may influence other young girls into early sexual intercourse, which may lead to early childbearing and HIV/AIDS infections. In a study conducted within a rural area in KwaZulu-Natal province Govender et al. (2020) discovered that the majority of young mothers were exposed to mockery, humiliation and judgements by community members. The study further highlighted that young mothers were discriminated and did not receive any support from the community resulting in them feeling alienated, discontent and lonely (Govender et al., 2020). Similarly, in a study conducted in a peri-urban settlement within Gauteng province, Amod et al. (2019) suggested that young mothers experienced stigma from community members. In addition, study discovered that young mothers were perceived as promiscuous and most families disapproved any form of relationship and/or communication between young mothers and their children (Amod et al., 2019). Thus, the community stigma largely influences the experience of motherhood among young women.

2.4 Mother presence

The presence of a mother in a child's life is regarded as important. Gežová (2015) states that the woman's role as a mother is vital, unique and treasured. Women play a pivotal role in caring and ensuring that the needs of the child are met. It can be argued that mother presence begins when the woman is pregnant. The formation of the bond between the mother and her child is initiated during the gestation period, being the result of psychological development that occurs during pregnancy (Silveira et al., 2016). The emotional response to pregnancy and the unborn child comprises of maternal mental representation of the child resulting in a positive mother-to-child interaction. Maternal-fetal attachment reflects the linkage and quality of the relationship between the mother and unborn child, this is regarded as an important predictor of self-care practices associated with health and maternal behaviours established during gestation and postpartum period (Pisoni et al., 2012 cited in Silveira et al., 2016). Women's thoughts and feelings about their pregnancy may determine the bond that they experience with their unborn child. This may further have an impact on the bond experienced after childbirth. Silveira et al. (2016) emphasise that although unborn children are unable to physically see their mothers, they are able to communicate with them. In addition, unborn children are able to sense their mothers' positive and/or negative feelings during the gestation period. For instance, mothers may feel their unborn babies moving and may treasure the feeling and moment when the child is moving. Conversely, the negative emotions experienced by women may also be sensed by unborn children. Events such as depression, anxiety as well as socio-demographic risk factors, influence the gestation period as this comprises of the woman's ability to bond with the unborn baby (Silveira et al., 2016).

The mother's presence and care are irreplaceable during the first months of a child's life (Coert et al., 2021; Gežová, 2015). This is because women are responsible for providing the basic needs of the child. For instance, many women breastfeed their children during the first few months of childbirth. Breastfeeding is regarded as a source of food for babies, which contains all the necessary nutrients required for the infant's health, growth and development (Alimoradi et al., 2014). The period of breastfeeding is considered crucial in an individual's life as it impacts growth and development. Breastfeeding is good for the infant's health, strengthens mother-to-child bond and benefits the mother's health (Hahn-Holbrook et al., 2013; Nyaloko et al., 2020). Although certain women prefer not to breastfeed due to a number of factors such as work, it is regarded as

important and consists of positive outcomes for the mother and child. The presence of a biological mother during the period of breastfeeding is irreplaceable as this may have lifelong implications on the health and wellbeing of the child. In certain low and middle income countries, mothers who come from poorer households are likely to breastfeed their children (UNICEF, 2018). In a study conducted in a Johannesburg township within South Africa, Pillay (2021) observed that the most young mothers preferred to breastfeed their children as they believed that it portrayed them as good and responsible mothers. In addition, the study found that most mothers chose to breastfeed their children as they lacked financial resources for other feeding options (Pillay, 2021). Women experience numerous challenges when they are breastfeeding. In their study, Jama et al. (2017) discovered that the main challenge relating to breastfeeding was the mother's inability to produce enough milk to sustain the child. Factors such as poverty may have an impact on the woman's inability to produce milk as they may lack nutrients. Other breastfeeding challenges include experiencing swollen breasts, school as well as employment, which prevent mothers from being able to breastfeed. The inability of infants to care for themselves requires a present mother. An infant is entirely vulnerable and needs a present mother for his or her survival. Mothers portray their love through nurture, care, acceptance and appreciation of their children (Gežová, 2015).

According to Gežová, (2015) becoming a mother may require self-abandonment, generosity and kindness. Mother presence is accompanied by a great deal of sacrifice. For instance, certain women have to travel a long distance to their place of work daily rather than relocating and leaving their children and families behind. During the apartheid era, many Black domestic workers travelled long distances to work and had to perform childcare duties after long hours of work (Nolde, 1991). This was due to women not having the opportunity to relocate and live closer to their place of work. Recent studies show that certain mothers prefer to live with their children therefore, they travel long hours to work; in addition some mothers who are informal workers within salons often take their children to work when they cannot afford to pay for a caregiver (Horwood et al., 2021). Women often place their children and families before themselves and ensure that their needs are met at all times. In a South African study conducted in a rural area, it was revealed that young mothers used their money from part-time employment to ensure that their children's needs were met (Govender et al., 2020). In a similar South African study conducted in an urban township, Pillay (2021) discovered that the majority of young mothers utilised the child support grant to care for their children as some were schooling while others were unemployed. The study further

revealed that the child support grant gave young mothers greater agency over their caregiving decisions enabling access to paid care through crèches and community child caregivers; this was often supplemented with income support from their part-time employment, kin and/or the father of the child (Pillay, 2021). The expenses relating to the needs of the child are often the woman's responsibility as most children live with their maternal families. Statistics South Africa (2019a) confirms that the majority of children are living their maternal families, this is an indication that most of the child's basic needs are catered by the mother and her family. The role of the mother has been shown to be highly important in peer relationships, particularly influencing friendship quality in childhood and assisting social and emotional development across the life course (Misca and Smith, 2014). The way a child is brought up may have an impact on the relationships they build as they are growing up. The presence of a mother is important for both genders, this is because mother presence provide female children with an opportunity of sexually identify themselves with their mothers while male children are able differentiate their sexual identity from the opposite gender of their mothers (Gežová, 2015). It can be argued that as children are growing up, they model the parent of the same gender. Many female children model their mother's behaviours and this may influence their manners and how they conduct themselves (Gežová, 2015). Mother presence is important for female children because when the mother is absent, they lose a role model as well as someone to seek guidance from when they encounter life challenges. Ceka and Murati (2016) suggest that the functions of a mother may be divide into two parts, one is related to the child's defense while the other to the child's overall development. The mother's protection includes providing healthcare, hygienic conditions, relating to cleaning the house, bathing and feeding the child, as well as creating a warm and loving environment. The overall development of the child may include physical, emotional and psychological protection, which may be reflected through the child's emotions that are often felt when the mother is next to them child (Ceka and Murati, 2016). Mothers serve as educators of children through their developmental and learning stages. The role of a mother as an educator represents a crucial resource to the development of the individual identity (Ceka and Murati, 2016; Gežová, 2015; Govender et al., 2020). Numerous South African studies suggest that mothers and grandmothers served as mentors to the young mothers (Govender et al., 2020; Mtshali, 2016). The majority of young mothers teach their children what was instilled by their mothers and grandmothers when they were growing up. Thus, mother presence is regarded as crucial for the growth and development of the child.

Mother presence is not always positive for the child's wellbeing. This is because entering motherhood is coupled by challenges of caring for the child. Govender et al. (2020) state that young women may experience anxiety and distress associated with motherhood. The transition to motherhood greatly affects a woman's life due to changes and adjustments associated with being a mother. These changes may include financial constraints relating to childcare, education, employment, as well as relationships. In their study Mjwara and Maharaj (2018) suggest that most young mothers were unhappy with fathers of their children who were irresponsible and untrustworthy. The study further revealed that fathers of children were reluctant to provide financial support (Mjwara and Maharaj, 2018). This may be regarded as one of the factors contributing to challenges associated with motherhood because in such cases, it becomes the woman's responsibility to provide financial support for the child. Women who experience challenges in their journey of motherhood may suffer from depression, abuse substances and may end up rejecting and/or abandoning their children (Gao and Liu, 2016; Kathree et al., 2014; Shahid et al., 2009). This may lead to mother absence due to women being emotionally absent in their children's lives. In addition, motherhood challenges may result in women being physically and emotionally absent while they stay in the same household with the child. Women may avoid contact with the child that is, not providing care, nurture as well as failing to build and maintain healthy relationships with their children. Hence, mother presence may be negative for the child's wellbeing when the mother is experiencing life challenges, which affect support and emotional presence in their children's lives. This is further discussed in the section on mother absence below.

2.5 Mother absence

In South Africa, many children do not live consistently in the same household as their biological parents (Statistics South Africa, 2019b). Biological parents are absent for a number of reasons. Skinner and Davis (2006) define parental absence as desertion, unwillingness and the inability of parents to care for their children. Parental absence is when either one or both biological parents of the child are not present in a child's life. Parental absence is related to many factors, including historic population control, labour migration, poverty, housing and educational opportunities, low marriage rates as well as customary care arrangements (Hall and Makomane, 2018; Hall and Posel, 2019). When parents are absent, children are placed in multiple vulnerabilities. Parental absence

exposes children to certain susceptibilities such as poverty, limited access to services, neglect, physical, sexual as well as emotional abuse.

According to Hatch and Posel (2018) parental absence does not necessarily mean that parents have abandoned their children. This is because certain parents continue to contact, support and make arrangements to visit the child while they are living elsewhere. However, Fu et al. (2017) argue that being separated from a parent causes significant distress which may be perceived as abandonment to certain children. This is due to the negative emotions such as anxiety, anger and feelings of worthlessness, which are associated with being separated from biological parents (Fu et al., 2017). Studies have shown that fatherlessness is common in South Africa (Freeks, 2017; Magqamfana and Bazana, 2020). Mothers are also absent however, this topic has remained under explored. Mother absence occurs when the biological mother is absent in the child's life for a number of reasons. In certain cases, mother absence may occur while the mother is living with the child however, in other cases the mother may not be living in the same household as the child.

2.5.1 Death

There are numerous causes of mother absence where the women do not necessarily live in the same household as the child. Death is regarded as the inevitable cause of mother absence. Globally, parental death has been associated with a number of factors; this may include natural and unnatural causes of death. Burkholdern (2019) alludes that the outbreak of the HIV/AIDS epidemic has affected a cumulative number of individuals around the world. This horrific epidemic has heavily impacted South Africa, as the country contained massive numbers of people living with HIV/AIDS than any other African country in the world (Johnson and Dorrington, 2001). Operario et al. (2007) add that South Africa remains one of the nations that were severely affected by the HIV/AIDS epidemic with over 22 percent of all South African estimated to be living with HIV/AIDS in 2003. This epidemic has had many negative implications for the South African society, which stem from the illness and eventual death resulting from HIV/AIDS. Consequently, many South African children lost their parents due to the prevalence of HIV/AIDS (Operario et al., 2007). The South African Demographic and Health Survey subsample, collected in 1998, indicated that 9.7 percent of children, 15 years of age had experienced parental death due to HIV/AIDS, 7.6 percent reported paternal death, 1.4 percent reported maternal death and 0.8 percent reported both parents deceased (South African Medical Research Council, 1998).

According Burkholdern (2019) the HIV epidemic has increased the number of children experiencing the absence or loss of a parent. In the past decade, approximately half of parental deaths in South Africa have been attributed to HIV/AIDS. In addition, the estimated life expectancy has declined significantly over the past decade, with adults consistently dying during their reproductive and parenting years (Operario et al., 2007). Parental death was disproportionately associated with the Black ethnicity, impoverished household living conditions, lack of knowledge and access to HIV/AIDS preventative measures as well as lack of educational attainment. In a study conducted in South Africa on parental death as a result of the HIV/AIDS epidemic, Operario et al. (2007) revealed that the overall parental death was 27.3 percent, 16.4 percent reported father deceased, 7.9 percent reported mother deceased and 3.0 percent reported both parents deceased. Hence, showing that many South African parents lost their lives during the HIV/AIDS epidemic. Children lost their parents including mothers at a young age and this has resulted in mother absence.

Homicide is regarded as another factor leading to mother absence. In South Africa, studies indicated that homicide and interpersonal violence were the other leading causes of injury deaths (Norman et al., 2007; Seedat et al., 2009). A distinctive feature of violence in South Africa is gendered in nature. It can be argued that violence against men is rooted in the dominant constructions of masculinity, which idealise toughness and strength with an eagerness to take risks and engage in physical retaliation (Morrell, 1998; Seedat et al., 2009). Therefore, it is common for a man to be killed by an acquaintance than a stranger and such killings often occur in a public space linked to recreational activities and in the context of interpersonal conflict. Matzopoulos (2005) asserts that the killing of women is commonly associated with intimate partner violence and such incidents often occurs within the household. This is known as femicide and/or intimate partner femicide.

Globally, it has been observed that when a woman is killed, she is most likely to be killed by an intimate partner. According to the World Health Organization (2017) over 35 percent of all murders of women are reported to be committed by intimate partners. In South Africa, the murder of women by intimate partners is the most extreme consequence of intimate partner violence as studies have shown that a woman died every six hours at the hands of her husband and/or boyfriend (Abrahams et al., 2012). The group of women who are commonly at risk of intimate partner

femicide are pregnant women as well as those who are cohabiting. Not only is intimate partner femicide the most extreme consequence of intimate partner violence, it also has a strong and prolonged impact on women's surroundings (Campbell et al., 2003 cited in World Health Organization, 2017). For instance, surviving children of women killed by their intimate partners experience long-lasting effects, they lose one parent as a result of murder, the other parent may be jailed, and often have to leave their parental home and adjust to a new environment in which they might be labelled as a child of the murderer (World Health Organization, 2017). Non-intimate femicide is another social challenge which is defined as the killing of women committed by someone without an intimate relationship with the victim, it may involve sexual aggression and this is referred to as sexual femicide (World Health Organization, 2017). Such killings can be random within different context. Femicide is a widespread national crisis which can be regarded as a contributing factor to mother absence.

Pregnancy and childbirth contribute to women experiencing suicide ideations due to their inability to cope. In a South African study conducted in a rural area among pregnant women, Rochat et al. (2013) reported that between 5 to 14 percent of women have experienced suicide ideations during pregnancy or the postpartum period. The study found that women experienced feelings of worthlessness, suffered from insomnia and being able to concentrate (Rochat et al., 2013). Eventhough suicide ideations and attempts are reported to be lower during pregnancy and postpartum period compared to the general population of women, suicide accounted for up to 20 percent of postpartum deaths (Rochat et al., 2013). The prevalence of maternal depression has significantly increased the risk of suicidal deaths among mothers. Depression and psychosocial stressors are considered strong predictors of suicidal ideations during pregnancy and postnatal period (Gavin et al., 2011 cited in Rochat et al., 2013). The most common reasons for suicide ideations include family and partner conflict, financial hardships and partner physical and/or psychological abuse (Gavin et al., 2011). This has resulted in women violently hanging or jumping from high buildings as a way of escaping depression. In a South African study conducted in an urban area of KwaZulu-Natal, Manikkam and Burns (2012) found that 38 percent of women who were screened using Edinburgh Postnatal Depression Scale (EPDS) had probable depression and reported suicide ideation in the previous seven days. There was a substantial association between depression and suicidal ideations with risk factors including: being a single parent without any form of support, being HIV positive, having an unplanned pregnancy and past history of

depression (Manikkam and Burns, 2012). Similarly, a study conducted by Rochat et al. (2013) in a rural area of South Africa, revealed that depression among women was approximately 46.7 percent; suicidal ideations were as high as 27.5 percent with thoughts of self-harm closely linked to suicidal plans. Suicide may be regarded as a serious health and social problem, which contributes to mother absence as a cumulative number of maternal deaths were resulting from suicide.

According to the World Health Organization (2019) approximately 810 of women died from preventable causes related to pregnancy and childbirth in the world. The vast majority of maternal deaths occurred in low resource settings and these deaths could have been prevented. Sub-Saharan Africa and South Asia accounted for approximately 86 percent of estimated deaths in 2017. In addition, Sub-Saharan Africa alone accounted for roughly two-thirds of maternal deaths while Southern Asia accounted for nearly one-fifth (World Health Organization, 2019). Globally, countries have been implementing strategies to reduce maternal mortality rates. While developed countries have made enormous progress in bringing down the huge maternal mortality rates, women in developing countries continue to face high risks of death and disability as a result of pregnancy and childbirth (Rosmans et al., 2014). Despite a 44 percent decline in maternal mortality worldwide from 1990 to 2015, South Africa's maternal mortality rates remains high (World Health Organization, 2019). Tlou (2018) suggests that the higher maternal deaths between 2007 and 2010 was probably driven by the HIV epidemic, which is embedded in the infection category and disproportionately affects pregnant women in South Africa. As the years progressed the maternal deaths have been observed as declining in South Africa. Bonela (2020) indicate that South Africa has reported a decline in the number of maternal deaths. The reduction in deaths from non-pregnancy related infections and the success of the HIV antiviral treatment programme in pregnancy and beyond have been hailed as the main reason for the decline in maternal deaths in South Africa (Bomela, 2020). Similarly, Tlou (2018) added that the decline in maternal deaths is largely due to the improvement in HIV treatments with extensive provision of the Antiretroviral drugs (ARVs) to pregnant women. Even though the number of maternal deaths has been decreasing, there are women who are still dying due to childbirth complications. A study conducted in South Africa revealed that maternal deaths were prevalent in KwaZulu-Natal and Gauteng province; in the 10 to 24 years age group most maternal deaths occurred in KwaZulu-Natal with 36.2 percent while 72 percent of those in the 25 years and above age group occurred in

Gauteng (Bomela, 2020). This is showing that maternal death is a widespread issue that is mostly affecting developing countries including South Africa. Thus, mother absence may be attributed to maternal mortality.

The outbreak of the COVID-19 has become a global pandemic spreading around the world (World Health Organization, 2020). This has resulted in national lockdowns as the spread of the virus has been increasing tremendously. Both genders have been affected by the virus because the number of cases has been fluctuating all over the world. As front-line responders, health professionals, community volunteers, transport and logistics managers, women are making critical contributions to address the outbreak every day (Tolmay and Morna, 2020). The majority of caregivers at home and within communities are women, this has increased their chances of being infected with the virus. Tolmay and Morna (2020) allude that there has been a period where the COVID-19 statistics have been high among women in comparison to men. This may be driven by a number of factors such as providing care for their children who may have tested positive after attending school as well as their families who were front-line workers. The measures in place to address the pandemic such as confinement and physical distancing that affects livelihoods and access to services are likely to increase the risks of women experiencing violence which may lead to death (World Health Organization, 2020). For instance, the health and financial stresses at home, including women's loss of livelihood and/or earning may perpetuate violence against women as they cannot leave their abusive partner who may be the sole breadwinner. In addition, during the quarantine period, abusive partners may have exercised power over women who were helpless. Global reports have indicated that calls to domestic violence helplines, police and shelters were increasing during the COVID-19 outbreak (World Health Organization, 2020). Therefore, the COVID-19 pandemic can be regarded as a factor that has increased death rates among mothers thereby leading to mother absence.

2.5.2 Women incarceration

Globally, an important predictor of criminality is gender. Hagan (2009) suggests that among all nations, communities, age groups and historical period, the male crime rate greatly exceeds that of females. As of the year 2000, the global number of sentenced female offenders has increased by 50 percent, surpassing the 20 percent growth in the total world prison population during the same period. In 2015, approximately 700 000 women and girls were either remand or sentenced

offenders in correctional centres across the globe (Walmsley, 2015). The continent of Africa has shown an increase of 22.6 percent in the number of imprisoned female offenders (Steyn and Booyens, 2017). In South Africa, female offenders constitute less than three percent of the entire prison population (Department of Correctional Services, 2015). South African women in correctional facilities represent 2.6 percent of the total prison population with a female incarceration rate of 7.2 per 100 000 compared to the general prison population rate of 292 per 100 000 (Institute for Criminal Policy Research, 2015 cited in Steyn and Booyens, 2017). The proportion of sentenced female offenders in South Africa appears to be stable over the last five years.

A number of South African studies conducted on female incarceration have identified similar characteristics that female offenders commonly present (Haffajee et al., 2006; Dastile, 2011; Artz et al., 2012; Steyn and Hall, 2015). A reasonable proportion of female offenders serve sentences for crime relating to property and fraudulent activities, in particular theft and shoplifting. In cases of marginalisation and exclusion, economic needs are commonly cited as a motivation for the engagement in criminal behaviour. Steyns and Booyens (2017) posit that few female offenders have fulltime employment prior to imprisonment and certain offenders engaged in drug distribution and commercial sex work as a way of financially supporting their families. In addition, there is a linkage between substance abuse, illicit drug use and criminal behaviour in some women. The use of substances may be associated with the abuse that female offenders may have experienced in their childhood and/or adulthood as approximately one in four female offenders experienced certain forms of abuse in their lifetime (Steyn and Hall, 2017). Female offenders tend to be between the ages of 20 to 35 years, from low-income backgrounds and the majority of them have children (Steyn and Hall, 2015; Steyn and Booyens, 2017). Most women commit crime in order to care for their children and families when fathers are absent. South Africa is one of countries consisting of dominant father absence and/or fatherhood challenges (Freeks, 2017; Van den Berg and Makusha, 2018). Hence, one of the reasons for women to commit crime is to ensure that their families are cared for which, in turn may lead to imprisonment resulting in them being absent in their children's lives.

Women incarceration has negative implications for both the mother and child. Steyn and Hall (2017) observed that incarcerated mothers pose a particular concern in the correctional services

settings. They often experience feelings of despair, frustration and depression due to forced separation from their children (Sorbello et al., 2002 cited in Steyn and Hall, 2017). This results in them engaging in violent conflict with their inmate as they cannot cope with being separated from their children. Moreover, certain female offenders experience suicidal ideations and attempts to commit suicide through severe self-harm. Children of both male and female inmates suffer greatly when a parent is incarcerated. Parental incarceration is linked to poor school performance, aggressive behaviour and emotional problems in children (Kampfer, 1995 cited in Love, 2014). In addition, children of incarcerated parents may suffer from post-traumatic stress syndrome similar to children whose parents have died. Whereas children of both male and female inmates were subjected to the problems mentioned, children of female inmates were less likely to have other parents in the home (Love, 2014). Consequently, children were often placed in alternative living arrangements which may cause problems for children including unfamiliar people and surroundings as well as exposure to different forms of abuse.

2.5.3 Female labour migration

Globally, women constitute approximately 40 percent of the workforce environment in most countries (Fetterolf, 2017). The World Economic Forum (2010) reported that women represented nearly 60 percent of the global financial services sector. The universal increase in female participation generally implies a cumulative number of working mothers in the labour market. As fertility rates are declining in certain countries, they are stable in other countries. According to the United Nations (2017) approximately 48.4 percent of women of all ages are migrating globally in search of better economic opportunities. The increasing number of women in the workforce is a global phenomenon and South Africa is no exception in this regard. In South Africa, the female labour force participation of the female population ages 15 and above is approximately 49.66 percent (Statistics South Africa, 2020c). Many South African households are dependent on dual incomes, the social dynamics of female-headed households and single motherhood are the main economic drivers for women to enter the labour force environment. In particular, African Black females experience strains associated with father absence, which continues to be a widespread phenomenon and the driving force to female labour participation (Mokomane et al., 2014; Freeks, 2017).

Improving standards of living has driven women to enter labour force, specifically those who are mothers. Women are witnessed to be migrating internally as well as internationally in search of economic opportunities. African women move independently within and outside their countries, for economic reasons, education, professional development, marriage and protection. Browne (2017) emphasises that the primary drivers of all internal and international migration are security concerns, livelihoods opportunities and economic incentives. The increasing feminisation of migration is a result of the shifting demands for certain types of skills, such as in the service industries, particularly for domestic workers, nurses, teachers, care workers and other typically female dominated professions (Statistics South Africa, 2020c). The number of international migrant women residing in South Africa increased from 3.1 percent in 2012 to 4.5 percent in 2017; furthermore the number of female migrants living in KwaZulu-Natal increased from 0.8 percent in 2012 to 1.2 percent in 2017 (Statistics South Africa, 2020a). From a survey conducted by Statistics South Africa (2020a) it was observed that most women who migrated never married, which indicated that the proportion of women getting married was declining. The number of women who migrated internally to look for better economic opportunities was 21.7 percent in 2017. Other women migrated internally due to employment transfers, starting businesses, marriage, divorce, education as well as family movements (Statistics South Africa, 2020a). The majority of women who were mothers migrated for better economic opportunities in order to care for their families including children. Female labour participation is regarded as a factor that has perpetuated mother absence as women are entering the labour market and moving to different parts of the world for better opportunities. In most developing countries, the level of education may determine the opportunity to engage in economic activities, therefore educational attainment is another factor that contributes to mother absence.

2.5.4 Education

Historically, women were less likely than men to obtain qualifications. It was instilled at a young age that women had to perform domestic duties while men engaged in economic activities (Jabeen et al., 2020). Women were associated with caregiving, nurturing and were often deprived of education and employment. In male dominating societies, the education of women has been neglected for a long period of time (Meera and Juman, 2015). This was rooted in the notion that females were going to leave their families for marriage while males were going to bring the wife to the family (Samanta, 2005; Jabeen et al., 2020). Thus, parents chose to invest in males as they

were going to extend the family name. This gender inequality resulted in women depending heavily on men to provide basic needs of the family (Meera and Jumana, 2015). In addition, women were not allowed to voice out their concerns and had to always take the blame because they had little power. Women had lower levels of literacy which resulted in higher levels of fertility, infant mortality, poor nutrition, lower earning potential and the inability to make informed decisions within households (Meera and Juman, 2015).

During the 20th century, there was a shift in the position and status of women in the world (Jabeen et al., 2020; Meera and Juman, 2015). A vast number of women were becoming educated and migrating to different parts of the world to further their studies. Browne (2017) suggests that education is viewed as the secondary driver to women moving around the world as it is one of the many socio-economic factors that contribute to better standards of living. Migration can be empowering for women as it allows them to access employment and education thereby improving gender equality and the ability to make independent decision that may lead to desired goals. In South Africa it is not uncommon to move both internally and internationally to obtain qualifications. Women who internally migrated to further their studies increased from 10.5 percent in 2012 to 15.6 percent in 2017 (Statistics South Africa, 2020c). This included women who migrated from rural to urban areas in search of better higher educational attainments.

As an increasing number of women were becoming educated, marriage and pregnancy was delayed and the fertility rates were steadily decreasing. Both women with and without children were migrating to further their studies. Mothers were empowered to further their studies as they desired to improve their standards of living for themselves as well as their children (Jabeen et al., 2020; Statistics South Africa, 2020a). It was observed that even though in certain cases education resulted in the separation of the child and the mother, this had both positive and negative impact to the child (Meera and Juman, 2015). Educated mothers were aware of the benefits associated with the immunisation of children while uneducated mothers were sceptical of immunisation due to the lack of knowledge (Meera and Juman, 2015). In addition, educated mothers had knowledge of the nutritious needs of their children as opposed to certain uneducated women. The negative impact of women migrating and leaving their children behind was that certain children felt neglected as they were separated from their primary caregivers, which resulted in them struggling to build and maintain healthy relationships with their peers (Reksodiputro and Boediman, 2019).

2.5.5 Marriage and divorce

Unions such as marriage may place children in the position of growing up without a mother. Often when a couple decide to get married, the woman is expected to live with the man and/or his family (Baloyi, 2014). Historically in traditional societies, women had their first child after marriage. Overtime, there has been a shift with women increasingly having children before marriage. This was due to a number of factors such as early sexual engagements, lack of knowledge regarding preventative measures as well as marriage rates declining (Moore and Govender, 2013; Statistics South Africa, 2018a). Consequently, women had children before marriage, at a later stage, some of them ended up getting married to men who were not biological fathers of their children. Every culture has their marriage customs and practices, some are closely similar while others are different, though the essence of this union tends to be similar in all cultures. The African culture is dominated by the practice of paying ilobola as part of the process when people are getting married (Baloyi, 2014). This practice is abided by strict rules which demands the woman to leave her family regardless of whether she has children out of wedlock or not. In addition, it is not socially accepted to take children born out of wedlock to your spouse's family (Baloyi, 2014). Therefore, children born out of wedlock grow up without a present mother, in such cases often grandmothers and/or relatives take the role of being a mother to the child (Glaser et al., 2013; Hall, 2017). Although marriage rates have been decreasing in many countries including South Africa, there are people who still migrate internally and internationally due to marriage. Statistics South Africa (2020a) observed that the percentage of women migrating due to marriage was 5.5 percentage internally and 14.4 internationally. Mothers who migrate due to marriage often leave their children born out of wedlock behind. As a result, children grow up without a present biological mother.

There are numerous challenges associated with marriage which may result in divorce. Eyo (2018) posits that divorce is a recognised datum of modern life, though it is not always approved and is often not celebrated like marriage. Certain societies disapprove divorce as it is associated with failure and often results in humiliation. In South Africa, the patterns of divorce rates have been increasing throughout the years. In 2018, most divorce rates were filed by the Black African population group and the rate was 46.4 percent, followed by the White population group at 22.9 percent, Coloured population group at 18.0 percent and lastly the Indian and/or Asian population group at 4.8 percent (Statistics South Africa, 2018a). The increase in the divorce rates may suggest

that parental absence continues to be a widespread social issue in South Africa. In a case of divorce, the effects are on partners, children as well as the wider community (Eyo, 2018). The causes of divorce may include religious concerns, economic reasons, abuse that is, domestic violence, medical reasons, addiction as well as infidelity (Eyo, 2016 cited in Eyo, 2018). There are several effects of divorce on children. Certain children may experience psychological challenges associated with processes and procedures of the divorce between biological parents. Furthermore, children may be socially distanced from their peers when they are struggling to accept and cope with the divorce of their parents. Children may find it difficult to adjust to the changes brought by the divorce among parents (Eyo, 2018). As a result of parents divorcing, the living arrangements of children changes, they live with one parent either the mother and/or the father depending on a number of issues such as child custody. Approximately 1.5 percent of women were migrating internally due to divorce and separation (Statistics South Africa, 2020a). Women migrate with their children while others leave them behind. The child custody may be granted to the mother, father and/or grandparents, depending on what is in the best interest of the child. In such cases, children may end not living with their biological mothers hence, divorce may perpetuate mother absence.

2.5.6 Cohabitation

Patterns of marriage and family formation have changed drastically in South Africa (Moore and Govender, 2013; Posel et al., 2011). This change may be attributed to social, traditional and economic influences. Several trends such as the decline in marriage, rural to urban migration and increasing cohabitation rates have been associated with the changes occurring in South Africa (Moore and Govender, 2013). Cohabitation is one explanation relating to the changes in marital rates, either as part of marital postponement or as an alternative form of coupling. Baloyi (2014) argues that many people prefer staying together for a long period unmarried and may think about legitimising their union once they are blessed with a child. Conversely, Moore and Govender (2013) suggest that certain people prefer cohabiting rather than legitimising their union regardless of whether or not they have children together. This may be related to the fear and stigma associated with the divorce when the marriage is unsuccessful. Furthermore, in the African culture, financial constraints may be the main reason for couples to refrain from getting married, as the payment of ilobola required by certain families is expensive (Baloyi, 2014).

In South Africa, cohabitation is predominantly a phenomenon that is common among the 20 to 40 years age group, and it has grown by approximately 50 percent from 1996 to 2007 (Palamuleni, 2010). Cohabitation often occurs at the reproductive ages where women are prone to having children. Certain women who cohabit do not have children while others have children, such instances are associated with early sexual relations and teenage pregnancy. A Community Survey conducted by Statistics South Africa in 2015 revealed that over 8.3 percent of couples are cohabiting and this is mostly in urban areas (Statistics South Africa, 2015). Rural to urban migration for economic opportunities and education may be one of the reasons for the increasing cohabitation rates in urban areas. This is because certain individuals who move to urban areas do not have relatives and some of them have limited knowledge about the area hence, they build relationships and may end up living with their partners. The racial group with prevalent cohabitation rates are Black South Africans (Statistics South Africa, 2015). It is common for women to leave their families when they decide to cohabit with their partners (Moore and Govender, 2013). In such cases, women who already have children do not take their children with them. Children are often left with their maternal family when the mother decides to cohabit. Thus, cohabitation may result in mother absence.

2.5.7 Maternal depression

Women may be emotionally absent in their children's lives while they are living in the same household. Maternal depression is regarded as one of the factors causing mother absence while the mother is living with the child. Maternal depression may be categorised into two forms which include antenatal and postpartum depression (Kathree et al., 2014). Antenatal depression is the distress caused by the pregnancy experienced by women before childbirth (Rochat et al., 2011). Postpartum depression on the other hand, is defined as the disturbance in mood, which is common in the first weeks after childbirth (O'Hara and Wisner, 2014). According to the World Health Organization (2017) approximately 10 percent of pregnant women and 13 percent of women worldwide who have given birth experience a mental disorder, primarily depression. Postpartum depression can cause mothers to be inconsistent with the way they care for their children. They may portray feelings of love and care for a certain period and may be easily withdrawn. The dominant characteristics of postpartum depression are lower moods each day, feelings of guilt associated with being an insufficient mother, feelings of emptiness, worry, stress and vulnerability (Norhayati et al., 2015). Field (2010) highlights that postpartum depression may cause the mother

to reduce time spent with the dependent child. This may result in the inability of the child to interact and create a secure attachment to the mother.

According to the World Health Organization (2017) maternal mental health is an internationally recognised public health concern, which is well documented in high, middle as well as low income countries. In South Africa, statistics suggest higher prevalence of maternal depression rates in comparison to the global estimates. Maternal depression prevalence rates ranges from 16.4 percent in the township of Soweto in Gauteng province to 39 percent in Khayelitsha, an informal settlement in the Western Cape province; in addition, the prevalence of maternal depression has been found to be as high as 47 percent in a study conducted in one of the rural areas in KwaZulu-Natal province (Robertson et al., 2004; Ramchandani et al., 2009; Hartley, 2011; Rochat, 2011 cited in Kathree et al., 2014). Maternal depression negatively affects the child's socio-emotional and cognitive development as a result of maternal neglect, poor maternal responsiveness and impaired attachment relationship between the mother and child (Kathree et al., 2014).

Maternal rejection may occur as a result of giving birth to a disabled child. Mothers who have disabled children experience challenges of accepting their children and the complications associated with their disabilities (Ampong et al., 2018). It is common that women provide care for children therefore, caring for a disabled child over a long period of time may be depressing for mothers, particularly in cases where the development of the child is unique to that of other children. Hence, women may reject the child while living in the same household, they may avoid interacting with the child as it may be depressing for them to live with their disabled child every day. There are risk factors associated with maternal depression which include dimensions of poverty such as low education, food insecurity, poor housing and income; stressful life events such as physical and emotional abuse; inadequate social support; history of depression as well as unplanned and/or unwanted pregnancy (Coast et al., 2012; Pellowski et al., 2019). In abusive relationships, income disparities and patriarchal systems that favour men results in the vulnerabilities of women as they find it difficult to escape domestic violence due to their economic ties to the abusive partner (Kathree et al., 2014). Therefore, this leads to the mother being absent in the child's life while they are living in the same household. Maternal depression may result in mothers abusing alcohol and substances which further perpetuates mother absence.

2.5.8 Alcohol and substance abuse

Alcohol and drug abuse is regarded as a contributing factor to mothers being absent while they are living with their children. Mothers may be physically present however, use substances which may result in them being emotionally absent in the child's life. According to the United Nation Office on Drugs and Crime (2014) the population of illicit drug users continue to grow globally, particularly in rapidly urbanising, developing countries. As the social status of women increases, their involvement in illicit drugs use has been observed as increasing. Prior to the 1980s, studies on women's substance abuse and female criminality ignored gender as a defining factor (Gao and Liu, 2016). As a result, studies on substance abuse predominantly focused on the population of male drug users. After several decades, a considerable amount of research on women and substance abuse has been published however, there is limited information on women's substance abuse and the impact this has on children's early development and deviant behaviour (Gao and Liu, 2016).

According to the United Nation Office on Drugs and Crime (2020) approximately 269 million people use drugs worldwide. It has been observed that both men and women abuse substances. Upon the transition to democracy in 1994, South Africa has experienced dramatic increase in the variety use of substances. According to the South African stress and Health Survey, the prevalence of alcohol and other drug use disorders among South African adults was as high as 13.2 percent (Dada et al., 2018). In addition, the South African Demographic and Health Survey reported alcohol prevalence use of 70.3 percent for men and 39.2 percent for women over the age of 15 years (Dada et al., 2018). Binge drinking has been reported to be higher among women relative to men. This is exemplified in a survey reported rates for binge drinking, which suggested that binge drinking on weekends was higher among women than men (Myers, 2007 cited in Dada et al., 2018). Similarly, a community-based study conducted in the Western Cape province in South Africa on access to treatment, reported daily use of alcohol among women than men (Dada et al., 2018). In addition, the study discovered that drinking may be common among men however, the findings suggested that women drinkers had more problematic patterns of use relative to men (Dada et al., 2018).

Maternal substance use is considered as a significant risk factor for child maltreatment and neglect (Blakey, 2012 cited in Canfield et al., 2017). The constant use of substances may limit the mental and physical abilities of mothers to care for children. Gilchrist and Domingo-Salvany (2011) cited

in Canfield (2017) suggest that the consequences of intoxication or withdrawal may limit the mother's ability to provide a stable and nurturing environment for the child. The lack of appropriate parental skills, basic knowledge of parental behaviours and inconsistencies in caregiving can be associated with mothers using substances. Maternal substance use result in family conflict, weakening of mother and child bond as well as delayed and/or poor child development (de Castro Rocha Campelo et al., 2018). In addition, significant risk of development in the heavily exposed children may include delays in physical development such as standing and walking; lower levels of orientation and engagement as well as poor academic performance (Singer e al., 2012).

When mothers are unfit to care for their children due to substance use, grandparents and relatives care for children alternatively, children are placed in a place of safety. Brandon et al. (2012) state that the increased risk of serious harm that may be caused by mothers who are using substances has resulted in a high proportion of children placed under child protection. It is estimated that between 50 and 80 percent of children in foster care are from households with at least one substance using parent (deCastro Rocha Campelo et al., 2018). Consequently, this places children in positions of being separated from their mothers, hence mothers becoming absent. Maternal admissions in rehabilitation centres result in substance using mothers being physically absent in their children's lives. Thus, maternal substance is regarded as one of the reasons for mothers to be absent while they are living with their children, furthermore, it may result in the separation of children and their biological mothers who are commonly primary caregivers. Alcohol and substance abuse among mothers may lead to maternal rejection.

2.5.9 Maternal rejection

Parental rejection refers to the absence or withdrawal of love, warmth and affection by parents toward children (Shahid et al., 2009). It may occur when parents portray a variety of physically and psychologically hurtful behaviours that negatively affect children. Parental rejection is often caused by the parent's feelings of hostility, anger and resentment, which could be as a result of personal issues including dispute among parents (Shahid et al., 2009). This may lead to parents rejecting the child while they are living in the same household. Parents who reject their children fail to provide material, social and emotional needs of the child. In addition, they become absent in most important developmental events such as when the child starts crawling or on their first day at school. There are different dimensions to parental rejection. Reksodiputro and Boediman (2019)

posit that parental rejection consist of dimensions which may include: cold and unaffectionate; hostility and aggression; indifference and neglect as well as undifferentiated rejection. Cold and unaffectionate dimension may be physical, including lack of hugs, kisses and caress; it may verbal, including the lack of praise and words of encouragement. Shahid et al. (2009) suggest that hostility and aggression refers to conditions where the child believes their parents are angry or resentful of them and intend to hurt them both physically and verbally. Indifference and neglect refer to the conditions where the child believes that their parents are unconcerned about them as they spend the minimum amount of time with them. Lastly, undifferentiated rejection is regarded as the absence and significant withdrawal of love and affection (Rohner et al., 2012). Parental rejection may have greater impact if it is the mother who is rejecting the child; this is because the mother's presence is regarded as vital in the child's early developmental stages (Gežová, 2015; UNICEF, 2018).

Maternal rejection may be caused by a number of factors. It is not uncommon for single mothers to reject their children due to the stress associated with solely raising a child. In addition, the financial status of mothers plays an essential role because women who cannot afford to provide for their children may experience challenges leading to depression and rejection of children. As indicated in a South Africa study conducted by Mjwara and Maharaj (2018) certain fathers do not provide financial support for their children while other deny paternity. This may cause depression when women cannot afford to care for their children, thus leading to the rejection. Mothers who lack affection and attention often make children believe that they are unloved and unworthy. Furthermore, children may regard themselves as worthless and unwanted due to how they are being treated by their mothers (Reksodiputro and Boediman, 2019). Children who experience rejection tend to suffer from mental illness which may have negative implications in their entire lives (Rohner et al., 2012; Reksodiputro and Boediman, 2019). This may include difficulties in communicating and building relationships with peers, lack of self-confidence, desire for undivided attention at all times as well as poor parental bonds as parents in future. Maternal rejection may have severe negative implications for female children. This is because female children become self-aware through modelling their mothers and may require support during developmental stages as they are sometimes faced with questions of self-identity (Hartley-Brewer, 2001; Gežová, 2015). Rejected female children may have low self-confidence, question their identity and become confused and unsettled by the altered behaviour portrayed by their mothers whom they rely upon.

In a South African study conducted in surrounding townships within Johannesburg, Mosman et al. (2015) revealed that young women who were rejected by their mothers experienced challenges in forming and sustaining relationships in their lives, this included building relationships with their biological children as they had low self-conception due to growing up not receiving love and care from their mothers. The study further found that young women lacked self-confidence and expressed anger towards their mothers as they believed they could have done better to care for them (Mosman et al., 2015).

2.6 Consequences of mother absence

Childhood adversities are known to have long-term consequences for children. The separation of children from their mothers may be regarded as a significant distress for many children. Fu et al. (2017) highlight that children with absent mothers show negative emotions such as anxiety, anger, fear and poor social relations. In addition, Gerlach (2015) alludes that children with absent mothers are likely to have negative feelings about life, poor behaviours and social relationships, emotional problems as well as health issues. Children with absent mothers experience feelings of worthlessness as they may have not received love and care from their mothers. It is common for these children to grow up with frustration and anger management issues, which prevent them from building and maintaining healthy relationships with their peers. The impact of mother absence varies for each child, this may be influenced by the child's age and family background (Canfield et al., 2017; Fu et al., 2017). Infants with absent mothers may delay physical, cognitive and socio-emotional development (Alati et al., 2013; Canfield et al., 2017). Even though it takes time for infants to be able to identify their mothers, the lack of love, nurture and interaction with the child results in poor development, which may have long term implications for the child. The mother-to-child bond formulated through breastfeeding may positively impact the development of the child as well as the relationship between the mother and child. Therefore, when mothers are absent and cannot build such bonds with children, they may encounter negative implications during early childhood development. In relation to children who have commenced with schooling, mother absence may disrupt the mental state of the child (Bu, 2016, Canfield et al., 2017). For instance, when other children are sharing stories about their mothers, the child may feel isolated and this often has a negative impact on the mental state of the child. Furthermore, mothers may assist their

children with schoolwork and provide informed advice on educational choice, this may be assumed to decline when mothers are absent.

Mother absence may result in the economic vulnerability of the child. Kailaheimo and Erola (2016) suggest that mother absence exposes children to economic hardships which may hinder them to fulfill their dreams in future. South Africa is regarded as one of the countries with high rates of child poverty. In 2018, 58.8 percent of children lived below the upper bound poverty line (Hall, 2019). Over 70 percent of children in KwaZulu-Natal were living in poverty in 2018 (Hall, 2019). Child poverty was associated with unemployment and parental absence. Majority of children were living in households consisting of unemployed adults. In these household, the child support grant was their only source of income (Hall, 2019; Statistics South Africa, 2018c). As mothers were viewed as primary caregivers, their unemployment negatively affected children due to certain father not supporting their children. This resulted in the child support grant catering for basic needs of the whole family. Parental absence perpetuated child poverty as most children who were orphans lived in poverty (Hall, 2019). Certain children with absent parents lived on the streets. Distress associated with losing a parent at a young age has resulted in certain children deciding to live on the streets (Statistics South Africa, 2018c; Hall, 2019). These children did not have a source of income, ate in bins, wore torn clothes and as a way of making a living, some of them committed crime such as robbery and/or stealing from shops and selling what they stole. Child poverty consists of limited access to a range of services and is often closely related to poor health, reduced access to education and physical environments that compromise personal safety (Hall, 2019).

Mother absence may result in certain children not continuing with their schooling and/or performing poorly academically. In a longitudinal study conducted within a rural area in KwaZulu-Natal province, on the relationship between maternal death and investments in child education, Case and Ardington (2006) discovered that the majority of maternal orphans were significantly less likely to be enrolled in school and/or have completed fewer years of schooling than children whose mothers were alive. In addition, there were high dropout rates among children with absent mothers (Case and Ardington, 2006). It was observed that most female as opposed to male children were likely to have lower future income when they grew up without present mothers (Kailaheimo and Erola, 2016). This led to the involvement in criminal activities and alcohol consumptions. In South Africa, one of the main factors that lead children to commit crime is parental absence (Moen,

2020). Children who grow up without present parents are likely to commit crime associated with murder due to psychological distress, abuse and antisocial personalities which results in depression, low self-esteem and paranoid schizophrenia (Moen, 2020). Children who witness domestic violence in their families are prone to committing violent crime associated with the trauma that they experienced when their parents are fighting in their presence. Children with absent mothers commit crime due to not having an adult who may advise them on the dangers associated with crime and how this can negatively affect their future.

According to Rüütel et al. (2014) children recognise drugs, alcoholic beverages and develop an attitude towards it from as early as pre-school. Multiple risk behaviours related to substance use begin from an early age with innocent experimentations and imitations. Early parental absence has been regarded as a risk factor for an increased uptake of smoking and alcohol consumption in children (Lacey et al., 2018). Challenges associated with growing up with an absent parent has led to alcohol and drugs consumption among children. This may include emotional challenges related to the trauma and acceptance of parental absence. In addition, lack of discipline, protection and guidance has led to many children abusing substances. Gender may be considered as one of the determinants of substance use among children who grow up with absent parents. Lacey et al. (2018) observed that male children were likely to initiate substance use as opposed to females. Certain people escape distress by consuming drugs and alcohol as they do not believe and/or cannot afford to attend therapists, hence this may have been the case for male children who grew up with absent parents. When parents are absent for a number of reasons, the family structure where the child is raised influences how the child is disciplined, behaves and how they perceive life (Lacey et al., 2014).

Suicidal ideations among children may be associated with mother absence. Sousa et al. (2017) suggest that the limited ability of children to solve problems increase the risk of suicide due to the lack of adaptive strategies in stressful events. The loss of a mother may be stressful to the child leading to suicidal ideations. In addition, challenges that children encounter may result in them committing suicide when they do not have a strong support system that a mother would provide. In general, the stage of transition from late childhood to early adolescence with intense internal and external changes occurring, may impact the emotional, physical and mental capacity of a child (Sousa et al., 2017). During this stage, support from parents is essential as they may advise on

coping mechanisms related to the changes brought by growing up. Certain children experience bullying in schools or within communities, this may be associated with unique visible body changes which causes a low self-esteem and self-shame, consequently leading to suicidal ideations and/or self-harm. In such cases, having a present mother who will understand the child is crucial. In a South African study conducted within an urban area on AIDS-orphaned children, Cluver et al. (2007) found that children who lost their biological parents experienced challenges with school adjustments, peer relationship building as well as post-traumatic stress, which often resulted in suicidal ideations as children had difficulties in coping without their parents, particularly mothers. The conflict within families which often results in parents divorcing can further perpetuated suicidal ideations among children. Family conflict affects children in a number of ways and this may result in self-isolation, bullying and poor academic performance (Freuchen et al., 2012). The separation of parents is an event that may cause distress associated with adjustments to a new environment where one parent is absent. Children who experience difficulties with adjusting may decide to commit suicide, particularly in the event where the child is being separated from their mothers to live in an environment that is not accommodative to them (Freuchen et al., 2012; Statistics South Africa, 2018a). Poor communication among parents and children may encourage suicide ideations because children encounter challenges daily, which may not be resolved easily when there are communication barriers between them and their parents. Mothers play a pivotal role in ensuring that the child is mentally stable therefore, the inability to communicate with the mother may result in suicidal ideations as children who commit suicide feel alone, isolated and helpless (Freuchen et al., 2012; Windfuhr et al., 2008).

Maternal absence is regarded as a factor that perpetuate early childbearing (Canfield et al., 2017). While there are several factors related to early childbearing such as the lack of knowledge, access to services and social pressure, this phenomenon may be associated with maternal absence. Certain children who grow up rejected by their parents often desire attention and affection from external forces (Reksodiputro and Boediman, 2019; Rohner et al., 2012). This may be witness through relationships that they build when they are growing up, which may result in strong attachments to their partners due to being deprived of receiving love and care in their childhood. In such cases, early sexual behaviours may be encouraged which may exacerbate early childbearing. Silk and Romero (2014) state that the lack of mother-to-child communication and discourses about family values often results in children not receiving information about sexual and reproductive health and

this may one of the reasons for early childbearing. In South Africa, approximately five percent of females aged 14 to 19 years stated that they were going through different stages of pregnancy (Kamer, 2020). This may be attributed to mother absence as a cumulative number of women were absent due to death, education and labour migration (Govender et al., 2006; Jabeen et al., 2020; Matzopoulos, 2005;). As children are growing, they become exposed to multiple internal and external forces which may include misinformation about certain conceptions. Mother absence and failure to communicate issues relating to sexual and reproductive health may perpetuate early childbearing. Within families, the mother who serves as the main caregiver has more importance than fathers in bringing up children. In a South African study conducted in a township within Johannesburg, Mosman et al. (2015) found a correlation between mother and daughter relationship, which is deemed significant in the developmental stages of female children as they experience changes as well as challenges associated with growth and social pressure. Lack of mother and daughter relationship due to mother absence may result in early childbearing as female children require a mother figure when they are growing up. Hence, mother absence may have an impact on early childbearing and the way in which women who grew up without biological mothers raise their own children.

2.6.1 Skip generation care

The prevailing parental absence has left many children in the care of their grandparents. Traditionally, the historical role of caregiving was assigned to women and grandmothers, who were perceived as knowledgeable, guiding and positively influencing their grandchildren. Hall (2017) states that it is common for relatives to play a substantial role in child-rearing when parents are absent. In many countries, a large proportion of grandparents, especially grandmothers, provide care to their grandchildren when parents are absent (Glaser et al., 2013). In light of the high rates of mortality and the increase of families where both parents are working, it has become less likely for parents to be involved in the lives of their children and the significance of grandparents in fulfilling support roles has become important. Harper and Ruicheva (2010) emphasise that grandparents play an essential role in relation to the rising incidence of divorce and the emergence of complex reconstituted families, which has resulted in the absence of either one or both parents. Similarly, Mtshali (2016) added that a growing phenomenon of grandparents raising their grandchildren has been observed worldwide, this may be due to a number of factors such as death, divorce and/or the separation of biological parents. Within close supportive relationships,

grandparents provide considerable stability, emotional and practical support to their children and grandchildren. Certain grandchildren are attached to grandparents and regard them as an important source of emotional support (Govender et al., 2020; Griggs et al., 2009; Mtshali, 2016). Furthermore, the involvement of grandparents in their lives is associated with positive psychological adjustment and general wellbeing. As parental figures, grandparents serve as role models, custodians and transmitters of culture moreover, they offer nurturance, love and support (Ezenweke, 2015). Grandparents provide the necessary discipline and also, attend to physical health, education, financial and safety needs of their grandchildren (Hayslip et al., 2019). They fill the role of being educators especially in areas where they have expertise (Griggs et al., 2009; Glaser et al., 2013). Consequently, leading to grandchildren performing well academically in order to make their grandparents proud.

The role of colonisation and later apartheid with its consequent emphasis on urbanisation, industrialisation and labour migration disrupted family life within Black African communities (Mtshali, 2016). The White Papers on Families (2021) suggest that in 2018, approximately 20.9 percent of children were living in households where both parents were absent, these households were headed by grandparents. Within these households, grandparents were recognised as main financial providers. The historical legacy of high labour migration and non-marital childbearing has resulted in many grandparents becoming primary caregivers of their grandchildren as well as great-grandchildren (Statistics South Africa, 2020c). This was later exacerbated by the HIV/AIDS epidemic which caused adult morbidity and mortality that led to grandparents caring for their grandchildren. Certain grandparents raise their grandchildren in formal arrangements where they are provided with parental responsibilities by the Children's Court (Republic of South Africa, 2005). This usually occurs when the child does not have both parents or in cases where one parent is deceased and the other is not supporting the child. Grandparents become foster parents of children when their biological parents are absent. The child foster care grant is a cash equivalent amount of R1070. In South Africa, foster parents are extended family members who are often grandparents whose children have either died or abandoned their children (Republic of South Africa, 2005). Foster parents are assessed and may participate in a structured orientation programme that stipulate the importance of parental skills when fostering a child. According to the Children's Court Act 38 of 2005 in Section 167, a child is placed in alternative care if he/she has been placed in foster care; in the care of a child and youth care centre or in a temporal place

of safety. There are numerous reasons that result in children placed under foster care. These include when the child has or is experiencing abuse, their parents are substance or alcohol dependent, there is domestic violence within the family, or when there has been a family breakdown and/or relationship difficulties (Republic of South Africa, 2005). In cases of parental absence, particularly maternal absence, children are usually placed in the care of their grandmothers.

There are challenges that grandparents encounter when they are raising their grandchildren. These include economic strains, health concerns for both grandparents and children, obstacles of school enrollment as well as the inability to engage in social activities within the community (Mashau and Tugli, 2019). Chazan (2014) further emphasises that grandmothers are confronted with increasing financial problems associated with raising their grandchildren. Even though certain grandparents receive the child support and/or foster care grant, it does not meet all the needs of the child. This is because in certain families, the child support and old age grant are the only sources of income. Increasing unemployment rates that perpetuates poverty may be attributed to families depending on social grants for their living. This is aggravated by the decline in socio-economic circumstances in South Africa, including poverty, unemployment, crime and poor service delivery (Kasiram and Holscher, 2015; HSRC, 2016). Grandparents who provide care for their grandchildren experience different situations that they were not equipped to deal with (Horta et al., 2016). As children are growing up, they meet peers in schools as well as within the community who may positively and/or negatively impact their lives. For instance, children develop an attitude towards substances and behaviours relating to substance use start from an early age (Rüütel et al., 2014). Lack of proper guidance may lead to children being dependent on substances. Furthermore, children with absent parents may use substances as a way of dealing with the distress associated with parental absence (Lacey et al., 2018). In such cases, grandparents have to deal with grandchildren who are using substances and this may be disturbing for them. Lee and Blitz (2016) suggest that grandparents who are raising grandchildren that are using substances struggle with stressful demands created by the misconduct of their grandchildren. In a study conducted within five provinces in South Africa including Eastern Cape, Gauteng, KwaZulu-Natal, Limpopo and the Western Cape, Schultz and Shirindi (2019) discovered that the majority of grandparents expressed that they struggled with the stressful demands created by their grandchildren's misconduct and this negatively impacted their emotional and physical wellbeing. The study further

found that grandparents experienced financial challenges as their grandchildren demanded money from them in addition to household expenses (Schultz and Shirindi, 2019).

The increasing teenage pregnancy rates in South Africa among children who were raised by grandparents has resulted in grandparents caring for their great-grandchildren. With the rise of teenage pregnancy, grandparents have played a huge role in the upbringing of their grandchildren and great-grandchildren (Ferguson et al., 2008; Smith, 2005). In their study conducted in a rural area in South Africa, Govender et al. (2020) found that grandparents provided care for their great-grandchildren when their grandchildren had to attend school and/or work after childbirth. This has further exacerbated the experience of grandparents as they suffered from body pains associated with duties that they perform while caring for both their grandchildren and great-grandchildren, this includes bathing them, cooking and washing (Mashau and Tugli, 2019). Teenage pregnancy is a multifaceted problem with many contributing factors such as poverty, gender inequalities, gender-based violence, substance use and poor access to contraception (Jonas et al., 2016). As parents find it difficult to engage in sexual and reproductive conversations with their children Mjwara and Maharaj (2018), the situation worsens when children are raised by grandparents as some are not knowledgeable about issues of sexual and reproductive health. When children have lost their parents and do not have relatives who may look after them, they are placed in an alternative place of care. This may be in a children's home and/or child and youth care centres.

2.6.2 Children's Home

According to Statistics South Africa (2019b) in 2017, there were 2.8 million orphans, including children without a living biological mother, father or both parents. KwaZulu-Natal province had the largest child population and the highest orphan numbers, with 17 percent of children within the province recorded as orphans who have lost a mother, father or both parents (Statistics South Africa, 2019b). The increasing number of orphans is caused by high parental deaths due to HIV/AIDS and other social challenges such as the desertion of children. The Children's Act 38 of 2005 stipulates the following criteria to describe children who should be placed in children's homes: those with no parents or guardians; those whose parents cannot be found; those who have been abandoned and who have no support; those whose behaviour is difficult for primary caregivers to control and; children who are vulnerable and are exposed to physical, emotional or mental abuse (Republic of South Africa, 2005). In children's homes, there are caregivers who are

well equipped to provide care for vulnerable children who come from different diversities. Omidire et al. (2015) assert that caregivers ensure that children are provided with basic needs such as food, clothes and oversees hygienic maintenance within the environment. Within South African Children's home, the role of caregiving may be accompanied by high levels of stress and depression associated with raising a child, which may affect the ability of the caregiver to perform daily duties (Omidire et al., 2015). Even though caregiving is stressful for certain caregivers, the lack of proper training on how to care for children may be another factor that may result in caregivers experiencing depression. The lack of training and understanding of the requirement associated with caregiving was identified as one of the factors that caused depression among caregivers in children's homes (Omidire et al., 2015). Due to the increasing number of orphans in South Africa, the limited number of children's homes did not cater for all children who were in need of care and protection. In addition, the lack of knowledge on the available places of care for children has resulted in children heading households.

2.6.3 Child-headed households

A child-headed household is defined as a household in which all members are younger than 18 years (Hall, 2019). The definition of a child-headed household provided by the Children's Act 38 of 2005 include households where there are adults who may be unwell or very old to effectively head the household and a child over 16 years bears this responsibility (Republic of South Africa, 2005). A survey conducted in South Africa in 2002 during the height of the HIV/AIDS pandemic found that approximately 1.5 percent of households were headed by children aged 12 to 18 years (Tsegaye, 2007 cited in Mogotlane et al., 2010). Over a million children were orphaned and 49 percent resulted from AIDS related deaths. According to Statistics South Africa (2019b) there are approximately 55 000 children living in a total of 33 000 child-headed households across South Africa; this equates to 0.3 percent of all children. Over 70 percent of all children in child-headed households lived in three provinces: the Eastern Cape, Limpopo and KwaZulu-Natal (Statistics South Africa, 2019b). Children heading households have the responsibility of providing food, clothes, shelter, education and nurturing younger siblings. Furthermore, the eldest children have to clean the house, wash clothes, prepare meals and help siblings with homework, consequently these responsibilities interfere with their schoolwork resulting in them dropping out of school (Mogotlane et al., 2010; Statistics South Africa, 2015, 2019b). Child-headed households are characterised by poverty and it is prevalent in both rural as well as urban townships. In a study

conducted on child-headed households in South Africa, Mogotlane et al. (2010) discovered that the majority of child-headed households were living in poverty and approximately 33.1 percent of the households only had two meals per day. In addition, child-headed households were predominantly clustered in the poorest households; 88 percent of children living in child-headed households were in the poorest 20 percent of households (Statistics South Africa, 2019b). Early parental responsibilities and poverty are constraints that often lead to school dropouts, pregnancy, negative behaviours and exploitation. The lack of a source of income within child-headed households result in early sexual activities with older men as well as engaging in risky behaviours such as crime and gangsterism (Mogotlane et al., 2010; Statistics South Africa, 2015). The absence of a biological mother has resulted in certain children heading households. This may be due to parental death and not having relatives who may be willing to look after children. In child-headed households, children often do not receive guidance when they reach the different stages of development. As a result of living in poverty and being faced with the burden of providing financial support for younger siblings, certain children engage in risky sexual activities, which sometimes lead to early childbearing (Goso et al., 2020; Hall, 2019; Statistics South Africa, 2019b). Female children who fall pregnant while leaving in child-headed households often face challenges of having to raise a child without proper guidance. Some cannot apply for social support such as the child support grant as they do not have an identity document, due to not having someone to assist them with the application process. Therefore, the absence of a biological mother greatly affects the upbringing of children, which sometimes leads to children heading households, early childbearing, poor educational attainments and poverty.

2.7 Summary

The construction of motherhood has evolved and changed over the years as an increasing number of women are having children before marriage. Women experience motherhood differently depending on a number of factors. Procedures associated with childbirth has an impact on how women experience motherhood. The support from family members is important because the experience of motherhood may be challenging for certain women. The presence of a biological mother is essential during the child's growth and development. In addition, the presence of a mother is crucial for women who give birth at a young age as they encounter numerous challenges relating to their new roles. Women play an important role in meeting the needs of their families

and children. One of the challenges that women encounter is having to leave their families behind when they are working far from home. Female labour participation, education and death are regarded as common factors which has led to mother absence. Women are moving to different parts of the world in search of better economic opportunity that will assist them in ensuring that they improve the standards of living for themselves and their families. As certain women are moving for employment, others are moving to attain qualifications which may result in better employment opportunities. The decline in marriages have been observed throughout the world, leading to female-headed households. Death rates stemming from HIV/AIDS, domestic violence and the COVID-19 pandemic has left many children without biological parents. This has led to an increasing number of child-headed households in South Africa. Grandparents, particularly grandmothers have played a crucial role in caring for their grandchildren when biological parents are absent. The impact of mother presence and/or absence among young African mothers has remained under explored, the study intended closing this gap.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

Motherhood is an important component to women and in the field of Humanities however, there are minimal studies documented that explore the importance of biological mother presence within the South African context. This suggests a gap that needs to be explored considering the numerous challenging relating to parenting in South Africa. Therefore, this study aims to close the knowledge gap by exploring the lived experiences of young women as well as the importance of having a present biological mother. This chapter provides a guide on how the research was conducted, including the different methods that underpinned the study. The background of the study site is presented as well as the methodological research design and approach. The proceeding section presents the data analysis method that guided the study. The latter part of the chapter discusses the elements of trustworthiness and ethical considerations.

3.2 Study area

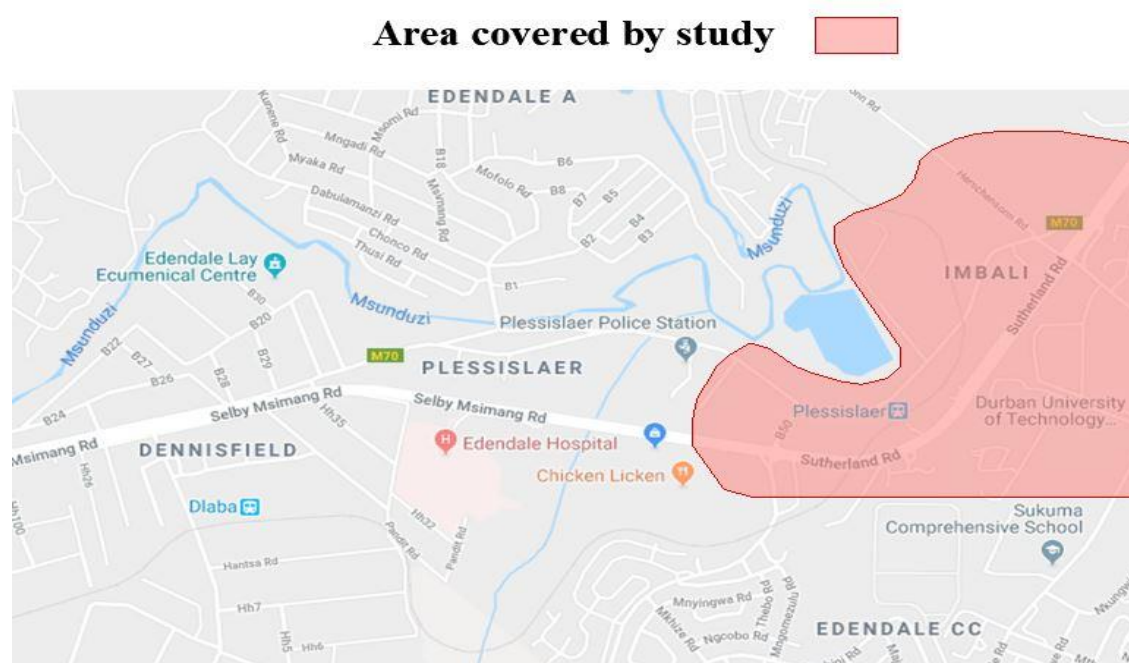
The study was conducted in Pietermaritzburg, Imbali Unit 13, Ward 35. Imbali township was established in 1958 and built in the mid-1960s to settle the city workers and employment seekers away from the city of Pietermaritzburg, the capital of KwaZulu-Natal in South Africa. The population of Imbali is approximately 30 000 (Statistics South Africa, 2012). In 1964, the Department of Bantu Affairs in partnership with the Pietermaritzburg Co-operation took over the control of the area. Blacks that were affected by the Group Areas Act were the first residents of Imbali Bantu Township (Prins, 2018). Imbali has a rich history of unrest because the township was divided into two major political groupings, which sparked a series of violent events. As a result, the area has been designed and developed to highlight the heritage sites of the struggle-period (Prins 2018). In 1965, the area of Imbali had limited access to basic services. It was after the 1970 where development occurred through the construction of essential structures such as clinics and community halls. Imbali is Pietermaritzburg's largest and one of the oldest townships which is located 15 kilometers in the west of the city. The streets are predominantly named after wildlife. Imbali is part of the Msunduzi Local Municipality that forms part of uMgungundlovu District Municipality (Prins, 2018). The main modes of transport for people are minibus taxis and sedans.

Enthusiastic shoppers can indulge in a variety of shopping experiences from the mall and shopping centers that are located in Imbali as well the traditional tuck-shops that are a widespread across the townships.

Imbali is a township that is regarded as an urban area due to the improvements in access to services. This area is regarded as an urban area that is quickly becoming overcrowded as an increasing number of people are moving in and building houses (Statistics South Africa, 2012). Certain sections of this township consist of informal settlements built by individuals who move to Imbali for better economic opportunities. Most people who move into the township are in search of employment opportunities as this area is located closer to the city. Other individuals move to Imbali in search of informal employment such as domestic work, casual labour in construction and others become street traders. The community ward councilors are largely from African National Congress. Socially, individuals in Imbali are united and are able to communicate the challenges that they are facing with the ward councillor. There are educated people within the community such as teachers, nurses and social workers. The majority of tuckshops within this community are owned by community members. There are crèches, schools, one university and a police station within this area.

The reason for choosing Imbali as an area that would be suitable for the study is because this township consists of an increasing number of young mothers. Some of these young mothers grew up with their biological mothers while others did not grow up with their biological mothers. The researcher is familiar with the area therefore, she has observed that there are increasing numbers of young mothers within this township. Imbali consists of many child-headed households due to a number of factors such as mortality, employment, cohabitation, marriage and divorce (Statistics South Africa, 2012). Some young mothers lived in child-headed households where their biological mothers were absent due to various reasons. The researcher contacted community care givers who were able to offer assistance in identifying participants who met the criteria. Below is a map of Imbali area. The highlighted area is Unit 13, Imbali.

Figure 3.1: Imbali Map (Shaded area unit 13)



Source: Google Maps (2022)

3.3 Research design

The study employed an exploratory design to unpack the key elements that facilitated social constructions of motherhood in relation to mother presence and/or absence among young African women. This research topic has been under-researched, therefore an exploratory design was applicable in this study as it focuses on a new and differently explored phenomenon. An exploratory research design is conducted to explore a topic in order to provide basic familiarity (Babbie and Mouton, 2001). Furthermore, Babbie and Mouton (2001) state that an exploratory design is used to examine a relatively new subject or when the researcher seeks to develop insights into a previously, but differently explored phenomenon. The research design was employed for this study to explore the topic and enhance the researcher's insight and understanding of motherhood.

The study used a qualitative research methodology to gain an understanding of underlying reasons, opinions and motivation regarding the topic of the study. According to McNeil and Chapman (2005) a qualitative research comprehends a given research problem from the viewpoint of the population being studied. Gentles et al. (2015) suggest that a qualitative research methodology is

the observation and interpretation of people's perceptions on different events based on their experiences. The study is based on the social constructions of motherhood in relation to mother presence and/or absence among young women therefore, qualitative research has the capacity of providing subjective information. Qualitative methods include different techniques such as face-to-face interviews in-depth interviews, focus groups, case studies as well as life histories. In this study, telephonic interviews were conducted as a way of data collection. Qualitative methodology conveys its richness and intensity of details and it helps to examine complex questions. In addition, the qualitative methodology was chosen because it allowed the researcher to study selected issues of motherhood and attempted to understand categories of information that emerged from data collected.

3.4 Sampling

The study employed non-probability sampling method. Non-probability sampling is subjective and non-random. According to Durheim (2006) non-probability sampling means that the probability of each person or unit being selected for the sample is unknown. Non-probability methods of sampling involve samples that are available and selected by the researcher (Naderifar et al., 2017). Two sampling strategies were used and these are purposive and snowball sampling. Purposive sampling also known as judgemental sampling, involves the selection of participants based on their ability to produce rich information that will add value to the study (Blanche et al., 2006). Showkat and Parveen (2017) allude that purposive sampling is less costly, readily accessible, convenient and only select individuals that are relevant to the research study. The reason for choosing purposive sampling is because it allowed the researcher to select participants who had the capacity to provide information that will be useful in the study. Purposive sampling is widely used in qualitative research for the identification and selection of participants who are related to the phenomenon being studied. Snowball sampling, also known as chain referral sampling, is a non-probability method of sample selection that is commonly used to locate rare or difficult to find populations (Johnson, 2014). This sampling method involves asking participants to provide contact information for potential respondents who meet the criteria of the study (Showkat and Parveen, 2017). Snowball sampling was selected to enable participants to refer potential young women who met the sampling criteria of the study.

A target population as the entire population, or group that a study is interested in researching and analysing (Krueger, 2015). A target population is a set of individuals from which a sample for the research is drawn. Sample size alludes to a gathering of people chosen from the target population (Saunders et al., 2016). The total sample size of the study was 40 participants. The sampling criteria was as follows: all participants were female Africans between the ages of 21 to 25 years from Imbali unit 13. The reason for choosing this age criteria is because often at the age of 21 years, certain individuals have better direction as to whether they are studying or looking for employment. It was deemed an important age to explore and understand the lives of young mothers and how their living conditions and decisions they have made were impacted by early childbearing. All participants had at least one child (young mothers). The sample consisted of 20 young mothers who grew up with present biological mothers as well as 20 young mothers grew up with absent biological mothers.

The study selected young African mothers between the ages of 21 to 25 years in order to explore the perspectives and experiences of being young and a mother at the same time. The study explored the lived experiences of women who lived in the same household with their biological mother as well as those who grew up with an absent mother. This study was particularly interested in understanding how this has shaped the lives of young women. In addition, the study explored how having a present and absent biological mother has impacted young women's perspectives and experiences of motherhood. The focus was on the presence and absence of biological mothers because certain individuals experience life differently when their biological mothers are present in comparison to when their biological mothers are absent. In relation to recruitment of participants, the researcher sought assistance from community caregivers who work closely with the community members on the different awareness programmes conducted within the community. The researcher is familiar with Imbali therefore, she had good knowledge of caregivers within the community. The ward councillor also assisted with contact details of caregivers after providing the gatekeeper's letter. Community caregivers were aware of young mothers both with present and absent biological mothers. The researcher requested participants to refer other young mothers who met the study criteria. As an alternative form of recruitment, the researcher made use of social networks such as WhatsApp and Facebook. The researcher posted on the Imbali Facebook page as well as on WhatsApp seeking for suitable participants for the study.

3.5 Data collection

Data collection refers to the process of gathering information on targeted population of the study. The study used semi-structured interviews as a data collection method. Interview can either be structured, unstructured or semi-structured. The study used semi-structured interviews. According to Davis (2007) semi-structured interviews are often concerned with people's feelings as it allows them to explore their thoughts and feelings on a particular research topic. Semi-structured interviews are suited for valuable tasks, particularly when open-ended questions require follow-up queries (Blandford, 2013). Semi-structured interviews allowed the researcher to gain rich and deeper information on motherhood.

In total, telephonic interviews were conducted with 40 participants: 20 young mothers who grew up with present biological mothers and 20 young mothers who grew up with absent biological mothers. Due to the COVID-19 restrictions and the researcher being concerned about participants' safety, interviews were conducted telephonically. Telephonic interviews conducted with participants were recorded. Telephonic Interviews were held on different dates as participants were available during different days. Telephonic interviews were conducted from May to October 2021.

The researcher ensured that before the commencement of interviews, all participants read and understood consent forms. All consent forms were written in English and IsiZulu to ensure that participants understood what the study entailed. Due to the COVID-19 pandemic, participants were not able to sign the informed consent form, they verbally gave their consent after reading the consent forms which were sent to them telephonically (as a WhatsApp message and some emailed) prior to telephonic interviews. Participants also gave consent to telephonic interviews being recorded. Telephonic interviews were recorded using a mobile cellphone. All participants were assured of anonymity and confidentiality; each interview lasted for approximately twenty to sixty minutes. Pseudonyms were used in the reporting of findings. The interview consisted of a list of questions relating to the study. The interview guide comprised of two sections: the demographic as well as key questions of the study. There were two interview guides, one for participants who grew up with present biological mothers and the other was for participants who grew up with absent mothers. The demographic questions were dominated by one word answer while the key questions were open-ended. Interviews were conducted in IsiZulu as all participants were IsiZulu

speaking. The open-ended questions allowed the researcher to probe in order to have a better understanding of the different components.

3.6 Data analysis

This study employed a thematic analysis which is one of the widely used forms of analysis in qualitative research. Thematic analysis is a method for systematically identifying, organising, and offering insight into patterns of meaning (themes) across a dataset (Braun and Clarke, 2012). This data analysis method is suitable for the study as it focuses on examining themes within the data and organising data sets (Boyatzis, 1998). The process of thematic analysis entails reading and reflecting on the written transcripts and recorded tapes. The researcher translated collected data from IsiZulu to English and thereafter it was and transcribed. This was achieved by following Durrheim (2006: 322-356) five steps of data analysis. These five steps are familiarising and immersion, inducing themes, coding, elaboration and interpretation. Familiarisation and immersion involve the development of ideas and theories about the phenomenon being studied. The researchers used familiarisation and immersion which began when the researcher started engaging in a thorough process of reading transcripts repeatedly to enhance familiarity. Inducing themes involves organising data based on how participants have responded, this does not merely involve summarising, but understanding the complexity of data collected. The researcher organised data that was collected and constructed themes. These themes were organised based on the similarities of the responses of participants.

Coding entails marking different sections of the data as being instances of, or relevant to, one or more of the themes. The researcher coded within the themes and identified the pattern of responses. Elaboration which is the fourth step serves the purpose of capturing finer nuances of meaning in the data collected. Interpretation is the last step which involves checking and understanding the data collected. For elaboration and interpretation, data collected was explained and checked in comparison to each other, literature review, context and subject position, as well as the theoretical framework. One of the reasons for comparing data was to see whether the data collected was able to meet research objectives. This was done by the researcher with the assistance of the supervisor.

3.7 Data Management

Electronic data was encrypted or password protected through a flash drive that was accessed by the researcher and the supervisor. All recordings were transferred from the researchers' mobile telephone to the password protected laptop and flash drive. Hard copies such as the interview transcripts and the research report were kept securely locked away in the supervisor's office. The disposal of primary materials and research data are to be conducted in accordance with the university's policy of destroying data after five years. After a period of five years, electronic data will be disposed of in a form of permanent deletion while hard copies will be shredded. A full report will be made available to all participants upon their request. Alternatively, a copy may be given to the community where the study was based that is, through their municipality or the ward councillor who will access the report and allow other members who are interested to also gain access.

3.8 Reliability and validity

Reliability is concerned with the consistency, stability and repeatability of the study as well researcher's ability to collect and record information accurately (Selltiz et al., 1976). To ensure the reliability of the study, the researcher engaged in prolonged engagement during telephonic interviews until they reached gist narrative of the study. Validity covers the accuracy and truthfulness of scientific findings (LeCompte and Goetz, 1982). Validity was achieved by probing during telephonic interviews. In addition, the researcher assessed all the results without a bias stance. As this is a qualitative study, it is vital to ensure that the quality of the qualitative data is measured through trustworthiness.

3.8.1 Trustworthiness

Trustworthiness of the study refers to the ability of the study to be relied upon as being truthful. A qualitative study cannot be considered transferable unless it is credible, and it cannot be deemed credible unless it is dependable (Babbie and Mouton, 2001). Trustworthiness involves establishing the four elements which include: credibility, transferability, dependability and confirmability.

Credibility refers to how confident the qualitative researcher is in the truth of the research findings (Babbie, 2015). In addition, credibility may refer to the constructed realities of respondents which need to be compatible with those that are attributed to them. Babbie and Mouton (2001) state that

qualitative researchers use triangulation to show that the research findings will be credible (Babbie, 2018). Credibility was achieved through triangulation which involved the use of multiple influences to look at data as well as interpret it in a way that assisted the researcher to pick out what was important and what was not important. In addition, the researcher ensured that data collected was assessed without a bias stance. Transferability refers to how the qualitative research demonstrates that the research findings apply to other contexts (Babbie, 2015). Other context may refer to similar situations, populations, and phenomena. In relation to the study, thick description was used to show that the research study's findings may be applied to other contexts, circumstances, and situations. This included detailed explanations of the setting where the study was conducted, the study population and sample size, data collection instrument (interviews) as well as the data analysis tool and process (thematic analysis). It is important to note that one of the weaknesses of qualitative research is that the results cannot be generalized to a wider population.

Dependability alludes to the stability or reliability of information after some time and setting. This implies that steadfastness on what could be compared to unwavering quality (Shenton, 2016). Hence, referring to the security and track capacity of the adjustments in information after some time and conditions. In order to address dependability directly, the research processes should be reported in detail, thereby enabling future researcher to repeat the work, if not necessarily to gain the same results. Dependability was ensured by inspecting the research process, reporting all crude information as well as using an audit trail. Confirmability refers to the degree of objectivity in the research study's findings (Welman, 2018). The findings of the study were not based on any potential bias. The interpretation of participant's responses was not twisted to fit certain narratives. To establish accuracy of the research, an audit trail was used, which highlighted every step of data analysis and provided a rationale for the decisions made. The research results and conclusions were generalised as a reflection of the inputs from study participants. The data collected was recorded using a mobile cellphone, transcribed and kept safely to ensure that it was not altered and was reliable, with the aim of reducing the researcher's bias on the data collected. In addition, an interview guide was used giving the investigation pertinent data where participants responded in their own comfort through telephonic interviews.

3.9 Ethical considerations

According to Braun et al. (2016) ethics is the standard of behaviour that governs the conduct of a researcher in relation to the rights of those who are subjected to and are affected by the study. Ethical concerns are essential when using qualitative research methods. Ethical clearance for the study was obtained from the Human and Social Sciences Research Ethics Committee at the University of KwaZulu-Natal, protocol reference number: HSSREC/00002212/2020. Once ethics approval for the study was obtained, the researcher sought permission from the ward councillor to conduct the study in the area of Imbali. A gate keeper's letter was issued which authorised the researcher to conduct the study in Imbali. The following ethical considerations were maintained in the study:

Informed consent is the voluntary agreement to participate in the study, where the participant understands the study, the potential risks involved as well as the value the study holds in the academic world (De Vos et al., 2011). Braun et al. (2016) add that informed consent means providing sufficient information to individuals who will participate in the study and allowing them to decide whether they are willing to participate in the study. To ensure ethical concerns were maintained throughout the study period, first and foremost the researcher sought permission from young African women, which was granted. This was done through providing an information letter written in IsiZulu as all participants were IsiZulu speaking. Due to the COVID-19 pandemic, participants were not able to sign informed consent forms hence, they verbally gave their consent to participate in the study. De Vos et al. (2011) suggest that harm refers to the conduct or behaviour that causes physical or psychological pain to the participant in the study. It is imperative to ensure that participants do not experience harm from participating in the study. To reduce the risk of harm in the study, any kind of practice that coerced participants was minimised. Due to the COVID-19 pandemic, the researcher conducted telephonic interviews as a way of preventing participants from being exposed during the process of data collection. In cases where participants may have experienced trauma, the researcher ensured that participants were referred to the Department of Social Development where the social worker designated in Imbali was informed about the study and was willing to provide trauma debriefing.

Confidentiality refers to the condition in which the researcher is conscious and take steps to ensure and keep information about participants private while anonymity refers to the protection of the

identity of participants in the study (Creswell, 2014). Participants were informed that their participation is voluntary and they will remain anonymous. No identifying information of participants were used. Confidentiality was maintained by ensuring that the researcher was the only one present during telephonic interviews. In addition, confidentiality was ensured by keeping all data collected in a safe place that can be accessed by the researcher and the supervisor only, for example having a password in a flash drive. Anonymity was ensured by coding and deriving different themes as well as using pseudonyms instead of real names. Upon the completion of the study, data collected will be disposed in accordance with the university's policy of destroying data after five years.

3.10 Summary

The study employed a qualitative research methodology and data was collected using semi-structured interviews with 40 young women from an urban township. Due to the COVID-19 pandemic, interviews were conducted telephonically. Young mothers provided verbal consent to participate in the study. Thematic analysis was used to analyse data. All ethical considerations were ensured in the study.

CHAPTER FOUR

PERSPECTIVES AND EXPERIENCES OF YOUNG MOTHERS

4.1 Introduction

It is essential to explore the different ways in which women define motherhood. This is often influenced by their unique experiences of being a mother. There are numerous factors that have an impact on how women understand the meaning of motherhood. Therefore, this chapter outlines the perspectives and experiences of young women in their roles as mothers. Findings from telephonic interviews conducted with 20 young women who grew up with present biological mothers as well as 20 young women who grew up with absent biological mothers are presented. The chapter begins with the discussion of the demographic profile of participants, thereafter themes that emerged. The contemporary definition of motherhood is presented, following the different mothering roles and childbirth experiences. The experience of motherhood is accompanied by breastfeeding and physical body changes, hence this is documented in the chapter. The latter part of the chapter discusses economic challenges encountered by young mothers as they embark in their roles. In order to substantiate research findings, direct quotations were used from transcripts.

4.2 Demographic profile of participants

Table 4.1: Participants who grew up with present biological mothers

Pseudonym	Age at interview	Highest Qualification	Occupation	Number of children
Amanda	24	Degree	Employed (cashier)	01
Sandiso	22	Matric	Student (DUT)	01
Samke	22	Diploma	Employed (internship)	01
Slungile	21	Diploma	Employed (administrator)	01
Slindile	24	Degree	Self-employed (clothing business)	01
Thabile	25	Degree	Employed (social worker)	02
Fezeka	23	Diploma	Employed (gym assistant)	01
Banothile	25	Degree	Unemployed	01
Thando	23	Diploma	Employed (sales assistant)	01
Precious	25	Degree	Employed (internship)	01
Siphiwe	25	Degree	Employed (data capturer)	Twins (02)
Ntando	24	Degree	Employed (cashier)	01
Nobuhle	25	Diploma	Unemployed	01
Kwethu	23	Matric	Student	01
Kwanele	23	Matric	Student	01
Phindile	25	Matric	Self-employed (selling livestock)	01
Zama	24	National certificate	Unemployed	02
Nolwandle	23	Degree	Unemployed	01
Ndondo	25	Degree	Employed (Sales assistant)	01
Noxolo	24	Matric	Employed (waitress)	01

Table 4.2: Participants who grew up with absent biological mothers

Pseudonym	Age at interview	Highest Qualification	Occupation	Number of children
Lerato	25	Diploma	Employed (general worker)	01
Promise	24	Matric	Student	01
Thule	25	Grade 10	Employed (domestic worker)	01
Nqobile	23	Matric	Unemployed	01
Mbali	23	Matric	Student	02
Londeka	24	Matric	Employed (cashier)	02
Nokwazi	24	Matric	Employed (general worker)	01
Pearl	25	Matric	Employed (general worker)	02
Nokwanda	25	Diploma	Student (advanced studies)	01
Avuyile	23	Diploma	Student (advanced studies)	01
Mandisa	22	Matric	Self-employed (catering)	02
Ntokozo	25	Degree	Employed (counsellor)	01
Andile	22	Diploma	Employed (staff nurse)	01
Sine	25	Degree	Employed (internship)	01
Zamile	24	Degree	Employed (general worker)	01
Sindi	23	Degree	Employed (general worker)	01
Siphe	24	Diploma	Unemployed	01
Zinhle	21	Matric	Employed (cashier)	01
Gabisile	22	Matric	Employed (packer)	01
Ntombi	22	Diploma	Employed (administrative assistant)	01

The study targeted young mothers who grew up with present biological mothers as well as young mothers who grew up with absent biological mothers. The age of all participants ranged from 21 to 25 years. All participants were originally from Imbali township located in the KwaZulu-Natal province. The first table (table 4.1) above presents 20 young mothers who grew up with present biological mothers and their demographic profile are discussed as follows: of 20 young mothers interviewed, nine obtained a Bachelors qualification, five had National Diplomas, five had matric and one had a National Certificate. It was observed that women who grew up with present biological mothers were able to further their studies even after giving birth. The majority of them received support from their biological mothers who were willing to assist them by looking after their grandchildren while some offered financial support and employed caregivers. Hence, allowing young mothers to further their studies. Most young mothers who grew up with present biological mothers had one child, there were only two who had two children and one had twins. Of 20 young mother who grew up with present biological mothers, 11 of them were employed, four were unemployed, three were still students and two were self-employed. Employed young mothers held positions such as interns, administrators, sales assistants, cashiers and waitresses. Those who were self-employed administered clothing and livestock businesses.

The second table (table 4.2) presents young mothers who grew up with absent biological mothers. Of 20 young mothers who grew up with absent biological mothers, nine obtained matric, six had National Diplomas and four had a Bachelors qualification. In addition, one young woman had grade ten as her highest qualification due to having a child at an early age. Certain young mothers could not further their studies because they had to provide care for their children while others had to look for employment after giving birth. Most young mothers received support from their grandmothers who played a crucial role in raising them when their biological mothers were absent. Most young mothers had one child, only four had two children. Of 20 young mothers who grew up with absent biological mothers, thirteen were employed, four were students, two were unemployed and one was self-employed. Most young mothers were employed as general workers, cashiers, packers and interns. Some of those who were students were doing their advanced studies as they wanted to improve the standards of living for themselves and their children. One self-employed mother was in the catering industry.

4.3 Understanding of motherhood

There are numerous ways in which motherhood is understood depending on the distinctive experience of the motherhood journey. The majority of young women defined motherhood as a lifetime responsibility that brought life altering changes. They stressed that mothers need to have patience, they must be selfless and prioritise their children. One mother stated that *“there is no love that can match the love that a mother has for her child”* highlighting the strong bond the mother feels for the child. Mothers find themselves overwhelmed with love for their child, stressing that this feeling is unconditional.

“Where do I even start, being a mother is basically being selfless, putting your child first. Being a mom is being patient and loving your child unconditionally” (Slungile, 21 years).

According to Ramukumba and Masala-Chokwe (2017) first-time mothers often require assistance as they lack knowledge pertaining to the different roles and duties associated with being a mother, resulting in them associating motherhood as a learning journey. Certain young mothers acknowledged that motherhood required them to learn daily as they were not familiar with the different duties associated with being a mother. They stated that it was a journey they were not prepared for, which required them to change as they were role models to their children. Young mothers emphasised that they were forced to change their behaviours. They were no longer able to engage in certain behaviours such as partying with friends till late at night.

“Motherhood was a phase I had no idea about. When I had a child, I was forced to stop doing certain things such as parting with my friends and living my life like I used to. I had a child now therefore, I was required to stop certain things as my child may model my behaviour” (Sandiso, 21 years).

There are young mothers who noted that there is no sole definition of motherhood. The experiences of mothers may vary by an individual’s age, marital status and types of partnerships. For example, a mother who is married is likely to have her partner to support her therefore, this will influence her experiences as a mother. She might find it easier to cope with motherhood if she has a supportive partner. However, with young mothers, the majority of them fall pregnant at a young age and the pregnancy is often unplanned, this impacts their experiences as some of them are no longer with their partners and do not receive support from them. Father absence is one of the major social problems that is facing South Africa (Magqamfana and Bazana, 2020; Richter and Makusha,

2018). There are many factors that lead to father absence, these may include abandonment, poor socio-economic conditions, labour migration system as well as cultural beliefs (Eddy et al., 2013 cited in Magqamfana and Bazana, 2020). In cases of fathers being absent, women become the sole parent to their children; this cause numerous challenges associated with social, psychological and financial support for both the mother and child. Furthermore, this negatively impacts a woman's experience of motherhood, particularly when they are young and require psychological and financial support. Young women expressed that being a sole parent may be psychologically and financially draining as it becomes the mother's responsibility to financially care for the child, take them for medical checkups and solely make decisions relating to the child's health and wellbeing. Being a single parent to the child may be challenging as the mother often has to assume primary responsibility for the care of the children as Promise (24 years) stated: *"I am the only present parent to my child and it is challenging because there are certain things that require both parents such as when the child has to go for medical checkups, it becomes overwhelming to attend to the child and communicate with the healthcare worker."* Nolwandle (23 years) further stressed that *"not having a present partner to assist you with the child may be challenging when you have to make decisions pertaining to the child's wellbeing."*

In many African societies the duties associated with being a mother are often instilled in young women at a very young age (Moore, 2013). Women are often groomed to be nurturers and perform domestic duties within the household while men engage in outdoor labour such as farming (Ghost, 2016; Moore, 2013). The gendered division of labour within households shape how motherhood is perceived as it often becomes the woman's sole responsibility to provide care for the child. As marriage rates have been decreasing in South Africa, the number of women giving birth before marriage has been increasing (Statistics South Africa, 2019; Weeks, 2008). Young mothers expressed that even though they disappointed their families by falling pregnant at an early age and before marriage, they believed that they were able to prove their fertility. They highlighted that women are expected to give birth at certain stage of their lives. Precious (25 years) maintained that *"I am well aware that I gave birth at a young age however, I was able to show that I am fertile as we were raised in a way that promoted childbearing at certain stage of a woman's life."* Young women are normally socialised at a young age to take on the roles associated with motherhood after marriage in order to extend the family name (Baloyi, 2014; Ghost, 2016; Moore, 2013). Society puts pressure on women to bear children in marriage, and in some cases, when a woman

reaches a certain age without having a child, they receive questions about when they will have children because they are getting old. Studies conducted in South Africa suggest that there is a decoupling of marriage and childbearing to such an extent that in certain societies it is accepted and perhaps normal for a woman to have at least one child before marriage (Maharaj and Shangase, 2020; Sennott et al., 2016). The study found that one young woman who gave birth at the age of 24 years after she completed her tertiary studies expressed how community members asked her when she was having a child. She further explained that the majority of women who were her age already had children; she believed that this might have been the reason she was also asked and/or expected to have a child as it was becoming a norm for young women who are not married to have children before the age of 20 years.

“Before I gave birth, community members used to ask when I was having a child. I think growing with people who gave birth at the age of 15 years was the reason why certain community members asked me when I was having a child as I had completed my studies”
(Siphiwe, 24 years).

The pregnancy of young women is often unplanned leading to distress for themselves and their partners (Govender et al., 2020). Although early childbearing is not uncommon in South Africa, this does not imply that young mothers plan for their pregnancies. All young women interviewed confirmed that it was becoming a norm to begin childbearing at an early stage within their community however, the majority of their pregnancies were unplanned. They emphasised that the sexual engagements were often initiated by their partners whom they believe were also not ready to become fathers. Noxolo (24 years) noted that *“the father of my child is the one who wanted us to have sex however, I am certain that he was not ready to be a father.”* Other studies conducted in South Africa document that young women often felt pressurised into engaging in sexual activities at an early stage, coercion played a role in compelling young women to engage in sexual intercourse (Jewkes and Morrell 2012; Mjwara and Maharaj, 2018; Singh and Hamid, 2016). Peer pressure from friends is regarded as one of the factors leading to early sexual engagements (Mjwara and Maharaj, 2018). Growing up in families where parents do not support their children or when they are absent may result in young women entering into relationships with older men who provide financial assistance for them (Goso et al., 2020). The sexual life of these young women is often dictated by older men due to the power that they have over them. Goso et al. (2020)

further highlight that the issue of unemployment has led to certain young mothers looking for older men to support them and their children, as fathers of their children were unemployed and could not financially support them. The study found that young women were pressurised to engage in early sexual activities because some of their friends had begun such activities. They also wanted to please their partners whom they were concerned would leave them if they did not agree to engage in sexual activities. Certain young mothers, particularly those who grew up in child-headed households, depended on their partners for financial support therefore, they had to engage in sexual activities in order to satisfy men who were providing for them.

“I was not planning to have a child at such a young age. It was my partner who always wanted us to engage in sexual activities and I also felt left out because all my friends were engaging in such activities” (Mandisa, 22 years).

4.4 Mothering roles

There are several roles that women perform when they have children. Govender et al. (2020) suggest that mothers assume the role of a provider and nurturer, which becomes an everyday routine. Most young mothers observed that mothering roles were associated with the provision of support. For young mothers, support took various forms including physical, emotional and financial support. Physical support was associated with providing care for the child as well as taking the child for checkups and vaccinations. Emotional support related to providing love, encouragement and creating an environment that will allow the child to express themselves. Lastly, financial support was associated with being responsible for the expenses pertaining to childcare and wellbeing. For Fezeka (23 years) *“the most important mothering role is providing support to your child, this may include being physically present, loving the child and ensuring that you cover expenses of childcare.”* Phindile (25 years) further noted that *“the role of being a mother includes feeding, bathing and taking care of the child; as a mother it is my responsibility to ensure that my child does not miss any medical checkups, I always prioritise my child’s health.”*

All young mothers agreed that there were changes in their daily routine activities as they had to perform the different mothering roles. They had to provide care for their children during the day as well as at night, and they had to prioritise them in everything that they do such as feeding them before they ate. Young mothers expressed that their lives changed, they could not make their own plans and their lives revolved around their children. Certain young women mentioned that they did

not have time for themselves, there were daily duties pertaining to childcare and those who were schooling and/or working had to rush home after school and work in order to care for their children. Young mothers noted that this was draining for them and it affected their overall functioning at school and work.

“I had to provide care for my child, at night, I had to check up on the child and be cautious at all times when I am sleeping. I would wake up and feed my child while he was asleep. My overall routine had an additional person, before I ate, I would have to feed him and make sure that he is well” (Ntando, 24 years).

“There were changes because sometimes the child does not sleep at night therefore, I would also have to stay awake and play with my child. Another thing is I had a child when I was 15 years, when I came back from school, I had to rush home to my child” (Thabile, 25 years).

4.5 Childbirth

The childbirth experience varies among women. The mode of delivery, which is either natural or cesarean section, is regarded as the main determinant. There has been an increase in the number of women giving birth within healthcare facilities as compared to home deliveries (Zitha and Motlage, 2020). The World Health Organization (2015) identifies delivery in a health facility as an important strategy that can reduce maternal mortality, particularly when the delivery is attended by skilled healthcare professionals. All 40 young women gave birth within a healthcare facility. Of the 40 young mothers interviewed, 22 delivered naturally while 18 gave birth through a cesarean section.

4.5.1 Natural childbirth

The mode of delivery is considered as the most relevant predictor of delivery satisfaction. Historically, natural delivery was presented as the mode that has the best chance of being positively experienced (Guittier et al., 2014). This was due to the procedure regarded as being safer and the recovery process being quicker in comparison to cesarean section. Over the years, it has been observed in South Africa that cesarean deliveries have been increasing as it has been perceived by the public as normal and safer than natural delivery (James and Hudek, 2017). Women have

different preferences pertaining to the mode of delivery, which is largely influenced by medical as well as cultural beliefs. Young women who gave birth naturally had varying experiences. Out of 22 young women who gave birth naturally, 15 felt minor labour pains during the process of childbirth. Young mothers observed that certain women exaggerate the process of childbirth, as Slindile (24 years) mentioned that *“the process of natural childbirth is not as complicated as women perceived it to be, my experience was not traumatic and I was able to carry my child immediately after childbirth.”* The recovery journey for these women was quick as it took approximately a week for them to recover, they were able to perform mothering duties such as bathing, feeding and washing for the child.

“I gave birth naturally, the pains were not severe. I recovered within a few days and I was able to do everything after childbirth, I honestly think women experience challenges when they give birth through a cesarean section due to the operation” (Banothile, 25 years).

Seven participants who gave birth naturally expressed that the childbirth experience was traumatic and that they encountered severe labour pains. Certain young mothers were in labour for long hours, which resulted in the experience being traumatic. Ntando (24 years) expressed how being in labour for three days exhausted her: *“I was in labour for the whole weekend, it was traumatic and tiring as the labour pains lasted for three days.”* The recovery journey took longer for these mothers as some highlighted that it took weeks as well as months for them to recovery. Milani et al. (2015) observe that various physical and psychological problems such as infections, constipation, haemorrhoids, breast problems and depression may delay the recovery journey of women after childbirth. The study found that health complications associated with infections on the stitches, haemorrhoids as well as trauma resulted in women experiencing challenges with recovering during the postpartum period. Certain women could not provide care for their children during this period, as they were unwell and had to continuously attend healthcare facilities for examinations.

“After childbirth, my recovery journey took long because I could not sit or walk fast due to the stitches. After a few days of being discharged from the hospital, I realised that I had an infection in my stitches, I also felt weak and dizzy. This resulted in my recovery journey taking approximately a month and few weeks, the whole process was traumatic for me” (Kwethu, 23 years).

4.5.2 Cesarean section

Solanki et al. (2020) observed that cesarean deliveries were steadily increasing in South Africa within both private and public health facilities. Although pregnant women and medical practitioners may regard cesarean section as effective, quick and harmless, it may result in higher risks of morbidity and mortality as compared to natural deliveries (Maphasha et al., 2019). The risks associated with childbirth do not only affect the woman however, her potential child and future pregnancies may be affected and this can include short and long term risks (Maphasha et al., 2019; Solanki et al., 2020). There were 18 young mothers who gave birth through a cesarean section. The experience of the cesarean section varied among mothers, certain women expressed that they experienced labour pains and were traumatised due to being emergency patients. The traumatic experience resulted in certain young mothers expressing how they were not willing to have children in the near future, *“it was the worse experience ever, I am really afraid of having another child due to what I went through, it is something I will never forget”* (Nobuhle, 25 years).

All young mothers expressed that their recover journey took more than a week and that the first few days were critical for them as they experienced challenges with performing mothering duties, such as bathing, feeding and washing for the child. They explained that their bodies took time to heal and they were suffering from back pains, which meant they experienced difficulties with walking and carrying heavy stuff. It is not uncommon for women to occasionally experience pain in their operation after years of giving birth, this is usually due to the build-up of scar tissue which can stick to muscles or organs and cause pain for women (Maphasha et al., 2019; Meriç et al., 2019). Certain young mothers highlighted that they still feel pain from their operation even though it has been years since they gave birth. This often happens during extremely cold weather condition or when young mothers have overworked themselves. This negatively affected how they provided care and bonded with their children.

“After giving birth, I could not walk properly as I was feeling pain from my operation. It took very long for my operation to heal and till today, I occasionally feel pain in my operation whenever it is extremely cold or when I have overworked myself or carried heavy stuff” (Zamile, 24 years).

According to Zitha and Mokgatle (2020) one of the most common factors leading to maternal mortality and childbirth complications is the lack of skills and knowledge among healthcare

workers. One young mother expressed how she almost lost her life due to medical negligence during her delivery. She gave birth through a cesarean section and was not cleaned properly after the delivery. This resulted in her losing plenty of blood after being operated. A few hours later, she had to be operated again because healthcare workers did not clean her properly. Her blood pressure decreased leading her to faint and was admitted in the Intensive Care Unit (ICU) for three days.

“My childbirth experience was very tragic, I almost lost my life. I had a very challenging delivery, after the cesarean section, I was not cleaned properly. Few hours later, I had to be operated again, this resulted in my blood pressure decreasing, I fainted and was admitted in the ICU for three days after giving birth. I then stayed in the hospital as I had to be monitored because my situation was critical. I tried to perform certain activities in the hospital as I had no one to look after my child however, I was still in pain” (Amanda, 24 years).

The process of giving birth through cesarean section may be divided into two categories, including cesarean section due to medical factors as well as due to social factors (Chan and Tan, 2019). Certain young mothers who gave birth through a cesarean mentioned that they had initially wanted to give birth naturally however, due to health concerns, they ended up giving birth through an emergency cesarean section. A South African cohort study conducted by Sogunle et al. (2019) documented an association between cesarean delivery and subsequent maternal weight. Health professionals often advise women to deliver through a cesarean section due to their weight as they may be health related complications during childbirth. Furthermore, the prevalence of cesarean sections is influenced by the weight of the unborn child. Often when the weight of an unborn child is large, a cesarean section is performed (Hasan et al., 2019). Young women highlighted that their weight resulted in them giving birth through a cesarean section as healthcare workers were concerned that they may be complications if they give birth naturally. Nondo (25 years) maintained that *“I wanted to give birth naturally because I was concerned about complications associated with cesarean section however, due to health concerns, I was advised that I will give birth through a cesarean section.”* Sandiso (22 years) further highlighted that *“I gave birth through a cesarean section; healthcare workers told me that it becomes challenging for someone with my weight to give birth naturally as there may be complications during the process.”*

All young women who gave birth through a cesarean section confirmed that they had planned to give birth naturally. In certain public hospitals, cesarean sections are performed without proper explanation and consultation of women, particular when they are young (Meriç et al., 2019). There were young mothers who gave birth through a cesarean section without being informed about any challenges and/or complications that may have resulted in the cesarean section performed. Young women expressed that when they were in labour, they were told that they were going to give birth through a cesarean section even though they had wanted to give birth naturally. They highlighted that they had to adhere to healthcare workers and sign the consent forms without being informed about valid reasons for the cesarean section. They believed that being pregnant and young resulted in healthcare workers making decisions relating to their health without consulting with them.

“When I was in the hospital, I was in severe pains. The nurses told me that they are preparing me for a cesarean section without informing me about any complications that may have resulted in this process. I had to sign the forms and I do not even remember reading them or being told what they were for” (Nobuhle, 25 years).

“Initially, I wanted to give birth naturally. When I came to the hospital in pain, the healthcare workers told me that I will be going to theatre. I was confused because I wanted to at least try the natural way and then maybe if it does not work, I will opt for the cesareans section. All the decision were made by healthcare workers, I was told to sign without even being informed what I was signing for” (Ntokozo, 25 years).

4.5.3 Mistreatments during childbirth

Women experience numerous forms of disrespect and abusive care during childbirth. Evidence from studies conducted in South Africa within public healthcare facilities documented that women are being physically and verbally abused during childbirth (Malatji and Madiba, 2020; Oosthuizen et al., 2017; Zitha and Mokgatle, 2020). This may involve slapping, pinching and being shouted at in labour wards (Sengane, 2013 cited in Zitha and Mokgatle, 2020). Young mothers who gave birth within public healthcare facilities were mistreated by healthcare workers who made them feel ashamed of themselves for falling pregnant at a young age. They were shouted and humiliated during childbirth as Mandisa (22 years) expressed that: *“when I was in labour pains, the nurses shouted at me and asked why I engaged in sexual activities at a young age, one nurse even ignored*

me when I was seeking help.” Certain young mothers were abused because they began pregnancy checkups late due to not being aware that they were pregnant.

“When I went to the clinic for the first time, I was not aware that I was pregnant. The nurses shouted at me for not coming to the clinic at an early stage. This humiliated me as they even asked why I fell pregnant at a young age and this made me feel ashamed of myself” (Phindile, 25 years).

According to Malatji and Madiba (2020) the mistreatment of women within South African public healthcare facilities affected their future utilisation of facilities as they were concerned about experiencing similar treatment. The study found that mistreatment resulted in certain young mothers wanting to change the healthcare facility when they went for their children’s checkups. Due to financial constraints, certain young women could not afford to pay for transport costs to other healthcare facilities therefore, they were forced to use the facility even when they were not happy with the service rendered to them. Fezeka (23 years) was mistreated as she stressed that *“if I was able to afford bus fare, I was going to use another healthcare facility because healthcare workers were very rude to me when I took my child for checkups.”*

One of the barriers to accessing maternal healthcare services in South Africa include long distances to healthcare facilities, particularly within rural areas as well as townships (Silal et al., 2012). Furthermore, poor services such as waiting for long hours in order to receive assistance affected women’s maternal healthcare services. Certain young mothers had to walk long distances to healthcare facilities and they would spend the whole day in the facility due to long queues. Some healthcare workers would sit in offices and not attend to patients while others used their phones during work hours. As a result, young women ended up spending the whole day without being attended, this frustrated them, for example, Zinhle (21 years) expressed that *“I would walk a long distance to the facility only to find healthcare workers busy on their phones during working hours, sometimes they would lock themselves in one office and we would hear them laughing.”* Andile (22 years) further added that *“I lived very far from the clinic, I had to walk a long distance and would find very long queues within the facility, it was exhausting.”*

4.5.4 Postnatal depression

There are several health issues associated with childbirth which often affect women during the postpartum period. As a public health concern, the prevalence of postnatal depression has been

well reported in countries with low, middle and high income (Kathree et al., 2014). Approximately 57.14 percent of mothers have been affected by postnatal depression in South Africa (Mokwena and Masike, 2020). Most young mothers reported that they were not aware that they were depressed as it is something that is often disregarded with their communities. They expressed that children would cry and they would not even notice due to being deep in thoughts with what was bothering them.

“After childbirth, I suffered from postnatal depressed. This is something that us Black people often do not believe in. It was around nine o’clock at night, I lost breath and was rushed to the hospital. The doctor examined me and I was diagnosed with depression. I had a lot of things in my mind, sometimes my children would cry and I would just look at them, my mom would shout at me. I think that is when I believed that postnatal depression really affects women” (Siphiwe, 25 years).

There are several factors that may cause postnatal depression. Mokwena and Masike (2020) suggest that the prevalence of postnatal depression is caused by the increasing difficulties in the socio-economic status of residents, which include high unemployment rate, low salaries and rife domestic violence cases. This is substantiated by Nqobile (23 years) *“caring for a child when you are unemployed is challenging, I think this is why most young women become depressed after childbirth.”* The lack of support structures may also lead to postnatal depression as adjustments to motherhood may be a difficult phase for certain women. One young mother expressed how she almost took her life when she lost the father of her child who was supportive to her and the child.

“When I heard that the father of my child passed away, I could not believe it. I thought of killing myself and the child because I did not know how we will survive without him, he tried his best to ensure that the child was well taken care of. Even though he was not permanently employed, he made sure that all the child’s needs were met” (Kwanele, 23 years).

Some cultural values and traditional practices in African countries are reported to exert pressures on mothers who have recently given birth, and thus result in high prevalence of postnatal depression (Mokwena and Masike, 2020). Cultural practices such as the payment of damages often affect young mothers when the father of the child cannot afford to pay for damages. The prevalence of unemployment in South Africa has resulted in certain young fathers not being able to afford the

payment of damages. Furthermore, certain young fathers impregnated young women when they were still students therefore, they were financially dependent on their families; some fathers came from poverty-stricken backgrounds and they could not afford to provide financial support. The damage is often a one-time payment of cows or the cash equivalent, the amount of cows or cash required is determined by the woman's family (Mkhwanazi and Block, 2016). The study found that young mothers were pressurised by their families as they would ask them when the paternal family of the child is coming to pay the damages. As a result, young women became depressed when they knew that the child's father could not afford to pay for damages; this created a certain impression about them being impregnated by men who could not take full responsibilities for their actions. African traditions stress the value of 'male children' due to the belief that a male child grows to extend the family name in comparison to female children who may change their surnames when they get married (Baloyi and Manala, 2019). Women who give birth to male children are valued and respected within societies and men whose families consist of many male children are considered dignified as this may imply that there are limited chances of the family name diminishing (Baloyi and Manala, 2019). The preferred gender of the child pressurised young mothers, they expressed that some fathers and families preferred the 'male child' therefore, when the woman gave birth to a female child, they would consistently remind them that they wanted a male child and things would have been different within families if they gave birth to a male child. Young mothers highlighted that male children were preferred as it was believed that the male child will extend the family name.

"I have always received pressure relating to the payment of damages. Even today, my grandmother still asks me when the father of my child will pay damages for the child. It becomes stressful to accept that this will not happen when the family is asking you daily about the payment. It also creates a certain impression about you having a child with someone who cannot afford to pay for the child" (Avuyile, 23 years).

"The father of my child always reminded me that things would have been different if I had a male child. His family would have respected and treated me differently because they value male children, this would really hurt my feelings" (Pearl, 25 years).

4.6 Breastfeeding

Breastfeeding may be regarded as an integral part of being a mother. Women's ability to breastfeed their children is impeccable and it has benefits for both the mother and child. Breastfeeding is vital for an infant's survival and development as it reduce chances of morbidity and mortality; maternal health benefits include prevention of pathological breast engorgement, decreased incidences of sore breasts and promotion of bonding between the infant and mother (Nyaloko et al., 2020; Vitalis et al., 2021). Certain women feel the pressure to breastfeed in order to demonstrate that they are responsible mothers while others lack financial resources for other feeding options (Pillay, 2021). The majority of young mothers were breastfeeding their children, out of 40 young women interviewed, 33 were breastfeeding their children. Young mothers were breastfeeding as they believed breast milk was healthy and it allowed them to bond with their children. They expressed their enjoyment of breastfeeding as it allowed them to bond with their child. Also, it affirmed the reliance of their children on them for survival. Furthermore, certain young mothers were breastfeeding due to financial constraints that did not allow for other feeding options.

"I would proudly say that breastfeeding is one of the greatest experiences ever. Feeding your child and knowing that you are responsible for their survival is priceless. I enjoyed breastfeeding my child every time I fed him and I was assured that my child is healthy"
(Noxolo, 24 years).

The breastfeeding period varied among young mothers, some were able to breastfeed for the first few weeks while others were able to breastfeed for the whole year. In a cohort study in South Africa, Jama et al. (2017) found that the most commonly cited barrier to breastfeeding was perceived lack of breast milk to sustain the infant; the reason for this perception included the infant constantly crying and wanting to breastfeed for longer period due to the child not receiving enough milk. Certain young mothers had to stop breastfeeding early as they could not produce milk, had to go back to school and/or work. Slungile (21 years) stated that she had to stop breastfeeding *"due to schooling"* while Siphwe (25 years) had to stop breastfeeding *"due to employment."*

There are numerous challenges associated with breastfeeding. Young mothers expressed the different challenges that they encountered when they were breastfeeding. Women's inability to produce breast milk may be related to distress as well as not eating nutritious food due to poverty (Sultana et al., 2013). Feminisation of poverty has led certain young mothers to breastfeed their

children on an empty stomach when they do not have food at home, particularly young women who were living in child-headed households. Lerato (25 years) reflected on how they were struggling at home: *“we have been really struggling at home, sometimes we would not even have food to eat; I remember once having to feed my child in an empty stomach.”* Sindi (23 years) further added that *“since I was no longer living at home after childbirth due to being chased away, I would sometimes feed my child on an empty stomach, this was challenging because my child would cry non-stop implying that she was not full due to my inability to produce enough milk.”*

There are other barriers to breastfeeding such as swollen breasts, which lead to women feeling uncomfortable when they are breastfeeding (Jama et al., 2017). The study found that certain young mothers experienced challenges when they were breastfeeding as their breasts became swollen and felt like they were cracking and/tearing. This made it difficult for young women to breastfeed as Londeka (24 years) stated that *“my breast would really hurt when I am breastfeeding, sometimes they would become swollen.”* Young mothers who experienced challenges with breastfeeding highlighted that there were medication and home remedies that they used in order to overcome challenges pertaining to breastfeeding. Home and herbal remedies are often used by women when they encounter challenges relating to breastfeeding, this assists certain women as some successfully produce milk through the use remedies (James et al., 2019). Women who experienced challenges with producing milk used prescribed medication as well as home remedies such as drinking plenty of tea with milk and eating maize meal white porridge. Those women who had challenges with swollen breasts applied warm water before they breastfed their children.

“When I was breastfeeding, I had challenges with producing milk. I was advised to try out home remedies such as eating maize meal porridge and drinking tea with milk. I avoided drinking juice, sometimes I would make weak porridge and drink it. This assisted me with producing milk because overtime I was able to produce enough milk for my child. I was breastfeeding for a year” (Thabile, 25 years).

“Whenever I am stressed or when it is cold, my breasts would become swollen and hurt. This made it difficult for me to breastfeed my child. What would assist me is applying warm water in my breasts” (Nolwandle, 23 years).

Breastfeeding is important for women as it may prevent certain morbidities associated with childbirth (Nyaloko et al., 2020; Vitalis et al., 2021). As much as breastfeeding is regarded as

important for both the mother and child, certain women do not breastfeed due to a number of concerns. The study found that there were seven young mothers who were not breastfeeding their children. This was because they were not living with their children while others had to go back to school and/or work therefore, they decided not to start breastfeeding as they were going to stop in less than a month and this would have caused challenges for them and the child to adjust.

“I was not breastfeeding because I had hoped that I was going to return to school. Even though I did not go back to school, after a few months of giving birth, I found employment. My mother had advised that because I might go back to school or work, I should not breastfeed as it may be difficult for myself and the child when I stop breastfeeding”
(Ndondo, 25 years).

4.7 Physical body changes

According to Asadi et al. (2021) there are several visible body changes resulting from pregnancy and childbirth. This may include weight gain or loss, stretch marks and changes in the skin complexion. The study found that all participants experienced physical body changes. The physical changes were unique for each woman as they did not have the same body shape and size. Young mothers reported that the physical body changes included gaining and losing weight, breasts changing, stretch marks as well as skin complexion becoming lighter and/or darker. Ntombi (22 years) stated that *“after childbirth, I lost weight, my skin colour changed and I had stretch marks.”* Visible body changes may result in certain women feeling ashamed of their bodies and losing confidence in themselves (Asadi et al., 2021). The physical body changes resulted in certain mothers having a low self-esteem. They were ashamed of their physical appearance as some of their clothes did not fit well and they were not comfortable with bathing in front of their family members due to the stretch marks on their bodies. In addition, certain young mothers thought that their partners were going to leave them because of their physical body changes, as Thule (25 years) mentioned that *“the body changes really affected my self-esteem, I also thought my baby daddy was going to leave because of how I looked like, I was ashamed of myself.”*

Women who experience visible body changes tend to use different products while others choose to exercise with the hope of returning to the body shape that they had before pregnancy and childbirth (Asadi et al., 2021; Woekel and Ebbeck, 2013). Young mothers expressed that they used different products to try and regain their desired body shapes. They felt the pressure from their

communities due to the stigma associated with losing and/or gaining weight, which was often associated with being sick and/or having troubles with the father of the child.

“After childbirth, I had a low self-esteem. Some of my clothes did not fit the way they used to, I felt ashamed of going out even with my friends. I tried to use different products in order to get my body back. I was also worried about the stigma associated with losing or gaining weight. Sometimes people assume that you are sick or stressed, and when you have a child, they automatically think the father of the child is stressing you” (Zama, 24 years).

The journey of motherhood may require acceptance of the changes this role brings in the lives of women (Govender et al., 2020). The study found that there were two young mothers who expressed that they were able to accept and were satisfied with their physical body changes. Both young women gained weight after childbirth, which was something they have always wanted as they were slimmer before pregnancy. They did not mind gaining weight because they believed that they had to look like mothers, the only concern they had was that they could not afford to buy new clothes for themselves as their old clothes did not fit them. They highlighted that they had to accept all the changes associated with being a mother.

“When I gained weight after childbirth, I was happy because I was very thin before pregnancy. Gaining weight was something I wanted, I was now a mother to someone therefore, I had to look like a mother. My only problem was that I could not afford to buy new clothes for myself as I had to care for my child” (Kwanele, 23 years).

4.8 Economic support

According to Mjwara and Maharaj (2018) the majority of young mothers fall pregnant when they are mainly dependent on their families for support. It becomes the family's responsibility to financially provide for both the mother and child after childbirth. Financial support is regarded as essential for the child's growth. The child's basic needs such as food, nappies and clothing require finances. All young mothers confirmed that they depended on their families for financial support in order to sustain the lives of their children. When they fell pregnant, most of them were still learners and unemployed. Of the 40 young mothers interviewed, 20 mentioned that they received financial support from both the maternal and paternal family of the child. Young mothers mentioned that there was an agreement on the different responsibilities that each family would pay for. The mutual agreement prevented any conflicts among families as Nobuhle (25 years) stressed

that *“both the maternal and paternal family of my child provided financial support, the responsibilities were split among families in order to avoid any conflicts on which family is paying more than the other.”*

Issues such as father absence and unemployment has led to the maternal family being forced to solely care for child. Govender et al. (2020) observe that grandmothers as well as mothers of young women become the providers of children when biological fathers are absent for various reasons. Furthermore, Mjwara and Maharaj (2018) add that children are often cared for by the parents of young women and the additional member becomes a huge financial burden. It is important to note that certain families within South Africa live below the poverty line. Mkwanzani (2016) suggests that in South Africa early childbearing exacerbates poverty, particularly within families living below the poverty line. The increasing levels of unemployment within South Africa further aggravate poverty within families whose children fall pregnant at a young age. Certain young mothers highlighted that only the maternal family provided financial support for their children. This was due to the father’s inability to provide financial support as well as conflicts between the mother and father, which sometimes resulted in the father being absent in the child’s life. Young mothers expressed that the financial support was mainly provided by the maternal family only. This was challenging for their families as the child was an addition to their existing expenses. As a result, families prioritised children more than young mothers, Nolwandle (23 years) emphasised that *“it was my mother who took care of my child, she used to struggle to provide for the whole family and my child, she did not care about me and my needs, all she prioritised was my child.”* Phindile (25 years) further added that *“my child was supported by my family, when I asked for something, they would cater for the needs of the child first before doing something for me, I was no longer their priority.”*

According to Pillay (2021) it is common for fathers to support their children when they are still in intimate relationships with mothers. This is because mothers are able to communicate and inform fathers about the child’s needs as compared to when there is no form of communication due to strained relationships. Five young mothers mentioned that the financial support was provided by the paternal family of the child. This was due to the maternal family’s inability to provide for the child as some young mothers mentioned that their parents were unemployed therefore, their families could not provide financial support for the child. Young mothers noted that their families

allowed the paternal families to care for children even when they did not pay the damages for the child. Banothile (25 years) stressed that *“when I had a child, my mother was unemployed and my family was struggling financially as she was the sole breadwinner, she allowed the paternal family to care for my child because she could not afford to provide financial support to my child, the payment of damages was not really a factor, we desperately required financial assistance.”* Two young mothers were living with the paternal family of the child as one of them was chased out of the house by her family when she fell pregnant while the other was abandoned by her mother at a young age and used to live in different households. These young women depended on the family of the father of the child for shelter, food and basic needs of children, resulting in them regarding themselves as a burden because these families were also struggling financially.

“When I fell pregnant, I was chased by my aunt whom I was living with as she was angry. After childbirth, I continued to live with my child’s paternal family. My child’s paternal grandmother provided financial support to my child even though she was also struggling and had her own expenses. I felt like me, my child and the father were a burden as we depended on her for everything, myself and the father of my child were still schooling” (Sindi, 23 years).

In South Africa, child maintenance is an issue of legal interest. The Children’s Act 38 of 2005 states that parents, whether in a relationship or not, must make necessary financial contributions to care, upbringing and development of their children. In cases where one parent fails to provide such support, the other may apply for child maintenance through the maintenance court. Issues of father absence have led to many mothers applying for child maintenance through the maintenance court, this was due to their inability to solely provide for the child (Van den Berg and Makusha, 2018). Of the five young women who mentioned that financial support was provided by paternal families, two filed for child maintenance as fathers were not willing to financially support their children. Young women mentioned that fathers of their children were employed and could afford to financially care for children however, they chose not to. This resulted in disputes among families as Avuyile (23 years) stated that *“I had no other option but to take this matter to the maintenance court, this destroyed the relationship between families.”* In addition, young mothers highlighted that filing for maintenance resulted in fathers not willing to build any relationship with their children, they only provided financial support as per the court order.

There were certain young mothers who gave birth while they were still studying in a higher institution. Some of these young mothers were given financial assistance such as the National Student Financial Aid Scheme (NSFAS). NSFAS aims to increase fair and equitable access to higher education for students who come from poor economic backgrounds by defraying some of the costs of tertiary education. NSFAS was established in 1991 and it is supported by government funding as well as local and international donations (Department of Higher Education and Training, 2015; De Villiers et al., 2013). In order to be eligible for NSFAS, the student must be a South African citizen, coming from a family with a combined annual household income of not more than R350 000 per annum; in the case of a student with a disability, the combined annual income may not exceed R600 000 per annum (Department of Higher Education and Training, 2015). Young mothers who were awarded this funding expressed that this was their only source of income therefore, they used it to provide for their children and this made a huge difference in their lives. Siphe (24 years) maintained that the funding greatly assisted her with providing care for her child. She explains: *“my funding was my sole source of income, I used it to purchase the basic needs of my child, it made a huge difference in my life.”*

4.8.1 Child support grant

South Africa has a fairly developed social assistance system for older persons, people with disabilities and children (Patel et al., 2015). The child support grant is an important instrument of social protection in South Africa, reaching over 10 million children each month. This programme is publicly funded and is the post-apartheid largest poverty reduction initiative (Patel et al., 2015). The child support grant is a means-tested monthly cash transfer of R460 for children between ages 0 to 18 years (Pillay, 2021). This offers protection for mothers and children, particularly those who are still schooling or unemployed. The study found that all young mothers fell pregnant when they were still studying therefore, they required financial assistance. Of the 40 young women interviewed, 35 were receiving the child support grant. Young mothers were able to purchase formula milk, nappies and toiletries for their children. Certain mothers stated that even though the child support grant did not cater for all the needs of the child, they do not think they would have survived without this assistance as some fathers were absent. In addition, certain young mothers did not receive any financial support from their families as they could not afford to assist them while others did not even have families to assist them because they were living in child-headed households.

“I applied for the child support grant as the father of my child was absent. It was helpful because I was able to buy formula milk, it assisted me with buying my child’s essential needs. I honestly do not know how I would have survived if I did not apply for the child support grant” (Sandiso, 22 years).

There are certain young mothers who are not direct recipients of the child support grant even though they are biological parents (Makiwane and Udjo, 2006 cited in Ngubane and Maharaj, 2018). When a woman falls pregnant at a young age, their biological mothers often take on the role of being parents to the grandchild, some apply for the child support grant if the biological mother has not applied or their age do not qualify them to apply for an identity document. In South Africa, citizens may apply for an identity document when they are 16 years or older. From the young mothers who were receiving the child support grant, one stated that when she gave birth to her child, she did not have an identity document as she was still under the age of 16 years. Furthermore, the young mother was still receiving her child support grant as she was 15 years old. Due to the financial challenges at home, her mother ended up applying for the child support grant on behalf of her as they required financial support for the child. The young mother emphasised that this child support grant assisted her with buying essentials needs for the child and this was the only income she was receiving, the child’s paternal family contributed to the needs of the child when they wanted to and not on a monthly basis.

“When I had my first child, I was 15 years old and was still receiving the child support grant. My mother had to apply for my child’s support grant as I could not since I was still receiving it and could not qualify. The child support grant made a huge difference, since I was breastfeeding, I would only buy nappies and wipes for the child. The child support grant assisted me as it was my only source of income, my child’s paternal family contributed when they wanted to, they were not consistent” (Thabile, 25 years).

The high poverty and unemployment in South Africa encourage young mothers to apply for the child support grant as this becomes their main source of income if they are studying and/or unemployed (Mkwanzani, 2016; Pillay 2021). Certain young mothers expressed that they were forced to apply for the child support grant as it was their only source of income. Young women stated that even though some fathers of their children were present, they could not make any financial contributions towards childcare due to being unemployed. This forced young mothers to

apply for the child support grant in order to care for the child. Young mothers mentioned that when they realised that fathers of their children could not assist them financially, they perceived them differently and believed that they were failures because it is socially constructed within their communities that a man must be able to provide. This is further supported by Posel and Rudwick (2014) as they stated that the dominant notion of masculinity is grounded on the belief of a father being the financial provider while the sense of womanhood demarcated in the realm of domestic work, childbearing and rearing responsibilities.

“I was forced to apply for the child support grant because the father of my child could not assist me financially due to being unemployed. Since I gave birth, I did not perceive him like used to, I sometimes felt like he was a failure who cannot provide for his child” (Nokwanda, 25 years).

There are challenges experienced during the child support grant application process. Patel et al. (2015) suggest that the lack of cooperation and collaboration between departments, civil society as well as communities result in challenges during the grant application process. Challenges may include long queues, lack of knowledge on the required documentation and having to continuously visit the South Africa Social Security Agency (SASSA) to check up on the progress of the application. Certain young mothers who applied for the child support grant experienced challenges associated with the application process. They mentioned that they had to stand in long queues holding their children, some were misinformed about documentation, as Ntombi (22 years) emphasised: *“I had no idea about the documentation required for the application process.”* In addition, young mothers mentioned that they were shouted by the department administrative workers when their documents were missing; and they would ask them why they rushed to have children at a young age because they cannot even afford to cater for the needs of the child.

“When I applied for the child support grant, I had to go through long queues only to find out that there were missing documents. The process was painful and some workers shouted at me because they could see that I was a young mother” (Samke, 22 years).

Two young mothers expressed how they had challenges with applying for the child support grant due to not having an identity document as well as a birth certificate. One young woman mentioned that her mother abandoned her therefore, she grew up living in different households; she believes that she may have lost her birth certificate when she was changing households. When she fell

pregnant, there was no one to assist her with the identity document application process, when she went to the Department of Home Affairs, they wanted her guardian. The young mother explained that she had to look for someone with the same surname as hers in order to apply for an identity document.

“Not having present parents is challenging, when I had to apply for the child support grant, I did not have an identity document and there was no one to assist me. I ended up looking for someone who had the same surname as mine” (Thule, 25 years).

4.9 Summary

There are a number of concerns pertaining to early childbearing in South Africa. This chapter outlined the perspectives and experiences of young women in their roles as mothers. One of the challenges that women encounter when they become mothers at a young age is solely providing care for the child. In South Africa, father absence has remained as one of the social issues relating to parenting (Van den Berg and Makusha, 2018). The prevalence of father absence has numerous implications for mothers as well as children. The study found that it became financially draining for young mothers to care for their children when fathers were absent. Often when a woman falls pregnant at a young age, their families provide care for the child. It becomes the responsibility of the maternal family to care for the child if the father is absent and the paternal family is not willing to assist (Mjwara and Maharaj, 2018). A study conducted by Mufutau and Okeke (2016) in South Africa noted that the relationship between biological mothers and fathers affect the father's willingness to be involved in the child's life. Similarly, this study found that women who were in intimate relationships with biological fathers of their children were likely to receive support as compared to women who were no longer in relationships with fathers of their children. As certain relationships between parents do not last, the financial burden to provide care for children lies on maternal families who are sometimes living under extreme poverty. In South Africa, poverty, poor socio-economic conditions and low educational attainment lead young women to engage in a behaviour which may result in unplanned pregnancies (Mkhwanazi, 2014). Female-headed households have higher incidence of poverty as compared to male-headed households. Female heads usually have less time for market work given their significant engagement with home production; some female face discrimination in accessing jobs and social welfare (Nwosu and Ndinda, 2018). In addition, one of the causes of female headship is teenage pregnancy, female

heads may have a history of early parenthood and family instability, which positively correlate with poverty, particularly among the Black African racial group (Nwosu and Ndinda, 2018). Feminisation of poverty is witnessed in the current study as it was discovered that certain young women from both women-headed and child-headed households fed their children in an empty stomach. This limited the woman's ability to produce sufficient breast milk for the child. Infants who do not receive sufficient breast milk are likely to constantly cry and this may have negative health and developmental implications.

One of the causes of poverty in South Africa is the high rates of unemployment. The rates of unemployment provided by the Statistics South Africa (2021) shows an increase of 1.8 percentage as the rate increased from 32.6 percent to 34.4 percent. The high rates of unemployment affect young mothers and their families as some of them fall pregnant when they are students living within households where their parents and guardians are unemployed. Unemployment places children in positions of living under poverty when their families cannot afford to provide basic needs for them. In 2018, over 59 percent of South African children were living below the poverty line; this was prevalent among Black African children as compared to other racial groups (Hall, 2019). The majority of children living below the poverty line were living in households without an employed adult. This is substantiated by Hall (2019) who states that income inequality is associated with unemployment and children are greatly affected by this. The high rates of unemployment places fathers in positions of not being able to financially provide for their children. Certain fathers are absent in their children's lives because they cannot not afford to financially provide for their children (Govender et al., 2020; Pillay, 2021). In addition, economic constraints often prevent fathers from paying for damages, this restricts them from enacting forms of masculinity that encourage healthy relationships (Pillay, 2021). Certain fathers end up not being present as they cannot afford to provide financial support, in such cases the responsibility lies on the mother and her family to care for the child. The child support grant has played an important role in assisting young mothers who do not receive financial support from their families and fathers of their children. The study found that the majority of young mothers were receiving the child support grant. The high rates of poverty and unemployment has resulted in young mothers applying for the child support grant as this became their main source of income (Mkwanazi, 2016; Pillay, 2021). Furthermore, certain young women who were students and awarded scholarships expressed how their scholarships assisted them to cater for the needs of their children as most of their families

were living under poor conditions. The criteria for certain scholarships prove that students were coming from poor and disadvantaged backgrounds as students who were awarded came from families with a combined household income of not more than R350 000 per annum (Department of Higher Education and Training, 2015).

According to Mokwena and Masike (2020) socio-economic challenges such as poverty, high unemployment rates and low salaries has resulted in the prevalence of postnatal depression within South Africa. Women encounter financial challenges of raising children when their fathers are absent and this may lead to postnatal depression. The present study found that women who experienced postnatal depression emphasised that the main cause was associated with the financial burden of providing for their children as certain fathers were absent while others were unemployed. The biological father's inability to pay for damages also contributes to postnatal depression as certain families pressurise women to ask their partners for the payment of damages after childbirth. Even though women experienced postnatal depression, some were not aware that they were suffering from depression as this public health concern is disregarded within certain Black African communities. In a study conducted in the North West region of South Africa, Kathree et al. (2014) revealed that the majority of women were not aware that they were facing postnatal depression. When women fall pregnant at a young age, it is common for the family to be concerned about their physical health as well as the health of the child. Other health concerns such as postnatal depression are often overlooked as certain communities are not aware of such due to being raised by parents who lack knowledge about this health concern. The perspectives and experiences of young mothers are largely influenced by poverty, unemployment and father absence. The journey of motherhood cannot be discussed without taking into consideration the socio-economic challenges that exists within South Africa, as this impact the perspectives and experiences of young mothers.

CHAPTER FIVE

THE IMPACT OF MOTHER PRESENCE AND/OR ABSENCE ON THE JOURNEY OF MOTHERHOOD

5.1 Introduction

The presence of a mother is regarded as important for the child's health, wellbeing and development. The role of a mother involves caregiving, teaching and supporting the child throughout their lives (Jordan and Carlson, 2014). Mothers may be considered present when they are living within the same household and are actively providing care and support for their children. Ghost (2016) suggests that mothers may be perceived as present when they provide physical, spiritual and psychological support for their children. Mother presence often results in positive childhood development for children, particularly when women build and maintain healthy relationships with their children. As much as it is often assumed that women raise their children, they are not always present. A mother may be regarded as absent when she does not provide any form of support to her child (Reyes, 2011). There are numerous factors that may result in mothers being physically and emotionally absent in their children's lives. Factors such as death, female labour participation, educational attainments, marriage as well as divorce has led to mothers being absent (Browne (2017; Kailahemo and Erola 2016; Statistics South Africa, 2020c). This may result in negative consequences, which include children having negative feelings about life, poor behaviours and health challenges (Gerlach, 2015). Mother absence in relation to the study is based on young women who grew up not living within the same household as their mothers due to a number of reasons. The presence and/or absence of biological mothers has an impact on how young women experience motherhood. In addition, this may shape their perceptions of what it means to be a mother. This chapter outline findings from telephonic interviews with 20 young mothers who grew up with present biological mothers as well as 20 young mothers who grew up without their biological mothers. The chapter is based on the responses that were derived from interviews, which relates to the second objective of the study that ascertains how the presence and/or absence of biological mothers may shape young women's perspectives and experiences of motherhood. Themes identified relate to the reasons for mother absence and family's reaction to pregnancy. It is deemed important to discuss how the pregnancy of young women may have affected their relationship with their families. The use of contraceptives is documented focusing on the

involvement of mothers in sexual and reproductive health discussions. The latter part of the chapter outline factors influencing how young women are raising their children and the living arrangements of young women.

5.2 Reasons for mother absence

There are a number of factors causing mothers to be absent from their children's lives. The prevalence of illnesses and accidents has resulted in many children growing up without present biological mothers. In South Africa, the HIV epidemic resulted in a cumulative number of children growing up without a present biological parent (Burkholdern, 2019). The study found that of 20 young mothers who grew up with absent biological mothers, 10 reported that their biological mothers were absent due to death. Young women highlighted that their mothers died when they were very young, some mentioned that they do not remember anything about their biological mothers while others have memories of the little time they spent with their biological mothers. In the word of Siphe (24 years) *"my mother died when I was very young, I do not remember anything about her."* One young mother mentioned how she did not spend time with her biological mother as she was first imprisoned and later died in prison.

"My mother was imprisoned when I was very young. After a few years of being imprisoned, she died. I do not remember anything about her as we did not spend much time together"
(Gabisile, 22 years).

The death of biological parents resulted in child-headed households. The study conducted by Mogotlane et al. (2010) within South Africa suggest that the majority of child-headed households were resulting from the death of one or both parents. Children heading households often live in poverty and they experience challenges of sustaining their lives as some do not have any source of income. This results in certain young women being in relationships with older men in order to receive financial support (Goso et al., 2020; Mogotlane et al., 2010). In such relationships, young women are forced into engaging in sexual activities and they become exposed to diseases and early childbearing (Goso et al., 2020). Furthermore, financially needy women become exposed to gender-based violence in their relationships (Goso et al., 2020). Two young women whose mothers died when they were very young reported that they grew within child-headed households. They had older siblings who took care of them after the death of their parents as their relatives were not willing to live with them. Young women expressed how challenging it was to grow up within a

child-headed household, as they would sometimes not have food to eat when they came back from school. This led them to be in relationships with working older men who were able and willing to assist them and their families with financial support.

“After the death of both my mother and father, we were left with my siblings and cousin. Our relatives were not willing to assist us with anything, we had to do everything on our own. It was very challenging as we would sometimes sleep without having food because we could not afford to buy food” (Lerato, 25 years).

There is little information about child abandonment in South Africa as there are no official government statistics that may reveal the exact number of children abandoned annually however, estimates from Child Welfare organisations indicate that more than three and a half thousands of children were abandoned in 2010 (Blackie, 2014). This is also evidenced in the number of children living within children’s homes as well as child-headed households. One of the criteria stipulated by the Children’s Act 38 of 2005 for the placement of children in a children’s home include those who have been abandoned and have no support system. Women abandon children for a number of reasons. Sometimes, financial constraints and domestic violence lead to certain mothers abandoning their children. Two young women reported that they were abandoned by their mothers when they were young. One young woman mentioned that her father was abusive towards her mother, which resulted in her mother leaving them. She highlighted how she grew up in different households as she could also not live with her abusive father. Thule (25 years) expressed that *“my mother abandoned me when I was six years old, she could no longer stand the abuse from my father.”* The other young woman highlighted that when her father died, her mother left them and moved on with her life due to disagreements and conflict with her father’s family. The young mother explained that she was raised by her paternal family as her parents were married. She went on to state that even though she was grateful that she had a family, she missed her mother and always hoped that she will come back home.

“After the death of my father, my mother decided to leave us and moved on with her life, things have never been the same without her presence” (Avuyile, 23 years).

Women experience the strain of having to solely provide financial support for their children when fathers are absent. This may lead to them not living within the same household as their children when they are working far from home. In addition, some women decide to further their studies as

they desire to improve the standards of living for themselves and their children (Maisela and Ross, 2018). Being young mothers motivate them to try and build a better future for themselves and their children. Certain higher institutions are located within regions that prevents women from travelling on a daily basis therefore, they end up living within university residences. Children are often left under the care of their grandmothers when mothers are not living with them. Two young women highlighted that they grew up without present biological mothers because their mothers were in school while two young women did not grow up with their biological mothers as they were working far from home. These young women saw their biological mothers occasionally when they visited. It was challenging for young women to witness their mothers leaving, they would feel sad and sometimes cry. Nokwazi (24 years) mentioned that *“my mother gave birth at a young age, she had to go back to school and was staying far from home, I would cry every time she left home.”* Ntombi (22 years) further added that *“my mother was working far from home therefore, I grew up with my grandmother, I would feel very sad when she left home.”*

Marriage is another factor resulting in children not growing up with their biological mothers. It is not uncommon for women to get married when they already have a child with another man. The African culture often does not allow the woman to take her child with her when she is getting married to another man (Baloyi, 2014). It is not socially accepted to take the child born out of wedlock to the spouse's family, particularly when the woman is going to live with her in-laws. Children born out of wedlock are often left with the woman's family after the wedding. Two young women grew up not living with their biological mothers due to their mothers being married to men who were not their biological fathers. Young women occasionally visited their mothers and sometimes their mothers visited them. Zinhle (21 years) highlighted that: *“my mother got married to another man who is not my biological father, she left home when I was very young and I was raised by my maternal grandmother.”* Another factor that resulted in women not growing with their biological mothers include paternal families believing that after the payment of damages, the child belongs to them. One young mother expressed how her paternal family demanded that she lives with them because they had paid damages for her, thus she had to move and live with them. Madhavan (2010) observed that for certain families, the payment of damages offers the father an opportunity to acknowledge paternity and gives the child kinship rights to the paternal family. One young woman explained that her maternal family was not happy with her living with the paternal family. Her mother believed that she should raise her child and be present in all her developmental

stages. Even though her maternal family was unhappy, they allowed her to live with her paternal family as they had already paid damages.

“I grew up with my paternal family because my grandfather was a traditional man who believed that all his children and grandchildren should live with him and not with their mothers. After the payment of damages, he demanded my family to grant him permission to live with me. My maternal family was not happy about this however, I ended up living with my paternal family because they paid damages” (Nokwanda, 25 years).

The absence of biological mothers has resulted in grandmothers playing a vital role in caring for their grandchildren. Mtshali (2016) observed that grandmothers provide care for their grandchildren when parents are absent. Most young women were raised by their grandmothers due to mother absence. Of 20 young women interviewed, 14 were raised by both maternal and paternal grandmothers. Three were raised by their fathers, while two lived in child-headed households when their parents died. One young woman was abandoned by her mother therefore, she grew up in different households as she could not live with her abusive father and her relatives were not willing to take her. Young mothers who were raised by grandmothers expressed how their grandmothers tried their best to care for them. In the words of Mbali (23 years) *“I was raised by my paternal grandmother; she took care of me when I was very young and prioritised my wellbeing.”* Three young women were raised by their fathers, these young women lived with their fathers and paternal family members. Certain fathers provide financial support without building and maintaining healthy relationships with their children (Freeks, 2017). Young mothers maintained that even though their fathers provided financial support for them, they did not spend time with them because they were working. In addition, young women did not have a close relationship with their fathers as they hardly communicated with them when they were home.

“I was raised by my father, after the death of my mother, he took care of me with the assistance of his family members” (Sine, 25 years).

The absence of a biological mother is associated with a number of implications for the child. In the study, certain young women who grew up in child-headed households due to mother absence were exposed to poverty. Some were living in households headed by grandmothers that depended on the old age grant, this is an amount of R1985 received per month by South African citizens who are 60 years or older. Certain households depend on the old age grant for basic needs and this

results in poor living conditions. Mashau and Tugli (2019) suggest that grandmothers face numerous financial challenges when they are heading households and raising their grandchildren. Young women who were living in households headed by their grandmothers were exposed to poverty and poor living conditions. All young women who grew up with absent biological mothers were affected by the absence of their mothers, they would feel isolated at home during family gathering as well as in schools when their friends shared stories about their mothers. Ntokozo (25 years) noted that *“not having a present biological mother affected me, I would feel left out during family gatherings when my cousins ran to their mothers for something while I had no one.”* Certain young women mentioned that they grew up seeking love and attention as there was a gap that no one could close, this resulted in them becoming attached to their partners when they were in relationships. In addition, young women highlighted that the attachment to their partners resulted in them allowing their partners to access their bodies even when they were not ready for sexual activities, leading to early sexual engagements and unplanned pregnancies.

“Growing up without a present biological mother has affected my overall wellbeing. I grew up seeking love and attention in all my relationships. I think seeking love and attention meant I would do anything to please my boyfriend as I was attached to him. I ended up engaging in sexual activities and falling pregnant at a young age” (Mbali, 23 years).

5.3 Family’s reaction to pregnancy

The reaction of the biological mothers to their daughter’s pregnancy is often associated with shock and disappointment. Fernandes et al. (2012) point out that the news of a daughter’s pregnancy is usually associated with fear and shock causing discontentment for biological mothers. It would seem that there is disapproval of childbearing outside of marriage. Mothers become disappointed when their children fall pregnant at a young age as they had hoped that they will begin childbearing when they are married. All 20 young mothers who grew up with present biological mothers emphasised that their biological mothers were shocked and disappointed when they found out about their pregnancies. This was because young women fell pregnant at a young age and their mothers were concerned about their future careers as well as whether fathers of their children were going to marry them or not. Even though certain young mothers grew up within women-headed households due to a number of factors, their mothers had hoped that they will find partners and only begin childbearing after getting married. Therefore, when biological mothers discovered

about their daughters' pregnancies, they were disappointed and concerned about their future relations. Slungile (21 years) mentioned that *"my mother was shocked and disappointed when I fell pregnant, she was concerned about my future and career as I was doing my first year at varsity."* Furthermore, Nobuhle (25 years) added that *"it was a shock and something that my mother did not expect, she was worried about my future and whether I will get married one day."*

The pregnancy of young women may bring shame and certain mothers feel a sense of guilt as they believe that they had failed in their responsibility and could have done more to protect their children from this predicament (Mgbokwere et al., 2015). In addition, mothers may become concerned about how families, friends and neighbours would react as they may be blamed for not being able to discipline their children. Young women highlighted that their biological mothers were worried about their extended families and communities when they fell pregnant as this created a certain impression about their parenting skills.

"I fell pregnant at the age of 17 years. I could see that my mother was disappointed and concerned about our extended family members and the community at large. She blamed herself for my pregnancy and I felt ashamed of myself" (Kwanele, 23 years).

Young mothers mentioned that early childbearing resulted in biological mothers not performing umemulo (coming of age ceremony) for them. Umemulo is a ritual performed to celebrate a female's blossoming forth into womanhood (Magwaza, 2008). This ritual is performed when a female maintains her virginity until the age of 21 years. It is perceived as a way of thanking the female child for respecting her parents and welcoming her into womanhood (Magwaza, 2008). Young mothers noted that when their mothers discovered that they were pregnant before the age of 21 years, they automatically knew that this ritual was not going to be performed for them because they disappointed their parents and the family name.

"Umemulo is often performed when the female reaches the age of 21 years without having a child. My family believes in this ritual as it is form of appreciating and thanking the child for behaving well until the age of 21 years. Since I had a child before the age of 21 years, my mother told me that this ritual will not be performed for me because I have disappointed the family" (Nolwandle, 23 years).

There were a few young women who stated that their biological mothers were still willing to perform umemulo ritual even after they had a child. Culture or tradition is dynamic because all cultures change overtime, changes take place in response to certain events and phenomena (Akama, 2012). The African culture is not static, it is based on fluidity principles and values. This means that it changes overtime based on experiences and preferences. In more recent times, umemulo is performed when a girl has completed her tertiary education, when she is about to get married or when her partner's family is planning to pay ilobola (Magwaza, 2008). Certain families believe that a woman should not get married without umemulo ritual being performed, even when the woman already has a child. Therefore, this is the reason why certain families choose to perform this ritual even when their daughter had a child before the age of 21 years as it may be required at a later stage. As much as the main purpose of performing the umemulo ritual is to welcome a young female into womanhood, the present study found that biological mothers still believed that it was important for them to perform this ritual for their daughters. In addition, young women mentioned that their biological mothers believed that this ritual is significant for every female because if it is not performed at an early stage, it may be required at a later stage when the woman is about to get married.

“My mother told me that this ritual will be performed for me even though I already have a child, she believes that this ritual should be performed for every young woman regardless of whether they have a child or not” (Thando, 23 years).

According Mgbokwere et al. (2015) despite mothers' initial discontent, criticism and sadness, some are able to accept and still exercise their roles of guiding their daughters in their new role as mothers. Young mothers mentioned that even though their mothers were disappointed and upset about their pregnancies, they were more accepting overtime. Amanda (24 years) maintained that *“as much as my mother was shocked and disappointed, she was able to accept.”* Factors such as how mothers discovered about their daughter's pregnancies and the payment of damages had an impact on mothers accepting their daughter's pregnancies. Certain young women highlighted that their mothers found out about their pregnancies after being informed by their older siblings, others noticed their physical body changes relating to pregnancy while others found out when the young mother was unwell due to the pregnancy. Samke (22 years) expressed that *“my mother found out about my pregnancy as she saw my breasts growing, she was upset that I did not tell her however,*

she was able to accept overtime.” On the other hand, Phindile (25 years) mentioned that *“I was rushed to the hospital due to my blood pressure and that is when my mother found out about my pregnancy, as much as she was disappointed, her concern was my health, which resulted in her accepting my pregnancy.”* The payment of damages also influenced mothers’ reaction as they were assured that even though their children made a mistake, they knew fathers of their children and fathers were willing to show their respect by paying damages. This is supported by Pillay (2021) who states that the payment of damages has a positive impact on the maternal family as it represents the father’s commitment to the mother and child. Young mothers observed that the payment of damages positively impacted their mother’s reaction as Precious (25 years) stated that *“the payment of damages in a form of cows influenced my mother’s reaction, she was glad that I knew who the father of the child was and his family was willing to respect my family by paying damages.”* Certain fathers do not pay damages as they cannot afford to pay while others deny paternity. The reason certain fathers do not pay damages is because of economic hardships as well as previous rampant denial of paternity (Mkhwanazi and Block, 2016). In cases where fathers do not pay damages, biological mothers often question their daughters about the payment as the majority of them still believe that the payment is vital, particularly when the father wants the child to use his surname. Young mothers mentioned how the non-payment of damages negatively impacted their motherhood journey, their mothers questioned them about the unwillingness of the paternal family to pay as well as why certain families denied paternity. They stated that their biological mothers would sometimes blame them for the non-payment of damages because this brought shame to the family name.

“The child’s paternal family did not pay the damages. My mother used to ask me why they were not willing to pay the damages and she would sometimes blame me for the non-payment” (Sandiso, 22 years).

The reaction of fathers may differ in comparison to mothers who may be more accepting over time. It is often challenging for fathers to accept their daughters’ pregnancies as some avoid and/or break contact with their daughters (Fernandes et al., 2012). There were young mothers who highlighted that their fathers were upset with them, they chased them away and did not make any contact with them. Young women expressed that having a present biological mother assisted them because their mothers were more accepting, they tried to make plans for them to live with relatives when their

fathers chased them away, others stated that their mothers tried to speak to fathers on their behalf. Thabile (25 years) said *“my father did not even eat the food I cooked, having a present mother really assisted because she tried to speak with him.”* Kwethu (23 years) further added *“after childbirth, my father chased me away as he was very upset, it was my mother who made plans for me to live with our relatives until my father allowed me back.”*

Young women who were raised by their grandmothers due to the absence of their biological mothers reported that their grandmothers were disappointed, upset and concerned about the financial constraints this will have on the family. Grandmothers who raise their granddaughters often face numerous challenges relating to finances, health and their overall wellbeing (Damian et al., 2019). Due to poverty, unemployment and limited access to social services, certain South African families depend on the old aged grant for basic needs (Damain et al., 2019; Knight and Yamin, 2015). Grandmothers who often raise grandchildren due to the death of their parents become concerned when they hear about the news of their granddaughter’s pregnancy. The present study found that grandmothers were worried about financial support as certain families depended on the old aged grant for basic needs and survival. Promise (24 years) emphasised that *“my grandmothers was upset and concerned about who will provide financial support for the child as we depended on her old aged grant for everything.”* Raising grandchildren may have a negative impact on the health of grandmothers, they may suffer from emotional distress stemming from financial challenges as well as when their grandchildren are troubling them (Damain et al., 2019). Certain young women who were raised by their grandmothers highlighted how the news of their pregnancies affected grandmothers’ health, some were admitted to hospitals due to not taking the news well. These grandmothers were blaming themselves and felt as if they had failed in raising their grandchildren.

“My grandmother is diabetic, when she found out about my pregnancy, we had to rush her to the hospital that night as she was unwell, I think she was overthinking about my pregnancy. My grandmothers told me that she has failed in raising me because I fell pregnant, she was worried about what she could have done wrong for me to end up falling pregnant at such a young age” (Londeka, 24 years).

Young women who were raised by their fathers highlighted that they were not on talking terms with their fathers after they were informed about their pregnancies. Fathers often break contact

with daughters after they found out about their pregnancies and this has implications for their relationships (Fernandes et al., 2012). The present study found that certain fathers chased their daughters away when they found out about their pregnancies due to them being upset, there was no one to try and make their fathers understand and accept their pregnancies. Young women expressed how they wished their biological mothers were present as they would have tried to communicate with their fathers and the situation would have been better. In the word of Nqobile (23 years) *“my dad was very furious when he found about my pregnancy, he chased me away and no one tried to make him understand that it was a mistake, these were times I wished my mother was still alive because she would have tried to talk to him or organise where my child and I were going to stay.”* Young women further highlighted that their relationship with their fathers was never the same because they were not able to accept that their daughters were mothers. Young women tried to make contact with their fathers after childbirth however, some were not interested in rebuilding the relationship with them.

“My father was very upset about my pregnancy. I had hoped that after childbirth he would be calm and accept that I made a mistake. I tried to contact him for the whole year and he did not take my calls, our relationship has never been the same” (Pearl, 25 years).

Certain young women whose biological mothers were absent due to them being deceased emphasised that the family’s reaction to their pregnancies was different for them as compared to other family members whose biological mothers were present. Young mothers living in extended family settings expressed how they were treated differently as compared to their cousins whose biological mothers were present and living with them. Young women mentioned how not having a present mother to support and stand by their side affected their overall experience of motherhood, as some aunts and their grandmothers were not as understanding and lenient to them as they were with their cousins who had present biological mothers. For instance, some young mothers were chased away by their aunts from home, while their cousins did not receive the same treatments as them when they were pregnant.

“When my family found out about my pregnancy, I believe their reaction was different in comparison to how they reacted when my other cousin fell pregnant. My aunties chased me away from home and they were not willing to try and understand my situation. I think not having a present mother impacted on how they treated me and this affected my

wellbeing as I had wished my mother was alive. I know that she was going to be disappointed however, I am certain that she would have tried to understand and support me” (Sindi, 23 years).

There were young women whose biological mothers were still alive however, they grew up not living with them due marriage, schooling and working far from home. These young women highlighted how all their biological mothers were shocked and disappointed about their pregnancies. Young women expressed that their biological mothers blamed themselves as they believed that their presence would have made a difference and possibly prevented early pregnancies. In a South Africa study conducted by Maputle et al. (2015) on mothers’ perception of their daughter’s pregnancy, it was discovered that certain mothers blamed themselves for their children’s pregnancy because they felt as if they were not there for their children. Young women further expressed that some of their biological mothers felt as if history was repeating itself as they also fell pregnant at a young age.

“My mother was disappointed about my pregnancy. She blamed herself because she had never wished for me to fall pregnant at a young age like she did” (Mandisa, 22 years).

5.4 The relationship between young mothers and their families

The relationship between a mother and a daughter is vital from birth to adulthood (Mosman et al., 2015). This is because daughters relate to their mothers for self-identity and may need them as they approach the different developmental stages. Certain mothers do not have an open relationship with their daughters and this often results in daughters not being able to express themselves when they are around their mothers. The majority of young women who grew up with present biological mothers highlighted that before childbirth, they did not have an open and great relationship with their biological mothers due to them being strict and did not create a platform that allowed them to express themselves. Slungile (21 years) maintained that *“at some point I thought my mother did not like me because she was very strict, we would not even have a decent conversation together.”* Young women mentioned that the situation worsened when they were pregnant because they were afraid of informing their biological mothers. However, young mothers observed that after childbirth the relationship with their biological mothers improved because they accepted their pregnancies, began to treat them like grown women and they became more comfortable with seeking advice and sharing any challenges such as relationship problems with

fathers of their children. The study conducted by Govender et al. (2020) reveal that once biological mothers accept their daughter's pregnancy, they support and create a strong and open relationship with them. Young women mentioned that they became closer with their biological mothers and they believed that having a child strengthened their relationship.

"I think having a child strengthened my relationship with my mother, we became closer than before. I was not comfortable with sharing certain things with her, now I even talk to her about my relationship challenges" (Nobuhle, 25 years).

According to Ramukumba and Masala-Chokwe (2017) young, first-time mothers often require assistance with childcare as they lack confidence in mothering due to feelings of doubt, anxiety and desperation to be a perfect mother. Most young women highlighted that they had limited knowledge about childcare, some were able to carry the child however, they were afraid of bathing an infant. Young women expressed that having a present biological mother assisted them after they gave birth as they were very supportive and willing to help them with childcare. They mentioned that they were guided by their biological mothers throughout their journey and their mothers tried to close any gaps such as when the father of the child was absent. This assisted them in their new roles of being mothers. Sandiso (22 years) noted that *"my mother was very supportive, she guided me in everything I did and was able to try and close the gap as the father of my child was absent."*

The role of grandmothers was identified as being significant for both women who grew up with present biological mothers as well as those who grew up with absent biological mothers. Govender et al. (2020) suggest that certain young women received emotional and financial support from their grandmothers, they described their grandmothers as someone whom they shared problems with and depended on them for child-rearing advice. Grandmothers play an essential role in raising their grandchildren when their daughters are present as well as when they are absent. They further assist their grandchildren with childcare when they have children. The study found that young women who grew up with present and those who grew up with absent biological mothers emphasised the important role played by their grandmothers when they gave birth. They expressed that grandmothers advised them on how to care for their children and they also assisted them with looking after the child.

“I have always had a close relationship with my grandmother. She was very helpful when I gave birth. Whenever I wanted to seek clarity, I would ask her and she would advise me accordingly. Her support meant everything to me and my child” (Ntando, 24 years).

The experience of young women who did not have present biological mothers as well as grandmothers was challenging as they had to learn everything on their own due to living in child-headed households as some relatives not willing to assist. Certain young women expressed how not having a present mother affected their experience of motherhood. They had to learn everything on their own due to them not having anyone to assist them with mothering roles specifically, those who were living in child-headed households. Young mothers stated that the absence of their biological mothers impacted on them walking the new journey of motherhood alone, they did not receive guidance from anyone, which was challenging for them as they were young and required assistance in the new role. Lerato (25 years) reported that *“I had to figure out everything for myself, not having a present mother impacted on me walking this new journey alone with no one to turn to for support and guidance.”*

5.5 The use of contraceptives

According Mjwara and Maharaj (2018) the lack of knowledge on the different methods to prevent pregnancy plays a key role in prompting risky sexual behaviours. It is not uncommon for young individuals to have limited knowledge pertaining to the preventative measures such as contraceptives. As much as certain young women are exposed to the internet, some do not own smart phones while others cannot afford to purchase data for the internet. This becomes a hindrance for them to use the internet in order to familiarise themselves with preventative measures such as contraceptives. Certain young women lack knowledge about contraceptives as they do not try and educate themselves about the different methods, they do not consider the possibility of falling pregnant and others feel protected because they have engaged in unprotected sexual activities however, they did not fall pregnant (Mjwara and Maharaj, 2018). Most young women stated that when they began sexual activities, they had limited knowledge relating to the use of contraceptive measures. Thabile (25 years) mentioned that *“I did not have any knowledge about contraceptives, we once learned about such however, I did not know where I can go to get them or who I can ask when I need them.”* Only one young woman who gave birth at the age of 24 years after completing her tertiary studies had knowledge and used contraceptives before childbirth. She highlighted that

she was on the injection contraceptive however, she would sometimes miss appointment dates, as she did not consider that she might fall pregnant.

“I knew about the injection contraceptive and I was using it before I had a child, I was not serious because sometimes I would miss dates and not care because I had never thought I would fall pregnant” (Siphiwe, 25 years).

In many South African communities, the topic about sex is taboo. Parents find it challenging to discuss sexual and reproductive health issues as it is embarrassing and they believe that it may prompt their children into engaging in sexual activities (Motsomi et al., 2016; Mpondo et al., 2018; Pillay, 2021). It is often assumed that females engage in sexual activities after marriage therefore, parents do not discuss issues of sexual and reproductive health with their children. Virginity testing, which is practiced within many traditional societies in South Africa is another factor that prevents parents from discussing sexual and reproductive health issues as young females are expected to only stop virginity testing once they are married. Bhana et al. (2019) suggest that virginity testing has been resurrected as a cultural intervention to stop the spread of HIV, women’s vulnerability to diseases as well as early childbearing. The communication barrier may be caused by not spending time with children as the study conducted by Motsomi et al. (2016) indicate that parents who live a busy life due to work and are often not present at home tend to find it difficult to communicate with their children about sexual and reproductive health issues because they sometimes become disconnected to their children. The present study found that young women did not have anyone to talk to about issues of sexual and reproductive health due to their parents being very strict. They highlighted that their school teachers treated them like their children therefore, it was not easy to ask them due to the level of respect they had for them. Most young women who grew up with present biological mothers as well as those who grew up with absent biological mothers confirmed that they did not have anyone to discuss sexual and reproductive health issues with, they were only able to speak to their friends who also had limited knowledge about such. They believed that their mothers as well as guardians were not aware that they were sexually active and they wished they had someone to talk to as this may have prevented the mistake of unplanned pregnancies.

“I did not have anyone to talk to about issues relating to sexual and reproductive health. I honestly wish my mother was able to talk to me about such, I believe that this would have prevented me from having a child at such a young age” (Banothile, 25 years).

Parents who try to discuss issues of sexual and reproductive health with their children are often not explicit. Mpondo et al. (2018) observed that mothers who try and communicate with their children pertaining to sexual and reproductive health issues were not clear, they used terms such as “you have grown old now, but do not allow anyone to enter the kraal.” This made it difficult for their children to understand what they were referring to and it was not easy for them to ask due to the relationship they had with their mothers. Motsomi et al. (2016) suggest that fathers tend to not even try to communicate with their children, they fear that female children might think that they have intentions of sleeping with them and with male children fathers feel very embarrassed to discuss this with them. Certain schools do not place emphasis on sex education and this is another factor contributing to children having limited knowledge about issues of sexual and reproductive health. In their study, Mpondo et al. (2018) reveal that certain schools did not teach sexual education as part of their Life Orientation subject while other schools gave basic information with varying content on topic such as menstruation, HIV/AIDS as well as sexually transmitted infections. Interestingly, schools that discussed sex education emphasised the importance of avoiding being in relationships with boys echoing the message given at home (Mpondo et al., 2018). The age gap between parents and children may affect communication as the study by Motsomi et al. (2016) found that children perceived their parents as being too old and conversations on sexual and reproductive health resulted in awkwardness. Two young women mentioned that their mothers tried to initiate sexual and reproductive health discussions before they gave birth however, it was very awkward. Young mothers highlighted that it was not easy to inform their mothers that they were sexually active and it became challenging for them to discuss such topics with their mothers. Samke (22 years) maintained that *“even though my mother tried to talk to me about sexual and reproductive health issues, I was not comfortable to have this conversation with her.”*

After childbirth certain young women highlighted that their mothers and grandmothers began to discuss sexual and reproductive health issues. These young women noted that their mothers and grandmothers told them to make sure that they use protection and other contraceptive measures in

order to avoid another pregnancy because they were sexually active. Young women expressed that it was not a discussion, their mothers and grandmothers were basically warning them to make sure that they do not fall pregnant again. The tone of parents when communicating with children about issues of sexual and reproductive health is often harsh, taking the form of a warning about pregnancy (Mabunda and Madiba, 2018). However, other young women highlighted that their biological mothers, grandmothers and guardians still did not discuss issues of sexual and reproductive health with them even after childbirth. They believed that their families might have thought that they were informed about the different contraceptive measures within healthcare facilities when they were giving birth. Furthermore, other young mothers mentioned that they were still treated like children while others believed that their biological mothers and grandmothers had limited knowledge about the different preventative measures.

“After childbirth, my mother and I started to talk about contraceptive use and relationships, we become very close as I even told her when I felt like I had an infection in my private area” (Ndodo, 25 years).

“My mother still treated me like a child even after I gave birth. I think she also does not have much information about the different contraceptive measures as my mother is very old fashioned and did not even finish school” (Phindile, 25 years).

Of the 40 young women interviewed, 39 were using the injectable contraceptive. Young women mentioned that they were offered injectable contraceptive after childbirth with little consultation as to whether they wanted to take the contraceptive measure. This is substantiated by Pillay (2021) who also found that young women were offered the injectable contraceptive with little or no inquiry into their individual family planning needs or preferences. Young mothers use contraceptives after childbirth in order to prevent another pregnancy (Mjwara and Maharaj, 2018). The main factor that encouraged women to use the injectable contraceptive was that they did not want to have another child. Zama (24 years) mentioned that *“I used the injection contraceptive because it was given to me after childbirth and I do not want to have another child.* Young mothers reported that they were mistreated during childbirth as well as when they came for the appointment to receive the injectable contraceptive. They highlighted that healthcare workers within public healthcare facilities would loudly announce that those who are here for contraceptives should join a specific line without considering that they were elders of the community whom they respected.

Young women mentioned that they would be embarrassed because sometimes elders of the community would be present within the facility and they would be asked to carry containers for urine tests in front of everyone. In the words of Fezeka (25 years) *“we would be expected to carry urine in front of everyone within the facility and it would be embarrassing and obvious that we are her for the injection contraceptive.”*

According to Chandra-Mouli et al. (2014) in certain countries within sub-Saharan Africa, contraceptive methods are not available to young women. This may be due to the shortage of supply, which prevents women from accessing contraceptives within public healthcare facilities. Malakoane et al. (2020) suggest that the healthcare service delivery challenges are brought on by South Africa's increased disease burden, limited funds and insufficient distribution of resources. One of the factors contributing to the low contraceptive usage among young women is the many barriers to accessing contraceptive services within South Africa (Khoza et al., 2019). The limited access to contraceptives results in certain healthcare workers refusing to provide unmarried young women with contraception information and services because they do not approve premarital sexual activities (Chandra-Mouli et al., 2014). Issues relating to barriers in accessing contraceptives within South Africa has resulted in many unplanned pregnancies among young women. The COVID-19 pandemic further perpetuated the shortage of contraceptives in South Africa. Bolarinwa (2021) posits that one of the challenges faced by South Africa is the shortage in the supply of contraceptives, particularly during the COVID-19 pandemic. The rules and regulations relating to the pandemic prohibited women from accessing contraceptives within public healthcare facilities. Other factors such as delayed deliveries from suppliers have prompted the shortage of contraceptives in South Africa. The present study found that young mothers experienced challenges of accessing contraceptives before and during the COVID-19 pandemic. Young women stated that they were informed by public healthcare workers that contraceptives were not delivered therefore, they could not get assistance. Certain young mothers could not afford to travel to other facilities while others could not afford to pay for contraceptives available within pharmacies. Therefore, they would not use contraceptives for a specific month which led to inconsistent use of contraceptives. Young mothers who had two children mentioned that limited access and improper use of contraceptives resulted in their second pregnancies.

“Access to contraceptives has been a challenge before and during the COVID-19 pandemic. I would say that my second child was a result of limited access to contraceptives because I began using them after the birth of my first child. There were times where I would go to the clinic and not access contraceptives, this led to my second pregnancy” (Londeka, 24 years).

The stigma associated with contraceptive use has resulted in reluctance by certain women to use contraceptives. Tabane and Peu (2015) argue that certain young women do not use contraceptives because they believe it will change their body shape and size. One young mother was not using contraceptives after childbirth as she did not like them and believed that it was not good for the woman's body. The young mother was against the use of contraceptives, she believed contraceptives changes a woman's body, she emphasised how she observed her friend whose body changed after she began to use the injectable contraception. The young mother was not willing to use any contraceptive method even after childbirth. During the interview, the young mother mentioned that she did not have a partner and was not looking for a relationship. She highlighted that when she finds a partner, she might consider the withdrawal method as she believes that this method does not have any side effects and it will not change her body like the other hormonal contraceptives. The withdrawal method of contraception (coitus interruptus) is the practice of withdrawing the penis from a woman's external genitals before ejaculation to prevent pregnancy (Jones, 2009). The young mother mentioned that she might use this method to prevent pregnancy when she finds a partner.

“I do not believe in the use of contraceptives and I will never use them. I have been observing how my friend's body is changing because she is using the injection as a contraceptive measure. I do not want my body to change, when I find a partner at a later stage, he will have to practice withdraw because I am not willing to use any oral contraceptive measure” (Promise, 24 years).

5.6 Factors determining how young mothers are raising their children

According to Kleinberg (2006) motherhood as a social construct emerges through interactions and is subject to change overtime. The way in which women raise their children is often socially constructed and dominant within societies. All young mothers mentioned that the way in which they were raising their children was largely influenced by how they grew up and how they were

disciplined by their parents and guardians. Young women emphasised that their biological mothers, grandmothers and extended female family members played a vital role in guiding them on how they should discipline their children, this was dominant within their families and communities at large. Young mothers mentioned that they were raising their children with love, respect and discipline so that they could distinguish between right and wrong. Nobuhle (25 years) stated that *“I am rising my child the same way I grew up that is being loving, respectful and adhering to the basic discipline.”* Kwanele (23 years) further added that *“the way I am raising my child is influenced by my mother and how she raised us, I am instilling the same love and discipline to my child.”*

Pillay (2021) outlines that raising a child involves making decisions on how to provide care physically, emotionally and financially. Decision relating to childcare are often impacted by how young women were socialised themselves as well as how they are planning to raise their children. Young mothers highlighted that even though they were planning to raise their children the way they grew up, they wanted to change certain things, such as building a safe and transparent relationship with their children. The study found that certain young women did not have an open relationship with their mothers and guardians therefore, this resulted in them making many mistakes, including early childbearing. Young women emphasised that they wanted to build and maintain healthy relationships that will allow their children to express themselves and share everything with them. Furthermore, they wanted to encourage their children to pursue careers that they are passionate about and not choose anything for them.

“I will use 50 percent of how I grew up and 50 percent of my rules. I want to create an environment that will allow my child to express herself. I want her to choose the career that she is passionate about in order for to her excel in everything that she does” (Ndondo, 25 years).

The environment and family setting in which parents grow and live in often influences how they raise their children. The study conducted by Coert et al. (2021) confirms that family settings and support have an impact on how young mothers raise their children. Young women who grew up within a nuclear family highlighted that the family setting that their children were growing up in was different from how they grew up. This was because young women were not married to fathers of their children therefore, they did not live within the same household. The prevalence of female-

headed households within South Africa also shows that many children are not living with their biological fathers (Nwosu and Ndinda, 2018). There are numerous factors relating to father absent however, in certain cases father are unknown or undisclosed. A father can be defined as unknown when the mother (or guardian) of a child does not know or has doubts about the identity or the name of the child's father while an undisclosed father is one where the mother does not tell the child who the father is or provides incorrect information (Padi et al., 2014). Women who engage in sexual activities with multiple partners often find it challenging to know who the father of the child is, and certain fathers deny paternity when they know that their partners were unfaithful. In certain cases, fathers escape the responsibility of caring for a child by denying paternity. Padi et al. (2014) suggest that the woman's unwillingness to disclose the father's identity might be due to incest, being impregnated by a married man or when the father denies pregnancy. The absence of a male figure in a child's life may have a negative impact on their growth and development. Children who grow up with absent father can suffer lasting damage such as psychological distress, poor academic performance, poverty as well as substance addiction (Freeks, 2017; Magqamfana and Bazana, 2020; Padi et al., 2014). Female children growing up in households without a male figure often experience emotional problem such as seeking love and attention which may lead to depression if the gap is not fulfilled (Gerrand and Nduna, 2021). Early childbearing is another challenge that may be caused by the absence of a male figure as certain female children engaging in early sexual activities due to emotional challenges of requiring attention stemming from growing up without a present male figure in the household. Young women who grew up within female-headed households expressed how not having a male figure affected them and how it may also affect their children as they are still living under similar conditions as them. They highlighted that they did not know how to conduct themselves in front of a male as they were not used to being around males. Furthermore, certain mothers stated that when they were in school, they wanted the attention of their male peers and they may regard this as another factor that contributed to early sexual engagements as they were willing to do anything to please their partners.

"I was raised by my mother who was always there for us. Growing up without a male figure affected me because I began to experience being around males when I was at school, I did not have any brothers and I was not close with my male cousins as they were living far from home. When I had a boyfriend in high school, I always wanted his attention and I was

very attached to him, this led to me agreeing to have sex with him which led to my pregnancy” (Banothile, 25 years).

The uniqueness of the extended family system with regards to parenting within African traditional communities is that the responsibility of providing care for the child is shared among family members (Amod, 2013). Hence, children may model behaviours of family members as they regard them as their parents. The study found that certain young mothers were living within extended family settings, they lived with grandmothers, uncles, aunts and cousins. Young mothers highlighted that it was difficult for them to enforce discipline because of the presence of extended family members, some would interfere with how they wanted to discipline their children while others behaved inappropriately in front of their children. They expressed that they would try to limit their children from certain things such as eating plenty of sweets and family members would give them these sweets when they were not at home, this contradicted with how they wanted to raise their children. One young mother mentioned how she was unhappy with her uncle who would consume alcohol in front of her child: *“sometimes I would tell my child not to do something and my uncle would tell her to do the very same thing I warned her about, what would upset me was when he drank alcohol in the presence of my child”* (Kwanele, 23 years). This led to certain young mothers wanting to change the environment where they grew up as they believed it may negatively influence their children when they were growing up. For example, Amanda (24 years) who grew up within a township expressed how she does not want her child to grow up within the same household and township due to crime and other social issues, *“I grew up in this township therefore, I am working very hard to make sure that my child does not grow up within the same environment, there are increasing crime rates and other social issues.”*

As outlined in the South African Constitution and the Children’s Act 38 of 2005, corporal punishment has been prohibited in educational settings however, it is still considered legal in the home by virtue of the common law provision for caregivers to reasonably chastise children in their care. Section 28 of the South African Constitution deals with the additional rights of children and provides that every child has a right to be protected from maltreatment, neglect, abuse and degradation; as well as provides that a child’s best interests are of paramount in every matter concerning the child. Parents discipline their children using different forms of punishment in the hope that children will learn their lesson. The present study found that young women were not

willing to practice corporal punishment on their children. Those who were living with biological mothers and grandmothers highlighted that they did not practice corporal punishment as their mothers and grandmothers did not allow them to physically punish their children. Certain young women did not believe in corporal punishment due to its negative consequences such as mental and psychological challenges, which may prevent children from expressing themselves whenever they encounter challenges at home and/or school. Young mothers mentioned that they grew up being very afraid of their parents due to corporal punishment therefore, they do not want their children to grow up like them. This resulted in young mothers punishing their children by not allowing them to watch cartoon programmes on television and restricting them from playing games and going out with them. Thando (23 years) maintained that *“I do not think it is wise to practice corporal punishment as it may mentally disturb the child; my mom and I believe that we should punish children by not going out with them and not allow them to watch their favourite programme on television.”* Young mothers stressed the importance of being able to communicate with children whenever they have done well and when they have done something wrong. They believed that being able to communicate with their children was important as it resulted in positive improvements with regards to their children’s behaviour as compared to corporal punishment. For young women, being able to communicate with their children meant that they do not swear or curse them however, they speak to them when they are calm in order for them not to express themselves out of anger.

“I try by all means to be transparent with my child, even though he is still young, I try to make him understand why it was inappropriate to behave in a certain manner when he has done something wrong. I applaud him when he has done well and I always make sure that I communicate with him when I am calm” (Noxolo, 24 years).

5.7 The living arrangements of young mothers

There are numerous factors that may determine whether young mothers are living with their children. A mother’s presence is vital, particularly during the early stages of development (Gežová, 2015). Of the 40 young women interviewed, 34 confirmed that they were living within the same household as their children. They reported that they wanted to be present in all the stages of their children’s development. Young women who grew up with present biological mothers highlighted how living with a present biological mother motivated them to be present in their children’s lives.

Young women who grew up with not living with their biological mothers due to a number of factors mentioned that growing up without their biological mothers encouraged them to make sure that they are present and living with their children as they did not want their children to experience challenges of growing up without a present mother. All young women who were living with their children expressed that they wanted to be present in every milestone of their children's lives and ensure that their children do not experience challenges associated with not having a present mother. Zamile (24 years) stated that *"I want to make sure that I am present in my child's life, not having a present mother encourages me to be present in my child's life."*

Certain young mothers highlighted that they want to be present and make sure that their children are able to identify themselves with them when they grow up. The presence of a mother is essential as it allows female children to sexually identify themselves with their mothers while male children differentiate their sexual identity from the opposite gender of their mothers (Gežová, 2015). One young mother who was raised by her father highlighted how she was confused when she was growing up as her breasts began to grow when she reached puberty however, her father and older brother did not have breasts. She said that this raised many questions for her as she did not have anyone she could identify her body changes with. She informed her father when she began menstruation and her father assisted her with buying sanitary towels. The young mother stated that it was challenges for her to inform her father about menstruation; she highlighted that she did not receive any emotional support, but her father made sure that he buys her sanitary towels every month. The young mother mentioned that she was able to share her menstruation experiences with her friends at school as she was the only female at home. Hence, this encourages her to be present in her child's life because she has a female child who she wants to support in all the stages of development.

I was raised by father due to my mother passing away. As I was reaching puberty and experiencing physical body changes, I did not have anyone to relate with. I could only speak about menstruation at school with my close my friends. I do not want my child to experience what I went through therefore, I am making sure that I am present and I will try to communicate and support her when she reaches puberty" (Nqobile, 23 years).

Education and female labour migration are regarded as factors contributing to children not living within the same household as their biological mothers (Browne, 2017; Statistics South Africa,

2020c). Women are moving to different parts of the world to pursue their career as well as search for better economic opportunities in order to improve their standards of living. Becoming a mother motivates certain women to improve standards of living by means of furthering their studies and engaging in economic activities (Browne, 2017; Govender et al., 2020; Pillay, 2021). In their study, Posel and van der Stoep (2008) found that non-resident mothers are significantly more likely to be in the labour force than mothers who are living with their children. Six young women reported that they were not living with their children as they were in the process of furthering their studies, others were working far from home while others mentioned that children were living with their paternal families. Young mothers expressed that their biological mothers and grandmothers played an important role in assisting them with childcare when they were not living with their children. Govender et al. (2020) suggest that mothers and grandmothers assisted young mothers with childcare when they returned to school and work. Young women who were not living with their children believed communication was important therefore, they made sure that they phoned their children through the guardian's phone to check on them, communication was their way of trying to close the gap of not being present.

“I am currently working and do not live with my child. My mother has really assisted me with childcare as she lives with my child. I visit home regularly to check up on my mother and child. I make sure that I phone my mother to speak to my child almost every day because I am trying to be there for him” (Thando, 23 years).

All young mothers who were not living with their children mentioned that they found it difficult to leave their children behind. They expressed that even though their biological mothers and extended family members were present and willing to provide care for their children, they wanted to be fully present in their children's lives and guide them throughout their lives, specifically female children. In their study, Horwood et al. (2021) discovered that women who return to work often prefer to leave their children under the care of their family members whom they trust. The study further found that even though women became assured that their children will be cared for, leaving their children behind was often unpleasant for them (Horwood et al., 2021). Young women highlighted that leaving home to work and study was challenging for them, particularly after childbirth. They wanted to be physically present in their children's lives and had hope that one day

they will be able to live with their children. Young women mentioned that what motivated them was to improve their standards of living.

“It is very challenging for me to leave home when I visited my child. I pray that once I have completed my studies, I will find employment closer to home as I want to be present in my child’s life because I have a female child who requires a mother figure. What keeps me going is that I know that I am studying and trying to improve our standards of living for the near future” (Slungile, 21 years).

5.8 Summary

The chapter presented the impact of having a present and/or absent biological mother in their journey of motherhood. Issues pertaining to parenting has been associated with father absence, as there are many studies that have been conducted to address father absence and the implications this has on children (Freeks, 2017; Magqamfana and Bazana, 2020; Padi et al., 2014). There is a knowledge gap relating to mother absence and the consequence this has on children. Women are not present in their children’s lives due to various reasons, including death, abandonment, education, female labour participation, marriage and divorce (Blackie, 2014; Browne, 2017; Statistics South Africa, 2020c). The mortality rates stemming from the widespread of HIV/AIDS infection left many children without parents in South Africa. This country has been heavily affected by the HIV/AIDS epidemic, leaving many children without parents. Women’s desire to further their studies as well as participate in the labour market, has resulted in children not living within the same household as their biological parents. The abandonment of children has been under explored in South Africa as there are limited statistical reports on the number of children being abandoned by their biological mothers. Factors that may lead to the abandonment of children may be associated with financial challenges stemming from poverty, unemployment and father absence (Hall, 2019; Pillay, 2021). In cases of mother absence, the burden of childcare lies with grandparents as well as extended family members. The South African study conducted by Mtshali (2016) shows the significant role played by grandmothers in raising grandchildren when parents were absent for various reason. These findings correspond with the current study as the study discovered that certain young women who grew up not living with their biological mothers were raised by grandmothers.

The absence of parents exposes children to numerous challenges such as heading households. Children heading households often live in poverty as they lack the financial means of caring for themselves. South Africa has implemented social relief programmes such as the foster care grant, which is a grant of R1050 per month, intended to provide orphans with financial assistance to sustain their lives. The foster care grant may be received by a child who has a foster parent that is willing to provide care and support (Children's Act 38 of 2005). Orphans heading households cannot apply for the foster care grant because the application has to be completed by a foster parent who is willing to care for the child. In cases where children do not have relatives who are willing to be their foster parents, the foster care grant application cannot be processed. This places children heading households in vulnerable conditions as they have to look for other means to receive financial support. One of the implications of children heading households is that they engage in sexual activities with older men who are able to provide financial support. This increases the chances of early childbearing and exposes young women to the contraction of diseases as condom use is often non-negotiable in such relationships (Goso et al., 2020). Early childbearing may also be caused by growing up without a male figure. The present study found that certain young women grew up in female-headed households with no male family members. This may have prompted early sexual engagements, as Gerrand and Nduna (2021) suggest that certain females who lack a male figure often experience emotional challenges, they desire love and attention from men.

Early childbearing is not uncommon in South Africa however, the news of a daughter's pregnancy is often shocking and disappointing in families. Mothers often question and blame themselves when their daughters fall pregnant at a young age (Mgbokwere et al., 2015). The study found that parents and guardians of young women were disappointed and some blamed themselves for the pregnancy of young women. Govender et al. (2020) discovered that biological mothers were initially upset and disappointed about their daughter's pregnancy however, they were able to accept and support them. Furthermore, grandmothers also accepted and supported their granddaughters when they fell pregnant at a young age. Fathers on the other hand find it difficult to accept as the study revealed that certain fathers did not accept their daughter's pregnancy and this resulted in them breaking all forms of communication with their children. These findings resonate with a study conducted in Nigeria, which discovered that fathers were likely to send their pregnant daughters away and broke contact with them due to the inability to accept that their daughters were going to be mothers at an early age (Mgbokwere et al., 2015). This perpetuates the

issue of father absence and strained father and daughter relationships because young women often do not receive support from their fathers and it sometimes become a challenge to restore these relationships.

According to Magwaza (2008) the practice of umemulo symbolises parents' gratitude for their daughter's behaviour of preserving their virginity until the age of 21 years. This ritual welcome young females into womanhood as they become recognised as grown women within families and communities at large. The pregnancy of young women resulted in certain parents not willing to perform the umemulo ritual as they believed that this ritual should only be performed for young women who have preserved their virginity. On contrary, certain families were still willing to perform this ritual as they believed that it may be required at a certain stage when their daughter is in the process of getting married. It can be argued that as societies are moving from traditional to modern, the value and meaning of the different rituals and practices are diminishing. Therefore, this results in people losing the true essence of these rituals thereby performing it incorrectly based on what they perceive as appropriate.

Knowledge of the different contraceptive methods is regarded as one of the barriers causing young women not to use contraceptives thereby, having children at a young age. As much as societies are developing and becoming modernised, certain individuals still cannot access information about the different methods of contraceptives. The use of internet is widespread among young South Africans however, some citizen cannot access the internet due to not having the means such as smartphone and data bundles. In their study, Mjwara and Maharaj (2018) revealed that the lack of knowledge on preventative measures resulted in early childbearing. The topic about sex remains taboo within South African communities as parents experience challenges in communicating with their children about issue of sexual and reproductive health. It is often assumed that young women are not sexually active as they are encouraged to take on the roles of motherhood after marriage. Practices such as virgin testing also prevents parents from speaking to their children, they are rather encouraged to preserve themselves for marriage (Bhana et al., 2019). The communication challenges lead to young women being easily pressured to engage in sexual activities without being able to consult with their parents and/ or guardians. The age gap between parents and their children may be regarded as another factor resulting in communication challenges as it may be difficult for both the child as well as parents to communicate about sexual and reproductive health issues

(Motsomi et al., 2016). Certain parents try to communicate with their children however, they are often not explicit (Mpondo et al., 2018). As much as some young women were using contraceptives after childbirth, they reported that access to contraceptives were a challenge. This led to improper use of contraceptives and second pregnancies for some young women. Khoza et al. (2019) argue that the low contraceptive use may be associated with limited access to contraceptive services in South Africa. Certain public healthcare facilities experience shortage in the supply of contraceptives and this prevents access as certain women cannot afford to pay for contraceptive services. The COVID-19 pandemic has further limited the supply and access to contraceptives in South Africa (Bolarinwa, 2021). The presence of a biological mother impacts how a young woman experiences motherhood. Biological mothers as well as grandmothers play an important role in supporting and guiding young women. Early childbearing is not uncommon however, it is still not encouraged and accepted within families and communities. The communication barriers and limited access to contraceptives still remains an issue of concern that may be regarded as contributing to early childbearing in South Africa.

CHAPTER SIX

ADAPTING TO MOTHERHOOD ROLES IN A CHANGING SOCIAL ENVIRONMENT

6.1 Introduction

Early childbearing is a global concern affecting many countries. South Africa is no exception as there is an increasing number of women who fall pregnant at a young age (Govender et al., 2020; Mjwara and Maharaj, 2018; Pillay 2021). There are a number of factors that may determine how young women adjust to motherhood. The transition to motherhood is often influenced by the social and environmental factors. The social environment includes all the surroundings impacting young women in their journey of being mothers. This chapters unpacks how young women were able to navigate their new roles within the changing social environment. In this chapter the focus is on young mothers and how they adapt to motherhood. The chapter begins by discussing the competing roles of motherhood, school as well as work. Maintaining relationships with partners, friends, and relatives may be challenging for women who fall pregnant at a young age therefore, this has been explored in the chapter. The latter part of the chapter discusses the social life of young mothers after childbirth.

6.2 Student mothers

It is not uncommon for South African young women to fall pregnant when they are still schooling. Women are often encouraged to complete their studies after childbirth as parents had hoped that children will complete their studies and improve their standards of living. Education is regarded as a tool that contributes to the alleviation of poverty as it may improve chances of meeting employment requirements in the competitive labour force (Govender et al., 2020; Nkani and Bhana, 2016; Pillay, 2021). The South African School Act 84 of 1996 guarantees the right of all South African to education; this act further promotes pregnant learners as well as teenage mothers to continue accessing education. Nkani and Bhana (2016) suggest that becoming a mother often encourage women to complete schooling and further their studies as this may improve the standards of living for themselves and their children. The study found that that the majority of young women gave birth to their first children when they were in secondary schools while others were enrolled in higher educational institutions. Of 40 young women interviewed, 37 confirmed that they gave birth when they were in secondary schools, others were furthering their studies within higher educational institutions. Young women expressed that having children motivated

them to become better people. This included furthering their studies in order to sustain better standards of living as some fathers were absent therefore, it was the woman's responsibility to provide support for the child. Slindile (24 years) maintained that *"going back to school after childbirth was motivated by the desire to create a better life for myself and my son."* Furthermore, Promise (24 years) added that *"having a child influenced me to further my studies as my child is my sole responsibility therefore, I need to make sure that I try my best to better our standards of living."*

The conflicting roles of being a mother and student may cause numerous challenges. Young women face obstacles of trying to negotiate the simultaneous complexities of pregnancy, motherhood and schooling (Bhana et al., 2010). Maisela and Ross (2018) further add that in Africa, student mothers face several financial challenges and having to play two significant roles of being a mother and a student. One of the challenges that women experienced was relating to finances and time management. The study conducted by Maisela and Ross (2018) also found that finances and time management was a challenge for young women. Most young women slept in the same room as their children therefore, they had to wake up at night to check up on their children. In their study Ramukumba and Masala-Chokwe (2017) indicate that certain young mothers expressed the wish to be good and perfect mothers therefore, such aspirations led them not to sleep at night as they spent most of their time checking up on their children, others were wary of leaving their children with wet or soiled nappies. Young women had to wake up early and prepare for themselves and their children as some were attending childcare facilities that were within the community. Young women had to allocate time to take their children to childcare facilities, travel to school and then pick them up after school. Certain biological mothers of young women were working therefore, young women had to take their children to childcare facilities, others were assisted by extended family members. Women experienced challenges with concentrating at school due to sleep interruptions and having to wake up early in order to travel as some of them attended schools and universities that were far from home. The transportation costs resulted in financial challenges and the lack of concentration led to poor academic performance.

"After giving birth, I had to travel from home to school daily. It was challenging due to the travelling costs, and I could not cope as I had to check up on my child at night and also wake up early to prepare for us. I was always tired because sometimes I would only sleep

for three hours and this had a negative impact on my academic performance” (Lerato, 25 years).

According to Naidoo (2019) young mothers encounter challenges with balancing the roles of being a mother and student, some miss deadlines and perform poorly in their studies. Certain young mothers highlighted that they experienced challenges with meeting submission deadlines. This was caused by their inability to complete assignments at home as they had to come back from school, look after their children and perform other house chores such as cooking. Some mentioned that they would plan to complete their schoolwork at night however, they had to breastfeed and attend to the child. Most young women who had present biological mothers mentioned that their mothers were willing to assist them with looking after their children when they returned from work. Young women expressed that even though they missed certain deadlines due to all the demands on them, their mothers played a significant role as they would sometimes help them at night in order to allow them to complete their work. This had a positive in their studies. Thabile (25 years) highlighted that *“being a student and a mother was challenging because I would sometimes miss deadlines, the presence of my mother made a huge difference, she was willing to assist me in every possible way, I do not think I would have managed without her presence.”* Young women who did not have present biological mothers often received assistance from family members, others had to do everything for themselves even during the examination period. This affected them academically as they did not have enough time to study at home due to childcare duties. Certain young mothers experienced challenges during their examination period as they could not prepare for them effectively. The examination period is often stressful and challenging, having to look after a child and prepare for examination are two difficult tasks to perform at once (Dankyi et al., 2019). Young women mentioned that they struggled during the examination period as they had limited time due to childcare related duties that they had to perform. Issues such as the child not feeling well and not having someone to look after the child prevented certain young mothers from writing their examinations. Some had to postpone their examinations, which greatly affected them academically.

“It was very challenging to prepare for examinations when I had a child to look after. I believed that my academic performance was greatly affected by motherhood as I did not have enough time to prepare like I did before I became a mother. I remember missing an

exam due to my child being unwell and I had to rush her to the hospital at night. These were times I wished my mother was present” (Siphe, 24 years).

There are several strategies that can be used to cope with their demanding roles. Coping resources may be divided into two categories, namely internal and external mechanisms (Ross and Devereil, 2010). Internal coping mechanisms may include the adoption of positive self-talk about circumstances that an individual is currently facing. The study conducted by Maisela and Ross (2018) found that one of the internal coping mechanisms used by student mothers was the adoption of positive self-talks and constantly reminding themselves why they were studying. Certain young women adopted internal coping mechanism by reminding themselves of the importance of finishing their studies in order to try and build a better future for themselves and their children. In the words of Banothile (25 years) *“whenever I faced challenges with schooling, I would always remind myself that I have to try and push hard, the positive self-talk motivated me to do better.”* External coping mechanisms may include the support from families and friends. Studies conducted on young mothers emphasise that support is essential for coping with demanding roles of motherhood and schooling (Misela and Ross, 2018; Pillay 2021). Support from the family was important to student mothers. Dankyi et al. (2019) suggest that in order to cope with conflicting roles of motherhood and academic demands, student mothers engaged in group studies, others tried to study at night when the child was asleep while others relied on their families and relatives whom they were living with to seek assistance with childcare. The study found that young mothers engaged in study groups during examinations and others studied when their children were asleep at night. This assisted them as they were able to seek clarity during study groups they had with their classmates. One young woman whose mother was a domestic worker highlighted that her mother was very supportive during the examination period. Her mother was not living with them as she was working as a domestic worker, she usually visited them during weekends. The young mother expressed that her mother would take her child for a week in order to allow her to study at night without any interruptions. This assisted her as she was able to complete her studies even though she had a child.

“What assisted me during exams was joining a study group with my classmates. We were able to help each other by discussing certain sections that we did not understand. I also

tried to study at night when my child was asleep and this assisted me with coping during the exam period” (Thabile, 25 years).

“I grew up living with my mother however, two years back she found employment as a stay-in domestic worker. During the examination period, my mother would take my child with her in order to allow me to study during the day and at night. This positively impacted me as I was able to complete my studies, I do not know how I would have managed without her support” (Noxolo, 24 years).

6.3 Working mothers

The past few decades have witnessed the feminisation of the labour force in many African countries, such as South Africa, hence contributing to the increase in the proportion of working mothers (Casale, 2004). In South Africa, there has been an increasing number of women entering the labour market (Statistics South Africa, 2020b). Some of these women are mothers who have the responsibility of providing care for their children. The study found that certain mothers were employed while others were self-employed. Of 40 young women interviewed, 23 young women reported that they were employed and three were self-employed. The majority of these women gave birth when they were still in secondary school and at the time of the interview, some were now employed. Certain young mothers could not further their studies after secondary education as they had to look for employment in order to financially provide for their children. Issues such as early childbearing, high rates of unemployment and poverty has resulted in many young women who have obtained higher education qualifications such as Diplomas and Bachelors qualifications ending up working as cashiers within retail stores due to not finding employment they are qualified for (Govender et al., 2020; Mkwanzani, 2016). Certain young women who held tertiary qualifications could not find employment related to their qualifications therefore, they ended up working in retail stores. They expressed that they did not have a choice because they had to provide financial support for their children. Young women mentioned that they felt as if their families had assisted them by providing financial support and it was now their turn to look for employment as they had completed their studies.

“I am currently working as a general worker which is something I did not study for. I hold a Diploma qualification however, I could not find employment relating to what I studied. I had to work in order to care for my child” (Lerato, 25 years).

Mothers often participate in the labour market when fathers do not contribute towards childcare (Hill et al., 2004; Statistics South Africa, 2019d). Factors such as father absence and not having a support system due to the death of biological parents has resulted in certain women looking for employment in order to care for their children. The issue of father absence has been documented in many South African studies and this can be regarded as a factor driving women to enter into labour force participation (Mkhwanazi, 2016; Padi et al., 2014; Ritcher and Makusha, 2018). Young women mentioned that they had to look for employment in order to care for their children due to certain fathers being absent while others were unemployed and could not provide financial support. Certain women who had present biological mothers highlighted that their mothers were able to provide financial support however, others mentioned that their mothers could not provide financial support as they were unemployed and experiencing challenges with sustaining their households. Those who did not have present biological mothers also had to look for employment because some of them did not have anyone to assist them financially. This led to women looking for employment in order to assist their families as well as cater for the needs of their children. Women who were receiving the child support grant highlighted that it was helpful however, they still had to work in order to be able to care for their children as the costs associated with childcare could not be catered by the child support grant. Londeka (24 years) reported that: *“I had to work hard in order to be able to provide financial support for my children, my family could not afford to assist me financially.”*

In South Africa among a total of 6.8 million working women, approximately two million women work informally (Statistics South Africa, 2019d). An informal work is associated with little or no job security for workers, this means that workers do not receive benefits of maternity leaves like workers within formal economy. Women who are informal workers are often vulnerable to losing employment if they take maternity leave for a long period. Horwood et al. (2021) suggest that informal workers generally lack social protection received by formal workers, including access to paid leave, sick leave and employment benefits. This means that workers are not given enough time to recover and bond with their children after childbirth. Most young women interviewed were informal workers who were granted approximately a month of maternity leave. Young mothers highlighted that they had to return to work after the stipulated period as they needed to work and provide financial support. Certain young women expressed that they were forced to return to work even when they have not fully recovered from giving birth. These young women mentioned that

they did not perform at their best abilities due to being physically unfit for work. Other factors such as sleep interruptions due to sleeping with the child resulted in women not performing effectively at work. Young women who were returning to work left their children with family members, relatives and others took their children to formal and informal childcare facilities.

“It was very challenging to leave my child when I had to return to work. This was because I had just given birth and wanted to bond with my child. I had to return to work even though I was still recovering, this affected my ability to be productive. I am a store packer who is required to stand the whole day, I used to be very slow after childbirth because my body was still recovering” (Gabisile, 22 years).

Young women identified different strategies of coping with being mothers and employees. They highlighted that what assisted them was to look for someone to provide care for their children as this reduced their duties relating to childcare. The study conducted by Horwood et al. (2021) discovered that women preferred to leave their children under the care of their families and relatives while others preferred older women who were experienced with childcare. Furthermore, the study found that the unpredictable nature of informal work made it difficult to establish regular childcare arrangements hence, women sometimes had to leave their children with whichever caregiver available at the time even when the person was not a suitable caregiver (Horwood et al., 2021). Young women left children with their biological mothers, grandmothers, relatives and caregivers. Women who did not have relatives willing to assist them with childcare highlighted that looking for caregivers assisted them as they were assured that their children were cared for. Young women were able to cope because childcare duties such as washing was often performed by their biological mothers, grandmothers and caregivers therefore, they were able to rest after work. Caregivers looking after children who were two years and less often performed duties such as washing while those who were looking after children three years and older within childcare facilities did not perform duties such as washing. The interviews suggest that caregivers also motivated young women to work in order to be able to pay for them every month. The provision of good quality and accessible childcare services is a key policy intervention, which has the potential to improve the productivity of informally working women (Alfers 2016 cited in Horwood et al., 2021). Young women whose children were cared for in their homes highlighted that this assisted them with time management, they did not have to prepare for the child in the morning and

also take them to the child facility, being within the home environment gave them assurance that the child was safe. Young mothers expressed that having a caregiver really assisted them as they were able to take their children to healthcare facilities for regular checkups. This had a positive impact on young women because they did not have to stress about their children's safety, they were able to cope and be productive at work.

“With the assistance from my mother, I was able to hire a caregiver who was looking after my child at home. This really assisted me; I was able to cope at work without having to stress about my child. The caregiver performed almost all the duties, she was also able to take my child for medical checkups when I was working” (Thando, 23 years).

6.4 Childcare facilities

Childcare arrangements have an important influence on the child's health and development, particularly during the early years of life as its effects may last into adulthood (Horwood et al., 2021). The quality of care and education is instrumental in the lives of children because this contributes to their overall development (Burger, 2010). Childcare facilities have played an essential role in assisting schooling and working mothers. As women are becoming educated, they seize opportunities to participate in the labour force (Yousefy and Baratali 2011). The present study found that all young women were aware of the childcare facilities that were within the community. Most young mothers reported that they were using childcare facilities; they noted that these facilities assisted them and were convenient for certain mothers as they did not have anyone available to look after their children. Kwanele (23 years) who was a student emphasised how childcare facilities assisted her: *“the crèche within my community has been very helpful, after childbirth my child attended the childcare facility and I was able to go back to school.”* Furthermore, Sindi (23 years) who was employed observed that *“the childcare facility within my community is very effective and it is assisting many working mothers like myself, I do not know how I would have managed.”*

Effective childcare within facilities may enhance childhood development, leading to children being more confident, with improved social skills and higher learning achievements (Côté et al., 2013 cited in Horwood et al., 2021). In their study, Majola et al. (2021) suggest that mothers perceive childcare facilities as important for children's growth and development. Young women noted the importance of ensuring that children attend childcare facilities as it strengthened their

communication skills. In addition, young mothers highlighted that childcare facilities allowed children to learn and adapt in the schooling environment at an early stage. All young mothers agreed that childcare facilities were important for the child's wellbeing and development, specifically children who grew up in families where they were the only child.

"It is important for the child to attend a childcare facility as it allows them to grow and communicate with others. I think childcare facilities often contribute positively to the child's communication, I have witnessed changes since my child started to attend the facility" (Zinhle, 21 years).

"I think childcare facilities have a positive effect on the child's development as they get used of being in an environment that allows them to communicate with peers, unlike when they are at home" (Andile, 22 years).

Young women placed their children in both formal as well as informal childcare facilities. The preference of either formal or informal childcare facilities is largely influenced by the child's age (Majola et al., 2021). The study found that majority of young women whose children began attending facilities when they were infants highlighted that they preferred informal facilities. Informal facilities often consist of older women looking after children within their houses. Mothers often prefer to leave their children with older women who are knowledgeable about childcare and have experience with caring for children (Horwood et al., 2021). Young mothers highlighted that older women had passion for being caregivers, they treated children like their own. They further expressed that they chose informal facilities as they were conducive for them due to some women working long hour shifts and coming back from work late.

"I would say I prefer leaving my child in an informal facility because it makes it easier for me when I come back home late. The majority of old women who look after children are passionate and knowledgeable about childcare" (Londeka, 24 years).

Even though certain young women preferred informal facilities for their infants, they highlighted that after the age of two years, they changed their children to formal facilities. This was because the majority of older women who looked after children were not well educated. Majola et al. (2021) indicate that mothers recognise the importance of care and education as they prefer their children to be cared for by trained teachers. Formal facilities are important for children who are at an age

where they are able to speak and learn as most formal facilities consist of trained teachers who are able to teach children. This may have a positive impact on children as they become exposed to learning material at an early stage. Young mothers highlighted that when their children were two years and older, they applied to formal facilities as they wanted them to develop in an environment that will allow them to learn and communicate with their peers. Ntombi (22 years) mentioned that *“when my child was three years old, I moved her to a formal facility as I believed she now required an environment that will allow her to learn and communicate with others.”*

One of the concerns that young mothers had pertaining to both formal and informal facilities was the safety of their children. Parents place strong emphasis on safety as one of the major issues when making care arrangements (Shlay 2010). Majola et al. (2021) also observed that for most mothers, the safety of childcare facilities is of paramount importance. Young women were concerned about their children’s safety, as being within childcare facilities may expose them to unsafe conditions and risks of communicable diseases. Young women highlighted that their concerns regarding formal facilities was that some were located next to the road therefore, it was not safe for their children who may run out without noticing that a vehicle is approaching them. On the other hand, informal facilities may not be safe if the caregiver looks after the child within her home, young mothers do not trust certain family members of the caregiver as there have been cases witnessed where children were sexual molested by family members of caregivers.

“I do not feel safe about the crèches within my community because they are located next to a very busy road. My child is very naughty and my biggest concern is that he may run out of the gate and might be involved in an accident” (Ntando, 24 years).

“As much as I prefer informal facilities when the child is younger, we have heard many stories of the caregiver’s family members sexually abusing children. This worries me because we hear about such news daily” (Londeka, 24 years).

6.5 Maintaining relationships

The journey of motherhood may affect how mothers maintain relationships they were involved in before childbirth. This may include relationships with their partners, friends and relatives (Govender et al., Pillay, 2021). Motherhood is demanding and sustaining such relationships may be challenging for certain mothers who embark on a new role, which is often accompanied by school and/or work.

6.5.1 The relationship with partners

Early childbearing may cause numerous challenges for women. Support is regarded as an important component for young women to adjust to their new roles of being mothers. As the support from the family is important, the support received from a partner may play a huge role in the lives of young women. Mukuna and Aloka (2021) suggest that it is essential for young mothers to have supportive partners in their new roles and at the same motivate them in achieving their career aspirations. Of the 40 young women interviewed, 14 were still in intimate relationships with fathers of their children. Young women highlighted that having supportive partners was beneficial to them as they were able to talk to their partners about everything. They expressed that having a child together brought them closer and motivated them to further their studies, others were encouraged to look for employment in order to improve their standards of living. Young women emphasised that as much as they were sometimes minor misunderstandings between themselves and their partners, having them in their lives made a huge difference as the burden to provide support to the child rested on both of them and their families. When young mothers have supportive partners, they are able to share everything with them and this assists them in coping with the new roles. According to Nobuhle (25 years) *“having a supportive baby daddy is important because you get assurance that someone is there for you and the child, my partner was always willing to listen to all my concerns and he would inform his family if it was relating to finances as we were both not working when I gave birth.”*

The demanding roles of childcare cause challenges for young women as they may struggle to maintain relationships with their partners. In their study, Govender et al. (2020) indicate that being a young mother may cause challenges, leading to difficulties in adapting and maintaining relationships. Young women expressed how the changes associated with childbirth affected their relationships. They highlighted that they could not spend enough time with their partners due to demanding roles of providing care, schooling as well as work. Amanda (24 years) stressed that *“after childbirth everything changes in a relationship, you do not see your partner like before and this may have a negative impact on the relationship.”* One of the main sources of conflict was finances. Early childbearing may cause conflict between two families, the family of the pregnant young woman and the family of the young man (Maputle et al., 2015). Young mothers mentioned that providing care for the child required both parents and/or families to contribute towards the child's needs. The conflict aroused when the father and/or his family could not contribute during

a certain month or when they did not keep their promise of bringing certain essential items such as nappies. Young mothers reported that when fathers failed to pay for certain things, they felt as if providing care for the child was their sole responsibility and this resulted in them expressing themselves inappropriately leading to arguments between themselves and their partners.

“Childbirth causes many changes in a relationship. You fight a lot with the father of the child pertaining to issues of childcare. I think most of the fights are associated with finances as some would promise to cover certain costs for the child and not do such. It becomes very annoying and sometimes I would end up saying certain things out of anger”
(Andile, 22 years).

There were certain mothers who expressed that they were not in intimate relationship with fathers of their children. Of the 40 young women interviewed, 26 confirmed that they were no longer in intimate relationships with fathers of their children. Young mothers highlighted that the separation greatly affected them as some fathers did not provide support after they parted ways. A father’s relationship with the mother may determine whether they will support their children as certain fathers do not support their children when they are no longer in a relationship with the mother (Mufutau and Okeke, 2016). Out of 26 young women who were no longer in intimate relationships with fathers of their children, 17 expressed that fathers did not support their children after the breakup. Furthermore, certain fathers did not bother visiting and/or contacting the mother to check up on the child after the relationship ended. The responsibility of providing care for the child rested on the mother and her family. In the word of Nolwandle (23 years) *“the breakup between me and the father of my child negatively affected me as he no longer provided financial support for the child, he did not bother himself about anything and last saw my child when she was four months old.”* The law, specifically the Children's Act 38 of 2005, states that parents, whether in a relationship or not, must make necessary financial contributions to the care, upbringing and development of their children. As much as the South African law stipulates that both parents have a duty of child maintenance, certain fathers do not feel obligated to support their children when they break up with mothers. Young mothers mentioned that some fathers supported their children when they wanted to as they did not feel obliged after the breakup. Of the 26 young mothers, nine women mentioned that fathers supported their children when they wanted to. Others highlighted that they had to continuously remind fathers to pay for certain things because if they did not remind

them, they would not pay. Young mothers stated that when they contacted fathers of their children to ask them to pay for certain things, they would ignore them or tell them that they should have prevented the pregnancy because they are not able to cope.

“I think the breakup changed everything, when the father of my child and I broke up things changed. When I contacted him, he would sometimes ask me why I fell pregnant because I am struggling to care for the child. He did not regard my child as his responsibility after we broke up” (Londeka, 24 years).

There were challenges experienced by young women in building and maintaining relationships with new partners. Of the 26 young women who were no longer in a relationship with biological fathers of their children, 20 were in intimate relationships with new partners. Young mothers highlighted that after they broke up with fathers of their children, they encountered challenges with building and maintaining new relationships. This was due to the pain they experienced in their previous relationship as well as having to inform the new partner about the child. The study conducted by Mjwara and Maharaj (2018) suggest that young mothers who find new partners often become sceptical about their partners due to the hurt and betrayal from their previous relationships. Most young women reported that they were unsure of their new relationships therefore, they informed their new partners that they had children once they have gained their trust as they were not comfortable with informing them at an early stage of the relationship. Some were concerned that they might leave them if they informed them early while others believed that they should share information pertaining to their children with people whom they can trust. Avuyile (23 years) stated that *“when I saw that the relationship was working, I would inform my partner that I have a child, I did not feel comfortable with informing him at an early stage of the relationship.”* However, certain young women expressed that they informed their partners before they committed themselves to the relationship as they believed that the lack of honesty may ruin the relationship. Furthermore, they highlighted that community members would have informed their partners that they have children therefore, they decided to inform them early even though it was not easy.

“I am not ashamed of my child, when I meet someone, I tell them during our first conversation that I have a child. My current partner was well aware that I had a child before our relationship became serious, I think it was a wise decision to inform him at an

early stage because I know that certain members of the community would have informed him. As much as it was not easy, I had to inform him” (Kwethu, 23 years).

Early childbearing is often associated with shame and mockery as certain community members stigmatise women for having children at a young age (Govender et al., 2020). Young women who were in a relationship with new partners from the community reported that another challenge that they experienced was associated with family members of their partners. They expressed that certain family members perceived them as promiscuous when they found out that they were mothers while their partners did not have children. This created a certain image about them, which made it difficult for them to be open about everything as some of their partners were easily influenced by their families, leading to their relationships falling apart. Thabile (25 years) noted that *“having a child and building a new relationship is very challenging because sometimes the partner would accept you with your child however, his family would treat you differently, especially if they know that you are the same age as their son but you have a child, it comes across as if you were not a well behaved child and you were irresponsible.”* Certain young mothers believed that they should be in relationships with men who are also fathers. The present study found that the majority of young women highlighted that when they were looking for a partner, they preferred someone with a child as it would be easier for both the partner and their families to accept them. In addition, young mothers mentioned that having someone who has a child made it easier for them to express themselves and they would understand when they could not see them and/or when they would have to cancel certain events due to the child being unwell.

“When I was looking for a partner, I wanted someone who has a child because it becomes very easy for them to understand everything pertaining to the child. I think his family also accepts that you have a child if your partner also has a child and this makes the relationship less complicated” (Zinhle, 21 years).

The pain and betrayal caused by fathers create a certain impression about men as certain mothers do not involve themselves in any intimate relationships after the relationship ended with the father of the child (Govender et al., 2020; Mjwara and Maharaj, 2018). Six young women reported that after the relationship ended with fathers of their children, they did not want to have partners. They highlighted that they wanted to focus on raising their children as some of them were raising them alone. Other young mothers expressed that they were truly hurt by fathers of their children

therefore, they did not want to be in any relationship, some of them had trust issues associated with anger against men while others did not believe that love exists. Young women observed that not having a present father negatively impacted them and the situation worsened when they witnessed their children also having absent fathers. They mentioned that they wanted to focus on healing and bettering their lives in order to raise their children with pure hearts and peaceful souls.

“I was truly hurt by the father of my child. I do not want a relationship as I do not believe in love. All I want to do is to focus on myself and ensuring that I raise my child in a loving and peaceful environment” (Nolwande, 23 years).

“I am currently not in a relationship because I want to focus on my child. I am the sole parent to my child therefore, I have to give her all my attention. I also am protecting myself from experiencing pain and disappointments” (Nqobile, 23 years).

6.5.2 Friendships

According to Amod et al. (2019) early childbearing is not uncommon however, it is still disapproved within communities. The disapproval of early childbearing may result in certain women losing their friends because some parents instruct their children not to associate themselves with young mothers. Certain parents often assume that when a woman falls pregnant at a young age, she may easily influence other young women to engage in sexual activities and she is not perceived as a good role model. Hence, other young women are warned to stop being friends with someone who has a child. The study found that young women began to lose their friends when they were pregnant and after childbirth. This was due to parents warning their children about being friends with someone who has a child. Young mothers highlighted that losing friends while they were still adapting to new roles was heart breaking for them as they would have appreciated support from their friends when they were adjusting to motherhood. They expressed that they would have appreciated moral support such as their friends checking up on them and the child.

“After giving birth, I lost some of my friends. I think it was the most challenging time as I had to adjust to motherhood and also feel the pain of losing friends that I grew up with. I would have appreciated their love and support” (Gabisile, 22 years).

Evidence from studies conducted in South Africa show that the main challenge that most young mothers face relates to financial constraints (Govender et al., 2020; Mjwara and Maharaj, 2018;

Pillay, 2021). Most young mothers prioritise their children's needs before themselves. The study revealed that young women experienced financial constraints, which led to them not being able to go out with their friends as they could no longer afford to do so. This resulted in friendships falling apart as some of their friends were not willing to understand when they could not go out with them. Young women expressed that whenever they received money, they had to prioritise their children before they could do anything for themselves. As Siphe (24 years) maintained that *"every little money I received, I had to cater for my child's needs, it was no longer easy to go out with my friends because I had a child that I needed to provide for."* Furthermore, Sindi (23 years) added that *"having a child meant I had to prioritise her, going out with my friends was the least of my worries."* The lack of family support contributes to the non-existent social life as young mothers may not be able to live their lives like before (Govender et al., 2020). Another factor that prevented young mothers from spending time with their friends was not having someone to look after their children when they wanted to go out. Young women mentioned that some of their family members only assisted them with the child when they had to attend important events for school and/or work, they were not willing to look after their children when they went out with their friends. In addition, young mothers reported that they did not want to come across as if they were being ungrateful to their families by constantly asking them to look after their children even when it was not compulsory to attend certain events.

"It was challenging for me to spend time with my friends as I was a student and a mother at the same time. My mother looked after my child during the day when I was at school therefore, I had to make sure that I am home during weekends to look after my child. This prevented me from going out with friends" (Thabile, 25 years).

The support from family and friends is important to young women when they enter the journey of motherhood (Josephine, 2019; Ramukumba and Masala-Chokwe, 2017). There were certain young mothers who expressed that their friends were understanding as they supported them in their journey of motherhood. Young women mentioned that some of their friends were very accommodative, they would rather visit them instead of going out because they knew that young mothers may not be able to make it. Other young mothers highlighted that their friends would cancel meeting up if they informed them that they will not be able to make it while others met without them. This made it less challenging for young mothers to maintain the relationship with

their friends because they did not worry about going out, their friends understood that they were mothers who had the responsibility of providing childcare. This had a positive impact on young women as they were adapting in their new roles. Young women stated that their friends made use of other communication platforms such phoning to check up on them and the child.

“After I gave birth, my friends were very accommodative. They would sometimes cancel if I informed them that I will not be able to make it. My friends would visit me while others phoned me to check up on how I was coping with the new role” (Sandiso, 22 years).

6.5.3 The relationship with relatives

The pregnancy of a young woman may bring shame and disappointment to the family (Govender et al., 2020; Mgbokwere et al., 2015). Older family members and relatives often become upset and disappointed as early childbearing brings disgrace to the family name. The study found that majority of relatives were angry about the pregnancy of young women. This resulted in young women being treated differently during family gatherings, some felt isolated and left out when they attended traditional family ceremonies. Certain relatives felt as if young women were going to teach their children inappropriate behaviour therefore, they advised their children to avoid communicating with young mothers. Furthermore, certain young women highlighted that they were prohibited from attending family gathering after childbirth. According to Sindi (23 years) *“after childbirth, some of our relatives did not want us to attend family gathering, they believed that we were going to teach their children misbehaviour.”* Young mothers mentioned that after childbirth, everything that they did was regarded as inappropriate. Those who were able to attend traditional family ceremonies reported that they did not have a sense of belonging because usually they would sit with young females, now that they have children they did not know where they belonged because they were not allowed to sit with young females and could not associate themselves with older married women. Traditional ceremonies such as umemulo (coming of age) often consist of rules about the dress code and sitting arrangements during the ceremony. The dress code differs for young unmarried women, who are often assumed to be virgins; married women as well as men (Magwaza, 2008). Young unmarried women are often organised to sit together, married women assist with cooking and men are responsible for slaughtering and distributing meat from slaughtered cows. In such settings, young mothers are often not accommodated because the sitting arrangements do not cater for them as they are not allowed to associate themselves with

young women and cannot relate to married women. These ceremonies were a constant reminder of the mistake they have made and how they have disappointed their extended families. Some of their older uncles did not speak to them while others avoided any contact with them as they were very traditional and believed that a woman should begin childbearing after marriage.

“After childbirth, I was treated differently during family ceremonies. I did not even know who I can associate myself with, it was different and sad to be home as I felt like a stranger. Some of my uncles did not want to talk to me, they did not even want me to serve them food as they believed that I have disappointed the family” (Nokwanda, 25 years).

The role played by biological mothers remains important for young women as they embark their motherhood journey (Mjwara and Maharaj, 2018; Ramukumba and Masala-Chokwe, 2017). Young women who had present biological mothers highlighted that mothers played a huge role in trying to accommodate them during family ceremonies and gatherings. They tried to make them feel better by constantly checking up on them during family gatherings because they were aware of how other family members were treating them. Women who did not have present biological mothers expressed that no one was willing to be there for them during family gathering, they avoided attending such gatherings because they knew it was going to hurt their feelings as certain family members would ask them why they rushed to have children because they are orphans who have no one to look after them.

“Even though I experienced mistreatment during family gatherings, I think my mother tried to make me feel better by checking up on me and the child. I think the situation was going to be worse if she was not present” (Thabile, 25 years).

“I hated family gathering with all my heart because some of my relative would treat me very badly. They would make me feel ashamed of myself and would ask why I had a child at such a young age when I do not even have parents. They evened stated that we are rushing to do things above our age that will have negative consequences such as living in poverty, I ended up not attending family gatherings (Lerato, 25 years).

Certain young women expressed that some of their relatives were supportive towards them. Even though they could not see them often, they tried to communicate with them. In many African family settings, a child is raised by all family members as it is believed that a single person cannot

nurse a child (Amos, 2013). Extended family members also support women by means of visiting or contacting them to check up on the child when they are not living in the same household. One of the main factors that prevented young mothers from visiting their relatives was the COVID-19 pandemic. Young women who gave birth during the pandemic mentioned that it was challenging for them to travel as they were concerned about their health. They also did not want any visitors as it would have exposed them and their children to the virus. Young women highlighted that the support from their extended family members made a huge difference in their journey as some of their cousins who were already mothers were willing to advise and assist them when they encountered challenges and/or when the child was not feeling well. Young women stated that they knew that their cousins were a phone call away, which positively impacted their journey.

“Some of my relatives were very supportive and willing to help after childbirth. We were not able to see them because of the COVID-19 pandemic and health concerns. What assisted was phoning them if there was anything that I wanted to ask as they were willing to advise me. I think their support positively impacted me, I was assured that I was not alone” (Sine, 25 years).

6.6 Social life

Childbirth results in changes in the woman’s social life. In their study Govender et al. (2020) suggest that young mothers felt the loss of their social life since the inception of motherhood. The present study found that all young women experienced changes in their social life. This was brought by the duties associated with caring for their children, which prevented them from spending time with their counterparts. Young mothers expressed that they were often occupied with household chores, childcare duties, school and work assignments. Londeka (24 years) noted that *“my life changed when I had a child, I was always busy with something.”* Young mothers emphasised how social media platforms assisted them throughout their journey. They were able to communicate with their friends, families and partners whom they could not see regularly due to their new demanding roles. Young mothers stressed the power of social media, which assisted them with ensuring that they keep in contact with their counterparts. They were able to maintain communication through social media platform as they phoned and sent pictures of their children to close family members and friends. Young women expressed that being able communicate with other people assisted them, they did not feel alone and were able to reach out when they needed

them. Social media assist mothers as they are able to connect with extended family members and friends for social support (McDaniel et al., 2011).

“After childbirth, I was not able to see my friends and extended family members like before. Social networks played a huge role as it became easier to communicate with them. I did not feel alone and I was able to send them pictures of my child” (Kwethu, 23 years).

In South Africa, the use of social media remains prevalent among the 18 to 35 age group, where individuals use such platform for various reasons (Budree et al., 2019). Certain individuals use social media platform to socialise, educate themselves and search for better economic opportunities. The use of social media assisted women with learning about the procedures of childbirth. Young mothers who were students within higher institutions had access to the internet and social media platforms such as YouTube. They highlighted that before giving birth, they used to watch YouTube videos of how women were giving birth and the different strategies that they may use when they are in labour. They highlighted that this prepared them for labour and they were able to gain knowledge about the process of childbirth. Young women also used the internet to search information about the different challenges that women encounter after childbirth. Additionally, young women gained information on what they may take with them to the hospital as it was their first-time giving birth. According to Slindile (24 years) *“when I was pregnant, I watched many YouTube videos where I was able to learn about the process of childbirth, being within the university premises assisted me as I was able to access such information.”* Positive effects of social media include socialising, sharing knowledge and being updated about information through advertisements (Akram and Kumar, 2017). Young women mentioned that social media platforms assisted them with their new roles as mothers. They reported that they were able to learn about the different mothering skills such as how to hold the child when bathing them. Young women expressed that when their children were unwell, they were able to seek guidance from other mothers through social media platforms. They mentioned that Facebook support groups also assisted them with sharing their concerns as they were able to remain anonymous and express themselves when they were experiencing challenges relating to motherhood. Young women stated that knowing that other women were also experiencing similar challenges gave them hope that they were not failing their children. They were also able to learn about how they should dress their children as some of them had limited knowledge about being a mother.

“Social media platforms played a huge role in my life. Being able to communicate with other young mothers when I am experiencing challenges assisted me. I was able to receive advice on what to use when the child is unwell as I could not afford to always take the child to the doctor. I learnt how to dress my child well and we would also inform each other when there are any nappy specials within retail stores” (Sandiso, 22 years).

There are negative effects of social media, which may include cyberbullying, social pressure, and being addicted to the internet (Akwam and Kumar, 2017). There were certain young mothers who expressed that they did not like social media. This was due to the pressure associated with social media platforms. They highlighted that seeing how other women were doing well and how they received support from their families was depressing for them due to how they made motherhood seem like an easy role. Young women who were using social media platforms mentioned that they decided to deactivate their accounts as they felt pressurised when they watched how other women were handling motherhood. Furthermore, certain young women mentioned that they could not afford to buy data therefore, they decided not to use social media platforms as it was addictive. In the words of Lerato (25 years) *“I am not really a social media person because I become easily triggered, the pressure on social media is not good for my wellbeing, I also prefer raising my child on my terms and based on what I can afford.”* Certain young mothers familiarised themselves with mothering roles by reading magazines and pamphlets they received from retail stores and hospitals. For young mothers, this was less costly, with no pressure and addiction.

“The magazines from Clicks for new moms assisted me with childcare, they were very informative. I also took pamphlets from the hospital that had information about childbirth and childcare. This was less costly and had no pressure” (Siphiwe, 25 years).

As young women's social life changed, they highlighted that what assisted them with coping was accepting that they were mothers who had the responsibility of caring for their children. Mukuna and Aloka (2021) suggest that acceptance is important for young mothers to cope with their new journey. Young mothers maintained that even though it was challenging to accept that they were missing out on certain events that their counterparts attended, it assisted them as they lived their lives peacefully when they accepted that they were no longer going to be like their friends because they were mothers. Thabile (25 years) mentioned that *“I think it is important to teach yourself acceptance as a young mother, when I fully accepted that I was a mother, I was able to cope and*

overcome most challenging that I encountered.” Support systems may be regarded as coping mechanisms for young women as this shape their future and advancements (Josephine, 2019). Certain young women who had present biological mothers expressed that their mothers assisted them with accepting their new roles of being mothers. Young women reported that their biological mothers encouraged them to be responsible and they were always willing to listen to them when they encountered challenges. On the other hand, young mothers who grew up with absent biological mothers mentioned that their extended family members and siblings assisted them with accepting that they were mothers as they were able to talk to them when they encountered challenges. However, some young mothers who did not have present biological mothers highlighted that they felt comfortable with talking to a stranger about the challenges that they were facing. This was because some of them did not have anyone they can talk to while others preferred strangers because their family members were judgemental. These young mothers stated that attending therapy sessions would have assisted them however, they could not afford to pay for a therapist, therefore they would talk to strangers that they met in a taxi and/or in a clinic and they would feel relieved after expressing their challenges.

“My mother played a huge role in assisting me accept that I was a mother. Her presence and being able to talk to her when I encountered challenging positively encouraged me to accept my new role” (Amanda, 24 years).

“When it came to the challenges I encountered, I honestly wish I was able to talk to a therapist however, I could not afford to pay for one. I would just share any challenges that I encountered with a stranger in a taxi or sometimes in the clinic when I took my child for a vaccination. I think this really assisted me with coping because I did not really trust people I knew” (Siphe, 24 years).

6.7 Summary

In South Africa, the significance of education is associated with security as it may contribute to the reduction of poverty among the marginalised population. Education is regarded as important because it may increase chances of participation in better economic activities. Despite early childbearing, young women are still motivated to continue with their studies even after childbirth. The South African School Act 84 of 1996 promotes education for all South African, including pregnant learners and teenage mothers. The main driving force for young mothers to complete

their studies is associated with improving standards of living for themselves and their children (Nkani and Bhana, 2016). The majority of young women interviewed gave birth to their first child when they were in secondary schools. The birth of their children remained the main factor that motivated them to return to school and complete their studies. Some young women were able to further their studies after matric and the main motive was to attain their qualifications and improve their lives. Student mothers encountered numerous challenges relating to the two demanding roles of being mothers and students. The study conducted by Maisela and Ross (2018) indicate that within the continent of Africa, student mothers face numerous challenges relating to finances and performing mothering roles. South Africa is no exception as the present study found that student mothers encountered financial and time management challenges due to the demanding roles that they had to perform. Biological mothers supported young women when they experienced challenges associated with being student mothers. Those who did not have present biological mothers were assisted by grandmothers and extended family members however, some did not receive any form of support. Internal and external coping mechanisms assisted young women in dealing with the conflicting roles. Internal coping mechanisms may include the adoption of positive self-talks, while external mechanisms are the support received from families. It is regarded as important for student mothers to continuously remind themselves why they are studying and the impact that this will have for their future (Maisela and Ross, 2018). Studies conducted in South Africa suggest that the support from biological mothers and extended family members remain the main external coping mechanism that has assisted student mothers in achieving their goals (Govender et al., 2020; Josephine, 2019; Pillay, 2021).

According to Majola et al. (2021) the increasing women's participation in the labour force has the potential to influence women's agency and economic decision-making, at varying levels inclusive of family, household and in their communities. Previously, men assumed the role of being a provider while women engaged in domestic work within the household (Stern et al., 2018). The declining marriage and early childbearing have resulted in women, including mothers, entering the labour market as they are faced with the responsibility of providing support for their children. The widespread issues of father absence, unemployment and poverty within South Africa motivate mothers to renounce in labour participation because they have to provide for their children and families (Padi et al., 2014; Richter and Makusha, 2018). As Mjwara and Maharaj (2018) highlight that early childbearing has resulted in the burden to provide care remaining with maternal families,

certain young mothers received support from their families however, they had to look for employment in order to sustain their lives. The present study found that due to the high rates of unemployment within South Africa, certain young mothers settled for informal employment even when they had attained tertiary qualifications. Working mothers faced numerous challenges associated with juggling childcare and work. Family members and childcare facilities have played a significant role with assisting working mothers. The study conducted by Majola et al. (2021) suggest that childcare facilities play a substantial role in assisting working mothers with childcare.

Embarking on the journey to motherhood may be challenging for certain young women leading to the inability to maintain relationships with partners, friends and relatives. Due to numerous challenges, certain women end relationships with fathers of their children after childbirth while others remain in relationships with them. In their study conducted among young mothers, Nkani and Bhana (2016) discovered that the majority of young women were still in intimate relationships with fathers of their children. On contrary, the present study discovered that most young women were no longer in intimate relationships with fathers of their children. The breakup led to certain fathers not supporting their children. Receiving support from the father may be determined by the relationship he has with the mother (Mufutau and Okeke, 2016). The Children's Act 38 of 2005 stipulates that both parents, whether in a relationship or not, must provide financial contribution to the upbringing of the child. Despite the law abiding South African citizens, certain fathers do not support their children when they are no longer in an intimate relationship with the mother. In such cases, childcare is provided by the mother and her family, who sometimes find it difficult to support the child due to socio-economic challenges, such as poverty and high rates of unemployment, which are widespread issues in South Africa. The pain endured by certain young mothers due to growing up without present fathers and having to witness their children growing up without a present father has led to them not wanting to have a partner, as the study found that certain young mothers were not willing to be in an intimate relationship due to the pain of growing up without a father and also raising their children alone. This is history repeating itself and it is showing that as much as certain young men are trying to challenge the dominant narratives of absent fathers by supporting the child even when they are no longer in a relationship with the mother Pillay (2021), others still do not support their children and the number of children growing up without fathers continue to increase in South Africa. Early childbearing greatly affects women, their social life changes and others face challenging of raising their children without present

fathers. Acceptance and support from families remain the main coping mechanism that assist young mothers with navigating motherhood in a rapidly changing social environment (Josephine, 2019; Mukuna and Aloka, 2021).

CHAPTER SEVEN

DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS

7.1 Introduction

Globally, early childbearing has received substantiate attention over the past decade. In South Africa, pregnancies occurring among young people usually outside of marriage are becoming increasingly common. Early childbearing is associated with many negative consequences for the young mothers, their children as well as their families. The presence of a biological mother is important in all life events. Mothers are mostly involved in all the child's stages of development. When a young woman falls pregnant, biological mothers are initially disappointed however, they play a significant role in guiding and supporting their daughters in the journey of motherhood. As mothers are not always present, grandmothers and extended family members assist young women in their roles as mothers. The presence of a biological mother has an impact on how young women grow up, which ultimately influences their childhood experiences and the kind of parents they become in future. As such, the absence of a biological mother has major implications for women, particularly when they fall pregnant at a young age. Therefore, this study attempts to interrogate the perspectives and experiences of young women in their roles as mothers and how growing up with a present and/or absent biological mother impacts young women.

The overall aim of the study was to unpack the meaning of motherhood as socially constructed by young African women in South Africa. The study sought to investigate the importance of having a present biological mother as this is likely to impact the motherhood journey of young women. Using a qualitative approach, this research unpacks the meaning of motherhood and how the presence and/or absence of a biological mother has shaped the lived experiences of young women. Women, particularly those who fall pregnant at a young age require support from their biological mothers.

7.2 Discussion

Becoming a mother at a young age is often unplanned and associated with a number of challenges. The interviews with young women reveal that early childbearing was not planned; they were often a result of peer pressure from friends and partners. In addition, growing up within child-headed households perpetuated early sexual activities as young women lacked supervision and financial

means to provide for themselves therefore, some engaged in sexual activities with older men who provided financial support. The social constructionism theory focuses on the social influences that impact an individual's life (Galbin, 2014). Peers have a tremendous influence on the decisions of young people. Peer pressure which is often exerted by people within the same social group impacted young women's decisions pertaining to early sexual engagements, they wanted to feel accepted and valued while others feared rejection from their friends and partners. Thus, social pressure led to certain women becoming mothers at a young age.

The experience of being a mother is largely impacted by the mode of delivery. In South Africa, most deliveries occur within healthcare facilities and women give birth naturally or through a cesarean section. Most young women delivered naturally however, cesarean deliveries are also increasing when considering the number of women who delivered through this mode. Solanki et al. (2020) observed that cesarean deliveries have been steadily increasing in South Africa within both private and public healthcare facilities. Cesarean deliveries are increasing because they are seen as more effective and harmless however, this mode may have negative consequences for the child, mother and future pregnancies (Maphasha et al., 2019). This is evidenced in the study as young women who gave birth naturally experienced various physical and psychological challenges however, they were able to recover; those who gave birth through a cesarean section reported still feeling pain, years after giving birth. Some of the cesarean deliveries conducted within public healthcare facilities were reported to be done with little or no consultation with the young mother. Hence, indicating the mistreatment receive by young women who often utilise public healthcare services, which is free of charge in South Africa.

The mistreatment of women during childbirth has been witnessed in public healthcare facilities within South Africa (Malatji and Madiba, 2020; Oosthuizen et al., 2017). The woman's age had an influence on such treatments as certain young women reported that healthcare workers shouted at them expressing how they were against them having children at a young age. Mistreatments affected women's future utilisation of the facility as the majority of them expressed that they did not want to attend the same facility however, some had to because they could afford to travel to other healthcare facilities. This is consistent with the study by Malatji and Madiba (2020) which suggest that mistreatments of women within public healthcare facilities often affect their future utilisation of facilities. Young women were mistreated by healthcare workers who disapproved of

early childbearing, as they believed that this should only commence after marriage. It can be noted that social constructs influence how certain individuals behave, as Cojocar (2013) observed that perceptions and understandings of the world are rooted in constructions of realities that exist within societies and largely impacts how individuals conduct themselves within different contexts. The mistreatment experienced by young women had an impact on postnatal depression, which is a health concern reported in low, middle and high income countries (Kathree et al., 2014).

Women experience postnatal depression however, some of them are often unaware as the study found that certain mothers were not aware due to this health concern being disregarded within certain communities. Postnatal depression is caused by numerous factors such as challenges in adapting and accepting the changes associated with the new role as mothers as well as certain cultural traditions and practices (Mokwena and Masike, 2020). Another contributing factor to postnatal depression relates to the physical body changes stemming from pregnancy and childbirth. Women encountered numerous body changes such as weight gain or loss, stretch marks and changes in their skin complexion. This affected their self-esteem as Asadi et al. (2021) highlight that visible body changes may result in certain women feeling ashamed of their bodies and losing confidence in themselves. The pressure within communities associated with the socially accepted ideal body image affected women. The theory of social constructionism observes the interaction of individuals and the society. The social construction of the body image affects women. The socially constructed ideal body is often ingrained with moral judgment (Lorber and Martin, 2011 cited in Hodgkinson et al., 2014). The physical body changes associated with childbirth negatively impacted young women, they lost confidence due to the body changes that did not match the socially constructed ideal body. In addition, the stigma associated with losing or gaining weight that exist within societies further affect women as it is often assumed that they are unwell or they are being troubled by biological fathers of their children.

Women play an essential role in breastfeeding their children because this benefits both the mother and child. Breastfeeding is regarded as a mother's gift for every child (UNICEF, 2018). Women were breastfeeding their children as they believed that it was healthy for the child and it allowed them to bond with the child. In addition, breastfeeding was socially accepted within their societies because their biological mothers and grandmothers encouraged breastfeeding and assisted young women to find remedies to use when they could not produce enough milk. The financial relief of

not having to purchase formula milk also encouraged young women as many of them experienced financial challenges. In a study conducted among young women, Pillay (2021) noted that young women were breastfeeding as they could not afford other feeding options. The high prevalence of unemployment, poverty and father absence in South Africa has resulted in young mothers experiencing financial challenges (Govender et al., 2020; Mjwara and Maharaj, 2018). Initiatives such as the child support grant has been implemented in South Africa however, this does not cater for all the needs of the child. Increasingly, households headed by women and children further exposes young women to financial challenges as most of these households are living under conditions of poverty (Nwosu and Ndinda, 2018). The journey of motherhood is experienced differently and this may be determined by the presence of a biological mother.

7.2.1 The importance of having a present biological mother

Mothers are regarded as present when they are able to build and maintain healthy relationships with their children. The presence of a biological mother is essential for all children. Though a mother figure may perform mothering duties, including care, nurture and support, children still require biological mothers when they are growing up. Mothers bond with their children from pregnancy and their role is considered as incomparable during the first few months of childbirth as they breastfeed their children (Nyaloko et al., 2020; UNICEF, 2018). Mothers support their children who require guidance as they experience the different stages of development. As a female child, it is important to have a present and supportive biological mother, particularly during the stage of puberty. Furthermore, in cases where a daughter falls pregnant at a young age, the biological mother's presence is of paramount importance. This is because mothers are able to advise their daughters who sometimes have limited knowledge about childcare. A mother's reaction to the news of a daughter's pregnancy is associated with discontentment and self-blame (Fernandes et al., 2012; Mgbokwere et al., 2015). All young women living with their biological mothers reported that their mothers were disappointed and some blamed themselves for their pregnancies. Due to their disappointment, certain mothers decided not to perform *umemulo* for their daughter who fell pregnant before the age of 21 years. While certain mothers did not perform this ritual for their children, some performed the ritual for their children even when they fell pregnant before the age of 21 years. The social constructionism theory suggests that as societies are evolving, socially constructed realities are subject to change. This may include cultural beliefs

such as the umemulo ritual, which is gradually changing as it is becoming common for families to perform this ritual for their daughters even when they have children.

According Govender et al. (2020) biological mothers guide young women on how to perform the different mothering roles. Young women expressed that their biological mothers assisted them with mothering roles such as bathing, feeding and washing their child as some struggled with performing such roles because they were still experiencing pains associated with childbirth. The way in which young women were performing the mothering roles was influenced by their biological mothers, this was often socially accepted and perceived as appropriate within their families and communities. The social constructionism outlines that the constructions of reality examine the communication and development of jointly constructed understanding of the world (Galbin, 2014). The socially constructed ways of performing mothering duties is often rooted in the understanding of what is perceived as appropriate for the child's growth and development. The different ways of performing mothering duties were instilled by their mothers and grandmothers as young women sought advice and support pertaining to childcare from them.

In the current study, young women highlighted that the way in which they were raising their children was largely impacted by how their biological mothers and grandparents raised them. There are three fundamental steps associated with how human beings sustain social phenomena, these include, externalisation, objectivation and internalisation (Berger and Luckmann, 1996). Externalisation occurs when individuals adapt in the society through the use of language and actions; act on their world by creating artefacts and practices. As young women observed how they were raised, they instilled similar practices and discipline onto their children through the use of language, which distinguished right from wrong. The second step is objectivation, this process suggests that the objective nature of the world becomes the basic rule that people adopt (Nurhadi et al., 2018). Most young women reported that they prioritised their children in everything, they observed how their biological mothers ensured that their needs were met. This became the basic rule adopted by young women as they believed that being a mother was associated with sacrifice and being selfless. The final step is internalisation, which involves the understanding of the world as a social and meaningful reality. As an objective feature is instilled and becomes the basic rule, individuals internalise and practice it in their lives (Galbin, 2014). The different childhood experiences, which are impacted by the presence or absence of biological mothers shape the kind

of mothers that young women become. Young women internalise motherhood practices that are dominant within their families and communities and this guides them when they are raising their own children. In addition, the presence of a biological mother is important as they assist, guide and ensure that young women raise their children in a healthy, loving and safe environment.

Considering socio-economic challenges such as poverty, unemployment as well as parental issues relating to father absence within South Africa, young women are determined to complete their education in order to care for their children and improve their standards of living (Nkani and Bhana, 2016; Pillay, 2021). Most young women fell pregnant when they were in secondary schools while others were in higher educational institutions. The presence of a biological mother was essential for student mothers as they required assistance with childcare, particularly during the examination period. All young women who grew up with present biological mothers reported that their biological mothers played an important role with assisting them. This corresponds with the study conducted on young mothers, which discovered that biological mothers were of great help to their children who had to perform the competing roles of being students and mothers (Govender et al., 2020). The presence of a biological mother was also important for young women who were working. There were some women who had completed their studies and were informal workers and as a result they could not further their studies due to having the responsibility of providing financial support for their children. These young women worked long hours and they received assistance from their biological mothers and extended family members. Similarly, studies conducted in South Africa suggest that biological mothers provided support for their daughters when they gave birth at a young age (Govender et al., 2020; Misela and Ross, 2018; Pillay, 2021).

Young women who grew up with present biological fathers reported that fathers provided financial support however, they did not have a close relationship with them. Correspondingly, Freeks (2017) observed that fathers often provide material security by means of financial support and some do not build healthy relationship with their children. Young women raised by fathers believed that there is a shortfall in their lives without the presence of a biological mother. This could be explained by the observation that mothers build and maintain healthy relationships with their children. Indeed, mothers provide emotional and psychological support to their children (Maisela and Ross, 2018). The presence of a biological mother is essential for daughters, particularly when they begin childbearing at an early stage. Even though young women who did not grow up with

present biological mothers were able to adjust in their roles, some had to walk the journey of being mothers alone, they experienced challenges and required support from their biological mothers. Thus, the presence of a biological mother is important for all young women as they reported that they required support and assistance in their roles of being mothers.

7.2.2 Mother absence

It is often assumed that women are always present and responsible for raising their children however, certain mothers are absent for various reasons. In the study, 20 young women who grew up not living with their mothers were interviewed and it was discovered that half of them grew up with absent biological mothers due to death. Studies conducted in South Africa suggest that the outbreak of HIV/AIDS, COVID-19 and the prevalence of accidents has resulted in children growing up without biological mothers (Burkholdern, 2019; Tolmay and Morna, 2020; World Health Organization, 2020). The increasing participation of women in education and labour workforce has led to children growing up without their biological mothers. In addition, factors such as marriage, divorce and cohabitation has further perpetuated mother absence. Similar reasons for father absence have been cited to include labour migration, marriage, divorce and poor socio-economic conditions (Eddy et al., 2013; Mqamfana and Bazana, 2020; Richter and Makusha, 2018).

There are numerous implications associated with mother absence (Fu et al., 2017; Gerlach, 2015). The absence of a biological mother has resulted in all young women arguing that they wanted to be present mothers as they did not want their children to experience the absence of a biological mother. Young women were willing to raise their children with love as well as sustain relationships with them regardless of their own background. Conversely, in the study conducted with rejected young women, Mosman (2015) observed that most young women experienced challenges with forming and sustaining relationships with their children due to the pain associated with being rejected. Young women who grew up with absent fathers as well as those who were raising children whose fathers were absent reported that experiencing the effects of father absence and witnessing their children growing up without a father has resulted in them not having a partner. This was due to the lack of trust for men. Similarly, Gray and Anderson (2016) suggest that father absence has a direct effect on the socio-emotional state of children who are sometimes not willing to give and receive love. In addition, the study conducted among young women growing up with

absent fathers discovered that the absence of fathers resulted in certain young women not trusting men, depriving themselves of love and being loved because of fear of desertion and hurt (Makafone, 2015). Even though father absence has resulted in numerous challenges for young women, the absence of biological mothers has exposed young women to early childbearing, poverty and psychological challenges (Hall, 2019; Nkani and Bhana, 2016). As it has been noted, mothers are absent for various reasons, women who become mothers at a young age require support from their biological mothers. Therefore, not having a present biological mother greatly affects their motherhood journey.

7.2.3 Adaptation to motherhood in a changing social environment

The establishment of childcare facilities within communities has assisted working and student mothers with childcare (Horwood et al., 2021; Majola et al., 2021). In the study, young women were aware of the child facilities that were within the community. The majority of them were using the childcare facilities as some of their biological mothers were working and others did not have anyone to assist them with childcare. Young women perceived childcare facilities as important for the child's growth and development as it allowed them to learn and strengthened their communication skills. Correspondingly, Majola et al. (2021) noted that mothers regarded childcare facilities as essential for the child's development. Children are often placed within formal and informal childcare facilities depending on their age. Young women whose children began attending facilities when they were infants preferred informal facilities where children are cared for by an old woman within the community. As children were growing, the preferences for certain young women changed as they believed that when a child reaches the age of two years, they should be placed in a formal childcare facility where they will be taught by trained teachers and become exposed to different learning materials at an early stage. From a social constructionist perspective, individuals socially construct realities by their use of agreed, shared and widespread meaning communicated through language (Berger and Luckman, 1996 cited in Speed, 1991). Childcare facilities that are located within the community impact how children learn and internalise language based on what is predominant within communities. This is one of the reason young women prefer their children to attend formal childcare facilities when they are over the age of two years as it enables them to learn and internalise the socially accepted realities through language.

The journey of motherhood is accompanied by numerous adjustments that may impact how mothers maintain relationships. Evidence from South African studies suggest that the demanding roles of motherhood may require changes that result in certain mothers not being able to maintain relationships with partners, friends and relatives (Govender et al., 2020; Pillay, 2021). The presence of a supportive partner is important during the journey of being a young mother. Declining marriage rates and high rates of early childbearing signifies that children are not growing up within households where both parents are present and in certain cases, mothers do not receive support from their partners (Statistics South Africa, 2018a; Statistics South Africa, 2019a). Young women who were still in relationships with fathers of their children noted that they were supportive however, the main challenge was maintaining the relationship as they could spend time with them due to their multiple roles as mothers, students and workers. Financial challenges often resulted in conflict between young women and their partners. Early childbearing may cause conflict between families, particularly relating to financial contributions towards the child's upbringing (Govender et al., 2020; Maputle et al., 2015). Most women were no longer in intimate relationships with fathers of their children, these women expressed that most fathers did not support and build relationships with their children. This is supported by the study conducted by Mufutau and Okeke (2016) which indicated that receiving support from fathers may be determined by the relationship he has with the biological mother. On the contrary, the study conducted by Pillay (2021) revealed that young fathers were rectifying the mistakes made by their biological fathers relating to father absence, as some of them tried to be present and supported their children even when they were no longer in an intimate relationship with young mothers. Thus, it may be concluded that some fathers are trying to challenge the notion of father absence; however, others are still absent, particularly in cases where they are no longer in a relationship with mothers.

The mothering roles and duties often affect the social life of young women (Govender et al., 2020; Pillay, 2021). A social life may be associated with a person's time spent engaging in enjoyable things with their counterparts. Due to young women being occupied with childcare, work and school, their social life changed as they could not spend time with their counterparts. They were assisted by the use of social media platforms that allowed them to communicate with their partners, friends and extended family members. In addition, social media platforms assisted young women with childcare as they were able to communicate with other mothers when they encountered challenges. The social constructionism theory suggest that the understanding of the world is

influenced by social and interpersonal factors (Galbin, 2014). Social media platform impacted how young women raised their children as they were able to seek advice thus, supporting the concept of social constructionism that realities are socially constructed and they are influenced by social factors, context and what individuals are exposed to. Social media platform is accompanied by both positive and negative effects. This impacted some young women who decided not to use social media due to the pressure associated with the platforms as well as financial constraints of purchasing data bundles. Young women employed different methods to cope with the roles of motherhood however, acceptance was the main strategy that assisted them with coping. Being able to accept that they were not going to live their lives like before and that they were responsible for raising their children assisted them in coping with all the challenges they encountered. Support from families, partners and friends play a substantial role during the journey of motherhood (Josephine, 2019; Mukuna and Aloka, 2021). Young women who grew up with present biological mothers highlighted that their mothers assisted them with coping as they were able to talk to them when they encountered challenges. Extended family members, partners and friends supported young women who grew up with absent biological mothers in accepting and coping with their new roles. Certain young women, particularly those who were living within child-headed households expressed that talking to a stranger assisted them as some did not have a support system. Thus, the presence of a biological mother remains important for young women. Women are able to cope without their biological mothers; however, the majority of them expressed how they wished their biological mothers were present when they became mothers. The absence of a mother did not only affect them when they became mothers however, growing without a mother was an unpleasant experience, which for some led to early childbearing.

7.3 Strengths and limitations of the study

One of the strengths relate to the methodology of the study. Employing a qualitative research methodology and semi-structured interviews allowed participants to subjectively express themselves based on their experiences and perceptions. Issues were able to be examined in-depth based on human experience and the social factors that impact them. Semi-structured interviews were not restricted to specific questions, the researcher was able to probe and sought clarity. Even though data cannot be generalised to a larger population, findings can be transferable to other settings and the researcher was interested in deepening the understanding of the phenomenon under investigation. The study draws on a purposive sample of young mothers to unpack the social

constructions of motherhood. Therefore, the novelty of the study is embedded in the methodological approach and study sample.

The findings of this study add a new perspective about young mothers in a township located in South Africa. The study focused on the importance of mother presence. It is often assumed that mothers are present however, this is not necessarily the case. The study unpacked various reasons that result in mothers being absent and how this has an impact on the lives of young women. Death, female labour migration and marriage has resulted in mothers not living with their children. This affects the livelihood of young women and their experiences when they become mothers. The study focused on young mothers in order to explore the experiences of having a present as well as absent biological mother. All young women emphasised the importance of having a present biological mother. Even though some did not grow up with biological mothers, they reported that they encountered numerous challenges as they had to walk the journey of being mothers alone. Thus, the study has shown that mothers have a unique and significant role in the lives of their children, particularly daughters. In addition, this research amplifies the social constructions of motherhood as well as the importance of mother presence in the African context.

There is no research without its limitations. The study employed a qualitative research methodology, with a small sample of young women. The results and narratives cannot be generalised across all young mothers in South Africa and the experiences may differ vastly from those who live in rural areas. The study focused on specifically young mothers, their biological mothers, guardians and partners were not included in the sample therefore, the narrative could either under or over-represent the role that they play. To ensure a detailed examination of young mothers, it would be best to engage with other role-players within young families to ensure a holistic understanding of contemporary experiences of early motherhood. The study targeted young women who have not successfully negotiated challenging situations, such as poverty and unemployment. This would have provided more depth to the study as well as a platform to inform initiatives.

Certain young women were not willing to participate in the study. This is potentially due to the sensitivity of the research topic to some young mothers. The use of a qualitative research and semi-structured interviews depend on self-reported data on the different opinions and experiences. There is no means to measure honesty therefore, some participants may have not shared their honest

perspectives and experiences. Self-desirability bias is a type of bias in which people tend to answer questions based on how they will be viewed instead of being truthful is another limitation of this study. Similarities and differences between the researcher and study participants may have influenced responses, which may affect the study conclusions.

7.3.1 Direction for future research

The study explored the lived experiences of young mothers who grew up with present and absent biological mothers within a township located in South Africa. The study unpacked the perspectives and experiences of young women; how the presence or absence of biological mothers shape young women's perspectives and experiences of motherhood as well as how young women navigate motherhood in a rapidly changing social environment. A qualitative research methodology was used and focused on a sample of 40 participants; future studies may focus on a larger sample by conducting a quantitative and/or mixed methods study. As the study focused on young mothers who grew up with present and absent biological mothers, future studies may focus on the experiences of biological mothers, grandmothers and guardians who support young women in their roles as mothers, and also raise their grandchildren as the majority of young mothers depended on their families for support. The burden of having to care for young mothers and their children may cause numerous financial and emotional challenges for families hence, future studies may focus on this.

The current study discovered that certain young women were living within child-headed households and they had to raise their children on their own. Future studies may explore the lived experiences of young mothers living within child-headed households. This may include a deeper focus of how they raise children with limited knowledge of childcare, their perspectives and experiences of being young and mothers who may not receive any form of support.

7.4 Recommendations

The study identified numerous concerns relating to the perspectives and experiences of young women. One of the challenges identified was associated with mistreatment of young women within public healthcare facilities as well as limited access to services such as contraceptives. The World Health Organization (2018) commends intrapartum care, which includes guidance on the provision of respectful maternity care. In addition, the National Department of Health (2018) promotes the local human right of respectful and non-judgemental maternal care for women and girls. Therefore,

the study recommends that programmes reinforcing the importance of treating all patients with care regardless of their age should be implemented. This may include quarterly training workshops where healthcare workers will be trained and reminded of the importance of treating all patients equally and professionally within public healthcare facilities. The importance of upholding Batho Pele principles, which simply means people first should be emphasised to all public healthcare workers, as they are required to provide professional customer service to all service users. The complaints handling system should be effective in all public healthcare facilities and awareness should be raised in a form of billboards within facilities, which clearly outlines how dissatisfied patients may raise their concerns. This system may be anonymous and it should be reviewed monthly by the management of each healthcare facility in order to address all complaints and identify a sequence of concerns in order to develop strategies to prevent future complaints. Young women experienced challenges during the application process for the child support grant due to limited knowledge on the required documentation and waiting in long queues. The South African government have implemented a strategy of placing officials within public hospitals to assist women with birth certificates after childbirth. During the process of applying for a birth certificate, women may be provided with information on the required documentation for the application of the child support grant. This may be in a form of pamphlets and/or be placed within offices used to apply for birth certificates. It may be beneficial and may prevent the challenge of having to return home without applying for the child support grant due to missing documentation. In addition, South African Social Security Agency officials may also be placed within hospitals to assist women with the application of the child support grant once they have received their children's birth certificates. In this way the governmental departments may work concurrently to support public citizens.

The study identified that the majority of biological mothers and guardians were not able to discuss issues of sexual and reproductive with young women. This led to young women lacking knowledge about preventative measures thus, contributing to early childbearing. There are numerous programmes implemented within South African communities to raise awareness on the different social factors, particularly targeting the youth. Programmes may be facilitated targeting parents and guardians on how to initiate discussions relating to the different stages of development as well as sexual and reproductive health issues. These programmes may enlighten parents and guardians on the different contraceptive measures as some were reported to have limited knowledge,

particularly grandmothers who were raising their grandchildren. As the topic of sexual and reproductive health issues remain taboo within many South African communities, the implementation of these programme may guide parents and guardians on when and how they may initiate discussions relating to sexual and reproductive health issues with their children. These programmes may be facilitated by social workers as well as healthcare workers. In order to promote access to contraceptives for young women, secondary schools may offer such services by having a school clinic where young women can access the different types of contraceptive methods. This may be regarded as a proactive measure to avert early childbearing. The South African government should consider implementing the National Adolescent Friendly Clinic Initiative (NAFCI) which is a strategy aimed at promoting open and better-informed communication about HIV/AIDS, sexual and reproductive health issues and to ensure accessible healthcare services to adolescent (Ashton et al., 2009). This clinic may be situated within both primary and secondary school premises, where learners are able to access the clinic at a young age and are able to enquire about any issues relating to their sexuality, physical body changes brought by puberty as well as sexual and reproductive health services. It is important to ensure that all learners are informed about these services and that healthcare workers situated within these clinics are approachable and friendly to all learners who may visit the facility. It is important for policy interventions to address the negative outcomes of early motherhood that have been often overlooked and ensure that a nation-wide effort is made to prevent pregnancy among young women in South Africa.

The main challenge experienced by young mothers was relating to finances, stemming from their poor economic situation as well as the high levels of unemployment. In addition, father absence is another factor that has resulted in women experiencing financial challenges. The issue of unemployment is a widespread concern within South Africa, particularly for young women as some could not further their studies due to early childbearing therefore, they have limited chances of being employed in the demanding and competitive labour market. In addition, certain young mothers obtained higher education qualifications however, they could not find employment due to the lack of skills and experiences, as well as opportunities not presenting itself. As a way of tackling the issue of unemployment, it is important for universities to offer practical modules for final year students where they may gain experience by practising within the corporate world before obtaining their qualifications. Programmes such as learnerships and in-service training should be

promoted within South African universities for all courses in order to assist students with gaining experience. Young women should be encouraged to venture into business. The South African government have identified Small, Medium and Micro Enterprises (SMMEs) as having a potential of creating employment opportunities and inclusive economic growth (Jili et al., 2017). In South Africa, the government has adopted a series of policies to support SMMEs in order to increase employment opportunities and income equality (Jili et al., 2017). The promotion of skills development and training were factors regarded as important for reducing unemployment through the SMMEs sector. In addition, Makaringe and Khobai (2018) suggest that the government's plan to reduce unemployment is absorbing through most of its labour force by investing on Black Economic Empowerment business and most importantly SMMEs. In order to equip young women into starting their businesses, it is important for the government to offer them short courses prior to providing funding in order for them to be enlightened about the business industry. Alternatively, young women who have access to the internet may familiarise themselves by engaging in online business courses that may assist them with understanding the corporate environment. This may allow young women to provide financial support for their children, particularly in cases of father absence and when women do not receive any support. In addition, this will contribute to economic development in South Africa and closely align with the Sustainable Development Goal of achieving gender equality and empowering all women and girls (United Nations, 2022).

The study discovered that talking to someone was one of the strategies employed by young women when they encountered challenges relating to motherhood. Certain young women were able to speak to their mothers, grandmothers, friends and partners while others preferred strangers as they did not have anyone whom they can trust and could not afford to pay for therapists. Counselling services should be offered within public healthcare facilities where young mothers who experience challenges may be offered such services. Counsellors may be also stationed within school clinics and public healthcare facilities where young women may access healthcare and counselling services. Since certain young women may not be comfortable and/or able to physically attend counselling facilities within the community due to childcare, toll free telephonic counselling services should be implemented where young women may contact counsellors using the toll-free number and express themselves at the comfort of their homes or in a space where they feel comfortable. In this way, young women may receive psychosocial support that may assist them with coping in their roles as mothers.

The absence of a biological mother has resulted in young women experiencing challenges. The study recommends that the concept of Ubuntu should be actively promoted within communities. Ubuntu is a social philosophy that advocates for the interests of the community (Bolden, 2014). It is a system of values that emphasise care, harmony, respect and hospitality (Bolden, 2014). Thus, if communities can apply the principles of Ubuntu, the benefits for women without a motherly figure are numerous. Indeed, older female members of communities may provide guidance and advice to young women thereby, trying to be present mother figures who may close the gap of mother absence and the implications this has on young women. This is crucial because mother absence results in certain young women being susceptible to older men, leading to early sexual engagements and childbearing. By obtaining advice from elders in the community, young women can make informed decisions. According to the United Nations (2022) a substantial quantity of females are not able to make informed decisions relating to their sexual and reproductive health. This may be due to the lack of proper guidance, hence the concept of Ubuntu can alleviate this challenge. Furthermore, by providing young women with the opportunity of making informed decisions about their sexual and reproductive health, the fifth sustainable development goal of promoting gender inequality and empowering all women and girls can be achieved (United Nations, 2022).

7.5 Conclusion

Early childbearing remains a concern in many developing countries. Communication barriers, lack of knowledge and limited access to contraceptives contribute to early childbearing. Young mothers experience motherhood differently, largely determined by the support from their families. The presence of a biological mother positively contributes to young women's journey of motherhood. Certain women grew up without a present biological mother due to factors relating to death, education and labour migration. In such cases, grandmothers played a significant role in raising their grandchildren while other young women assumed headship of their households. Young women experienced many challenges that are associated with financial constraints due to unemployment, poor economic backgrounds and father absence. These issues are prominent in South Africa and have an impact on motherhood.

The research breaks new ground by highlighting that mothers are not always present and this has numerous implications for children. The interviews suggest that women require guidance when

they fall pregnant at a young age. Therefore, the absence of a biological mother has resulted in certain women walking the journey of motherhood alone, without guidance and support. As much as certain fathers are willing to be present, financial constraints prevent them from providing support, which leads to women being faced with the responsibility of solely raising children. The notion of father absence is still prevalent in South Africa, as most young women who were no longer in an intimate relationship with the father reported that fathers were not willing support their children.

The concept of motherhood, particularly among young women is complex. There is a need to unpack the notion of motherhood in relation to the importance of a present biological mother. Young women who grow up with absent biological mothers encounter numerous challenges. Even though they are able to adjust, findings suggest that they require support from biological mothers. The presence of a biological mother is important for the child's development as well as for women who fall pregnant at a young age. Research on motherhood is developing however, numerous factors have an impact on this journey thus, there is a need to add to the debate of early motherhood in South Africa and Africa in general.

REFERENCES

- Abrahams, N., Mathews, S., Jewkes, R., Martin, L.J. and Lombard, C., 2012. *EVERY EIGHT HOURS: Intimate femicide in South Africa 10 years later*. Western Cape: Gender and Health Research Unit, Medical Research Council.
- Ajandi, J., 2011. *Overcoming barriers and finding strengths: The lives of student mothers in university*. Canada: University of Toronto.
- Akama, E. S., 2012. *Introduction to religious cultural studies*. Port Harcourt: University of Port Harcourt press.
- Akram, W. and Kumar, R., 2017. A study on positive and negative effects of social media on society. *International Journal of Computer Sciences and Engineering*, 5(10), pp.351-354.
- Alanne, S., Laitinen, K., Söderlund, R. and Paavilainen, E., 2012. Mothers' perceptions of factors affecting their abilities to care for infants with allergy. *Journal of clinical nursing*, 21(1-2), pp.170-179.
- Alati, R., Smith, G.D., Lewis, S.J., Sayal, K., Draper, E.S., Golding, J., Fraser, R. and Gray, R., 2013. Effect of prenatal alcohol exposure on childhood academic outcomes: contrasting maternal and paternal associations in the ALSPAC study. *PloS one*, 8(10), p.e74844.
- Alfers, L., 2016. *Our children don't get the attention they deserve: A synthesis of research findings on women informal workers and child care from six membership based organizations*. Cambridge: Women in Informal Employment: Globalizing and Organizing.
- Alimoradi, F., Javadi, M., Barikani, A., Kalantari, N. and Ahmadi, M., 2014. An overview of importance of breastfeeding. *Journal of Comprehensive Pediatrics*, 5(2), pp.1-6.
- Amanak, K. and Karacam, Z., 2018. Sezaryen ile doğum yapan kadınların postpartum erken dönemde öz bakım ve bebek bakımı konularında yaşadıkları sorunların belirlenmesi. *İzmir Tepecik Eğitim Hastanesi Dergisi*, 28(1), pp.17-22.
- Amato, P.R., 2000. The consequences of divorce for adults and children. *Journal of marriage and family*, 62(4), pp.1269-1287.

- Amod, Z., Halana, V. and Smith, N., 2019. School-going teenage mothers in an under-resourced community: lived experiences and perceptions of support. *Journal of Youth Studies*, 22(9), pp.1255-1271.
- Amos, P.M., 2013. *Parenting and culture—Evidence from some African communities*. IntechOpen.
- Ampong, Y.A.R., Santos, C.J.L.D. and Tolosa, M.J.B., 2018. An interpretative phenomenological analysis on the concept of family among abandoned young adults with physical disability. *International Journal of Social Sciences*, 4(3), pp. 1-18.
- Anwar, H., Suhariadi, F. and Fajrianthi, F., 2017. Career Wellbeing, The Challenging Role of Working Mothers. *Advances in Social Science, Education and Humanities Research*, 127, pp.82-86.
- Ardington, C., Menendez, A. and Mutevedzi, T., 2015. Early childbearing, human capital attainment, and mortality risk: Evidence from a longitudinal demographic surveillance area in rural KwaZulu-Natal, South Africa. *Economic development and cultural change*, 63(2), pp.281-317.
- Arendell, T., 2000. Conceiving and investigating motherhood: The decade's scholarship. *Journal of marriage and family*, 62(4), pp.1192-1207.
- Artz, L., Hoffman-Wanderer, Y. and Moul, K., 2012. *Hard Time(s): Women's pathways to crime and incarceration*. Cape Town: Gender, Health and Justice Research Unit, University of Cape.
- Asadi, M., Noroozi, M. and Alavi, M., 2021. Exploring the experiences related to postpartum changes: perspectives of mothers and healthcare providers in Iran. *BMC pregnancy and childbirth*, 21(1), pp.1-8.
- Ashton, J., Dickson, K. and Pleaner M., 2009. *The evolution of the national adolescent friendly clinic initiative in South Africa*. Geneva: World Health Organization.
- Babbie, E., and Mouton, J., 2001. *Objectivity and Trustworthiness in Qualitative Research; In the Practice of Social Research*, Oxford and New York: Oxford University Press.
- Baker, M., 2010, May. Motherhood, employment and the “child penalty”. In *Women's Studies International Forum* (33(3), pp.215-224). Pergamon.

- Baloyi, M. E. 2014. The impact of the extended family on one's marriage: An African study. *Journal of theology for Southern Africa*, 148, pp. 8–32.
- Baloyi, M.E. and Manala, M.J., 2019. Reflections on challenges of preferring the male child in an African marriage—A practical theological observation. *Verbum et Ecclesia*, 40(1), pp.1-9.
- Barlow, K. and Chapin, B.L., 2010. The practice of mothering: An introduction. *Ethos*, 38(4), pp.324-338.
- Barnes, T., 2013. Pregnancy and bodies of knowledge in a South African University. *African Studies Review*, 56(1), pp.1-20.
- Barron, P., Subedar, H., Letsoko, M., Makua, M. and Pillay, Y., 2022. Teenage births and pregnancies in South Africa, 2017-2021—a reflection of a troubled country: Analysis of public sector data. *South African Medical Journal*, 112(4), pp.252-258.
- Bastien, S., Kajula, L.J. and Muhwezi, W.W., 2011. A review of studies of parent-child communication about sexuality and HIV/AIDS in sub-Saharan Africa. *Reproductive health*, 8(1), pp.1-17.
- Bauer, K.W., Hearst, M.O., Escoto, K., Berge, J.M. and Neumark-Sztainer, D., 2012. Parental employment and work-family stress: Associations with family food environments. *Social science & medicine*, 75(3), pp.496-504.
- Berger, P.L. and Luckmann, T. 1996. *The social construction of reality: A treatise in the sociology of knowledge*. Hamondsworth, Middlesex: Penguin Education.
- Bhana, D., Morrell, R., Shefer, T. and Ngabaza, S., 2010. South African teachers' responses to teenage pregnancy and teenage mothers in schools. *Culture, health & sexuality*, 12(8), pp.871-883.
- Bhana, D. and Nkani, N., 2014. When African teenagers become fathers: Culture, materiality and masculinity. *Culture, health & sexuality*, 16(4), pp.337-350.
- Bhana, D., Crewe, M. and Aggleton, P., 2019. Sex, sexuality and education in South Africa. *Sex Education*, 19(4), pp.361-370.

- Bjarnason, T., Andersson, B., Choquet, M., Elekes, Z., Morgan, M. and Rapinett, G., 2003. Alcohol culture, family structure and adolescent alcohol use: multilevel modeling of frequency of heavy drinking among 15-16 year old students in 11 European countries. *Journal of studies on alcohol*, 64(2), pp.200-208.
- Blackie, D., 2014. *Fact Sheet on Child Abandonment Research in South Africa*. National Adoption Coalition South Africa (NACSA).
- Blanche, M.T., Blanche, M.J.T., Durrheim, K. and Painter, D. eds., 2006. *Research in practice: Applied methods for the social sciences*. Juta and Company Ltd.
- Blandford, A.E., 2013. *Semi-structured qualitative studies*. Interaction Design Foundation.
- Bluth, K., Roberson, P.N., Billen, R.M. and Sams, J.M., 2013. A stress model for couples parenting children with autism spectrum disorders and the introduction of a mindfulness intervention. *Journal of family theory & review*, 5(3), pp.194-213.
- Bofu-Tawamba, N., 2015. *Awake to the challenge: African women's leadership at Beijing+20*. Open Democracy. [Online]: <<https://www.opendemocracy.net/5050/ndana-bofutawamba/awake-to-challenge-african-women's-leadership-at-beijing20>> (accessed: 11 March 2021).
- Bolarinwa, O.A., 2021. Factors associated with access to condoms and sources of condoms during the COVID-19 pandemic in South Africa. *Archives of Public Health*, 79(1), pp.1-9.
- Bomela, N.J., 2020. Maternal mortality by socio-demographic characteristics and cause of death in South Africa: 2007–2015. *BMC public health*, 20(1), pp.157.
- Boyatzis, R.E., 1998. *Transforming qualitative information: Thematic analysis and code development*. Sage. Routledge.
- Brancato, A. and Cannizzaro, C., 2018. Mothering under the influence: how perinatal drugs of abuse alter the mother-infant interaction. *Reviews in the Neurosciences*, 29(3), pp.283-294.
- Brandon, M. S. P., Bailey, S., Belderson, P., Hawley, C., Ellis, C. and Megson, M., 2012. *New learning from serious case reviews: a two year report for 2009–2011*. London: The Stationery Office.

- Branson, N. and Byker, T., 2018. Causes and consequences of teen childbearing: Evidence from a reproductive health intervention in South Africa. *Journal of health economics*, 57, pp.221-235.
- Braun, V. and Clarke, V., 2012. Thematic analysis. In H. Cooper, P. M. Camic, D. L. Long, A. T. Panter, D. Rindskopf, & K. J. Sher (Eds), *APA handbook of research methods in psychology, Vol. 2: Research designs: Quantitative, qualitative, neuropsychological, and biological* (pp. 57-71). Washington, DC: American Psychological Association.
- Bristow, S., Jackson, D., Shields, L. and Usher, K., 2018. The rural mother's experience of caring for a child with a chronic health condition: An integrative review. *Journal of clinical nursing*, 27(13-14), pp.2558-2568.
- Brown, R.L. and Amankwaa, A. A., 2007. College females as mothers: Balancing the roles of student and motherhood. *The Association of Nursing Forum*, 18(1), pp.25-29.
- Browne, E., 2017. *Evidence on education as a driver for migration*. Helpdesk Report.
- Bu, F., 2015. Examining sibling configuration effects on young people's educational aspiration and attainment. *Advances in Life Course Research*, 27, pp.69-79.
- Budree, A., Fietkiewicz, K. and Lins, E., 2019. Investigating usage of social media platforms in South Africa. *The African Journal of Information Systems*, 11(4), pp.1.
- Burkholder, M., 2019. *The Impact of HIV/AIDS on Orphans in a South African Context*. Taylor University.
- Calvert, N., 2000. Prenatal and postnatal attachment in adolescent mothers. *Journal of Child and Family Nursing*, 3(5), pp.313-323.
- Campbell, J.C., Webster, D., Koziol-McLain, J., Block, C., Campbell, D., Curry, M.A., Gary, F., Glass, N., McFarlane, J., Sachs, C. and Sharps, P., 2003. Risk factors for femicide in abusive relationships: Results from a multisite case control study. *American journal of public health*, 93(7), pp.1089-1097.
- Canfield, M., Radcliffe, P., Marlow, S., Boreham, M. and Gilchrist, G., 2017. Maternal substance use and child protection: a rapid evidence assessment of factors associated with loss of child care. *Child abuse & neglect*, 70, pp.11-27.

- Cantero-Garlito, P.A., Moruno-Miralles, P. and Flores-Martos, J.A., 2020. Mothers who take care of children with disabilities in rural areas of a Spanish region. *International journal of environmental research and public health*, 17(8), p.2920.
- Case, A. and Ardington, C., 2006. The impact of parental death on school outcomes: Longitudinal evidence from South Africa. *Demography*, 43(3), pp.401-420.
- Casale, D., 2004. What has the feminisation of the labour market 'bought' women in South Africa? Trends in labour force participation, employment and earnings, 1995–2001. *Journal of Interdisciplinary Economics*, 15(3-4), pp.251-275.
- Ceka, A. and Murati, R., 2016. The Role of Parents in the Education of Children. *Journal of Education and Practice*, 7(5), pp.61-64.
- Chadwick, R.J., Cooper, D. and Harries, J., 2014. Narratives of distress about birth in South African public maternity settings: A qualitative study. *Midwifery*, 30(7), pp.862-868.
- Chandra-Mouli, V., McCarraher, D.R., Phillips, S.J., Williamson, N.E. and Hainsworth, G., 2014. Contraception for adolescents in low and middle income countries: needs, barriers, and access. *Reproductive health*, 11(1), pp.1-8.
- Chazan, M., 2008. Seven 'deadly' assumptions: Unravelling the implications of HIV/AIDS among grandmothers in South Africa and beyond. *Ageing and Society*, 28(7), pp.935.
- Chazan, M., 2014. Everyday mobilisations among grandmothers in South Africa: Survival, support and social change in the era of HIV/AIDS. *Ageing and Society*, 34(10), pp.1641.
- Chen, H. and Tan, D., 2019. Cesarean section or natural childbirth? cesarean birth may damage your health. *Frontiers in psychology*, 10, pp.351.
- Clarke, M.P., 2002. Domestic work, joy or pain? Problems and solution of the workers. *Social and Economic studies*, 51, pp.153-179.
- Clarke, S., Cotton, C. and Marteleto, L., 2015. Family ties and young fathers' engagement in Cape Town, South Africa. *Journal of Family and Marriage*, 77(2), pp.575-589.
- Cluver, L., Gardner, F. and Operario, D., 2007. Psychological distress amongst AIDS-orphaned children in urban South Africa. *Journal of child psychology and psychiatry*, 48(8), pp.755-763.

- Coast, E., Leone, T., Hirose, A. and Jones, E., 2012. Poverty and postnatal depression: a systematic mapping of the evidence from low and lower middle income countries. *Health & place*, 18(5), pp.1188-1197.
- Coert, S.L., Adebisi, B.O., Rich, E. and Roman, N.V., 2021. A comparison of the relationship between parental efficacy and social support systems of single teen mothers across different family forms in South African low socioeconomic communities. *BMC Women's Health*, 158(21), pp.1-11.
- Cohen, R., 1991. Women of color in white households: Coping strategies of live-in domestic workers. *Qualitative Sociology*, 14(2), pp.197-215.
- Cohen, R., 2000. "Mom is a Stranger": The Negative Impact of Immigration Policies on the Family Life of Filipina Domestic Workers. *Canadian Ethnic Studies Journal*, 32(3), pp.76-76.
- Cojocaru, S. 2005. *Metode apreciative in asistenta sociala*, Iasi: Polirom.
- Cojocaru, S. 2013. *Appreciative Inquiry in Social Work*, Lambert Academic Publishing.
- Cojocaru, S. and Bragaru, C., 2012. Using Appreciative Inquiry to Change Perceptions Concerning the Satisfaction of Organization Members' Needs. *Transylvanian Review of Administrative Sciences*, 8(35), pp.62-77.
- Collins, P. H., 1994. Shifting the center: Race, class, and feminist theorizing about motherhood. In Glenn, E.N, Chang, G. and Forcey, L., (eds) *Mothering: Ideology, experience, and agency*. New York: Routledge.
- Collins, P. H., 1997. The meaning of motherhood in Black culture and Black mother/daughter relationships. In Gergen, M. and Davis, S., (eds) *Toward a new psychology of gender*. New York: Routledge.
- Connerley, M.L. and Wu, J., 2016. Uncovering the complexities of the relationship between women and well-being in the workplace: An introduction. In *Handbook on well-being of working women*. New York: Springer.

- Cooper, H.E., Camic, P.M., Long, D.L., Panter, A.T., Rindskopf, D.E. and Sher, K.J., 2012. *APA handbook of research methods in psychology, Vol 2: Research designs: Quantitative, qualitative, neuropsychological, and biological* (pp. x-701). American Psychological Association.
- Côté, S.M., Mongeau, C., Japel, C., Xu, Q., Séguin, J.R. and Tremblay, R.E., 2013. Child care quality and cognitive development: Trajectories leading to better preacademic skills. *Child Development*, 84(2), pp.752-766.
- Creswell, J.W., 2014. *Research design International student edition: Qualitative, Quantitative and Mixed Methods Approach*. 4th edition. London: Sage Publications.
- Curran, E.A., Khashan, A.S., Dalman, C., Kenny, L.C., Cryan, J.F., Dinan, T.G. and Kearney, P.M., 2016. Obstetric mode of delivery and attention-deficit/hyperactivity disorder: a sibling-matched study. *International journal of epidemiology*, 45(2), pp.532-542.
- Currie, J., 2004. Motherhood, stress and the exercise experience: freedom or constraint? *Leisure Studies*, 23(3), pp.225-24.
- Dada, S., Burnhams, N.H., Williams, Y., Johnson, K., Parry, C., Bhana, A., Timol, F., Nel, E., Kitshoff, D., Weimann, R. and Fourie, D., 2014. Monitoring alcohol, tobacco and drug abuse treatment admissions in South Africa: July-December 2013: Phase 35: SACENDU report back meetings.
- Dada, S., Burnhams, N.H., Laubscher, R., Parry, C. and Myers, B., 2018. Alcohol and other drug use among women seeking substance abuse treatment in the Western Cape, South Africa. *South African Journal of Science*, 114(9-10), pp.1-7.
- Damian, J.U., Mashau, N.S. and Tugli, A.K., 2019. Experiences of grandmothers raising their grandchildren in Vhembe District, South Africa. *African Journal of Gender, Society & Development*, pp.139-153.
- Dankyi, J.K., Dankyi, L.A. and Minadzi, V.M., 2019. Struggles and coping strategies of student mothers at the University of Cape Coast Distance Education, Ghana. *Creative Education*, 10(11), pp.2484-2494.
- Dastile, N.P., 2013. What's her story: Understanding the life story of a female offender within the South African context. *Gender and Behaviour*, 11(1), pp.5297-5309.

Davies, M. B. 2007. *Doing a Successful Research Project*. New York: Palgrave Macmillan.

de Castro Rocha Campelo, L.L., de Araujo Santos, R.C., Angelo, M. and Socorro de Sousa Nóbrega, M.D.P., 2018. Effects of parental drug use on child development and mental health: integrative review. *SMAD Revista Electronica Salud Mental, Alcohol Drogas*, 14(4), pp.1-5.

Dedeoglu, A. O., 2010. Discourses of motherhood and consumption practices of Turkish mothers. *Business and Economic Research Journal*, 1(3), pp.1-15.

Department of Higher Education and Training. 2015. *Are we making progress with systematic structural transformation of resourcing, access, success, staffing and researching in higher education: What do the data say?* Available: [http://www.dhet.gov.za/summit/Docs/2015Docs/Annex_3_DHET_Progress_with_transformation_What do the data say](http://www.dhet.gov.za/summit/Docs/2015Docs/Annex_3_DHET_Progress_with_transformation_What_do_the_data_say). [Accessed: 05 February 2022].

De Villiers, P., Van Wyk, C. and Van der Berg, S., 2013. *The first five years project—a cohort study of students awarded NSFAS loans in the first five years 2000–2004* (No. 11/2013).

De Vos, A.S., Delport, C.S.L., Fouché, C.B. and Strydom, H., 2011. *Research at grass roots: A primer for the social science and human professions*. Van Schaik Publishers.

Dickerson, V.C. and Zimmerman, J.L., 1996. Myths, misconceptions, and a word or two about politics. *Journal of Systemic Therapies*, 15(1), pp.79-88.

Dicks, R., Brouckhoff, S. and Lwanda, G., 2011. *Achieving a decent work agenda in South Africa: Finding synergies between public employment schemes and social security interventions within a new growth strategy*. Johannesburg, South Africa: National Labour and Economic Development Institute.

Donald, F.M. and Mahlatji, L., 2006. Domestic workers' experiences of power and oppression in South Africa. *Journal of psychology in Africa*, 16(2), pp.205-213.

Durrheim, K. 2006. 'Research Design', in: Terre Blanche K., Durrheim, M. & Painter, D. (eds) *Research and practice: Applied Methods for the Social Sciences*. Cape Town: UCT Press.

Eddy, M. M., Thomson-de Boor, H. and Mphaka, K. 2013. *'So we are ATM fathers': A study of absent fathers in Johannesburg*. Johannesburg: University of Johannesburg.

Ehlers, V.J., 2003. Adolescent mothers' utilization of contraceptive services in South Africa. *International nursing review*, 50(4), pp.229-241.

Emelumadu, O.F., Ezeama, N.N., Ifeadike, C.O., Ubajaka, C.F., Adogu, P.O.U., Umeh, U., Nwamoh, U.N., Ukegbu, A.U. and Onyeonoro, U.U., 2014. Parents' perceptions of timing of initiation of sexuality discussion with adolescents in Anambra State, South Eastern Nigeria. *Journal of Pediatric and Adolescent Gynecology*, 27(5), pp.294-300.

Escutin, B. E., 2013. *Family means different things to different people*. [online]. Available at: https://www.slideshare.net/BonnieEvanEscutin/filipinofamilytoday?next_slideshow=1 (Accessed: 30 August 2019).

Eyo, U.E., 2018. Divorce: Causes and effects on children. *Asian Journal of Humanities and Social Studies*. 6(5), pp. 2321- 2799.

Ezenweke, E.O., 2015. Our grandmothers, excluded from history, preservers and transmitters of indigenous values: ecomaternalistic approach. *Journal of Religion and Human Relations*, 7(1), pp.143-153.

Fauth, B., Thompson, M. and Penny, A., 2009. *Associations between childhood bereavement and children's background, experiences and outcomes*. London: National Children's Bureau.

Feinberg, J., 2010. *Modern Moms Connect by Writing and Reading Blogs*. [online]: <http://www.patriotledger.com/x1042479950/Modern-moms-connect-by-writing-and-reading-blogs> adresinden alındı. (Accessed: 12 March 2021).

Fernandes, A.D.O., Santos Júnior, H.P.D.O. and Gualda, D.M.R., 2012. Adolescent pregnancy: perceptions of mothers of young pregnant women. *Acta Paulista de Enfermagem*, 25(1), pp.55-60.

Fetterolf, J., 2017. In many countries, at least four-in-ten in the labor force are women. *Pew Research Center*, 7, pp.17.

Field, T., 2010. Postpartum depression effects on early interactions, parenting, and safety practices: a review. *Infant Behavior and Development*, 33(1), pp.1-6.

Forcey, L. R., 1994. Feminist perspectives on mothering and peace. In Glen, E. N., Cheng, G., and Forcey, L. R. (Eds), *Mothering: Ideology, Experience and Agency*. New York: Routledge.

- Freeks, F., 2017. Responding to the challenge of father absence and fatherlessness in the South African context: A case study involving concerned fathers from the North West Province. *Stellenbosch Theological Journal*, 3(1), pp.89-113.
- Freuchen, A., Kjelsberg, E. and Grøholt, B., 2012. Suicide or accident? A psychological autopsy study of suicide in youths under the age of 16 compared to deaths labeled as accidents. *Child and adolescent psychiatry and mental health*, 6(1), pp.1-12.
- Fu, M., Xue, Y., Zhou, W. and Yuan, T.F., 2017. Parental absence predicts suicide ideation through emotional disorders. *Plos one*, 12(12), pp.e0188823.
- Funiba, N., 2011. *An exploratory study of experiences of parenting among female students at the University of the Western Cape, South Africa* (Masters' Thesis). Western Cape: University of the Western Cape, South Africa.
- Galbin, A., 2014. An introduction to social constructionism. *Social Research Reports*, 6(26), pp.82-92.
- Gao, H. and Liu, J., 2016. Women's Substance Abuse and Its Impacts on Children's Early Development and Deviant Behaviors. In *Women and Children as Victims and Offenders: Background, Prevention, Reintegration* (pp. 239-263). New York: Springer, Cham.
- Gavin, A.R., Tabb, K.M., Melville, J.L., Guo, Y. and Katon, W., 2011. Prevalence and correlates of suicidal ideation during pregnancy. *Archives of women's mental health*, 14(3), pp.239-246.
- Gentles, S. J., Charles, C., Ploeg, J. and McKibbin, K. 2015. Sampling in Qualitative Research: Insights from an Overview of the Methods Literature. *The Qualitative Report*, 20(11), pp.1772-1789.
- Gergen, K. J. and Davis, K. E. (Eds.) (1985). *The social construction of the person*. New York: Springer-Verlag.
- Gergen, K.J. (1999). *An invitation to social constructionism*. London: Sage.
- Gerlach, P., 2015. *Perspective on Parental Abandonment*. [online]. Available at: <http://sfhelp.org/gwc/abandon.htm> (Accessed: 20 February 2021).

Gerrand, P. and Nduna, M., 2021. Father Absence in the Lives of Female African Youth Living in Mpumalanga, South Africa: Christianity a Coping Strategy that Builds and Strengthens Resilience. *Social Work & Christianity*, 48(2).

Gežová, K.C., 2015. Father's and mother's roles and their particularities in raising children. *Acta Educationis Generalis*, 5(1), pp.45-50.

Ghosh, B., 2016. The Institution of Motherhood: A Critical Understanding. *The Institution of Motherhood-Demystification and Denouement*, 29(17), pp.1-13.

Gill, J. and Liamputtong, P., 2013. Walk a mile in my shoes: Life as a mother of a child with Asperger's Syndrome. *Qualitative Social Work*, 12(1), pp.41-56.

Glaser, K., Price, D., Di Gessa, G., Ribe E., Stuchbury R. and Tinker A., 2013. *Grandparenting in Europe: family policy and grandparents' role in providing childcare*. London: Grandparent plus.

Glazier, R.H., Elgar, F.J., Goel, V. and Holzapfel, S., 2004. Stress, social support, and emotional distress in a community sample of pregnant women. *Journal of Psychosomatic Obstetrics & Gynecology*, 25(3-4), pp.247-255.

Goldblatt, B., 2003. Teen pregnancy and abuse of the Child Support Grant. Addressing the myths and stereotypes. *Agenda*, 17(56), pp.79-83.

Google Maps, 2017. *Imbali Unit 13*, 1:1.500. Google Maps [online]. Available through: <https://www.google.com/maps/@-29.668415,30.3424198,14z>. (Accessed 18 February 2021).

Goso, M., Matinise, O. and Kheswa, J.G., 2020. Financial Deficit as a Cause for Dependent Sexual Behaviour among Female Students in Academic Campus: An Institutional Case Study. *J Hum Ecol*, 70(1-3), pp.79-89.

Govender, D., Naidoo, S. and Taylor, M., 2020. "I have to provide for another life emotionally, physically and financially": understanding pregnancy, motherhood and the future aspirations of adolescent mothers in KwaZulu-Natal South, Africa. *BMC Pregnancy and Childbirth*, 20(1), pp.1-21.

- Govender, I., Steyn, C., Maphasha, O. and Abdulrazak, A.T., 2019. A profile of Caesarean sections performed at a district hospital in Tshwane, South Africa. *South African Family Practice*, 61(6), pp.246-251.
- Govender, V., Ramgoon, S., Patel, C.J. and Paruk, Z., 2006. Working mothers: Family-work conflict, job performance and family/work variables. *SA Journal of Industrial Psychology*, 32(2), pp.39-45.
- Gray, P.B. and Anderson, K.G., 2016. The impact of fathers on children, in Roopnarine, J.L (eds), *Father- Paternity. Encyclopaedia on early childhood development*, pp. 6.12, Syracuse, New York.
- Green, J.M., Richards, M.P., Kitzinger, J.V. and Coupland, V.A., 1991. Mothers' perceptions of their 6-week-old babies: relationships with antenatal, intrapartum and postnatal factors. *The Irish Journal of Psychology*, 12(2), pp.133-144.
- Griffiths, M.D. and Larkin, M., 2004. Editorial conceptualizing addiction: the case for a "complex systems" account. *Addiction Research & Theory*, 12(2), pp.99-102.
- Griggs, J., Tan, J.P., Buchanan, A., Attar-Schwartz, S. and Flouri, E., 2010. 'They've Always Been There for Me': Grandparental Involvement and Child Well-Being. *Children & Society*, 24(3), pp.200-214.
- Grover, N. and Sandhu, K., 2009. Teenage pregnancy: Too much too soon. *Journal of South Asian Federation of Obstetrics and Gynecology*, 1(3), pp.41-43.
- Guendouzi, J., 2006. "The guilt thing": Balancing domestic and professional roles. *Journal of Marriage and Family*, 68(4), pp.901-909.
- Guittier, M.J., Cedraschi, C., Jamei, N., Boulvain, M. and Guillemin, F., 2014. Impact of mode of delivery on the birth experience in first-time mothers: a qualitative study. *BMC pregnancy and childbirth*, 14(1), pp.1-9.
- Haffejee, S., Vetten, L. and Greyling, M., 2006. Exploring violence in the lives of women and girls incarcerated at three prisons in Gauteng Province, South Africa. *Agenda*, 19(6): 40-47.
- Hagan, F.E., 2009. *Research methods in criminal justice and criminology*. 7th edition. New Jersey: Prentice Hall.

- Hahn-Holbrook, J., Schetter, C.D. and Haselton, M.A., 2013. Breastfeeding and maternal mental and physical health. *Women's health psychology*, pp.414-439.
- Hall, K., 2010. Migrant mothers and mobile children: New possibilities for exploring child poverty dynamics in South Africa. *Children's Institute, University of Cape Town*, 45(2), pp.29-45.
- Hall, K.J., 2017. *Children's Spatial Mobility and Household Transitions: A study of child mobility and care arrangements in the context of maternal migration* (Doctoral dissertation).
- Hall, K., 2019. *Income poverty, unemployment and social grants*. South African Child Gauge.
- Hall, K. and Mokomane, Z., 2018. The shape of children's families and households: A demographic overview. *Children, Families and the State*, pp.32.
- Hall, K. and Posel, D., 2019. Fragmenting the Family? The complexity of household migration strategies in post-apartheid South Africa. *IZA Journal of Development and Migration*, 10(2), pp.1.
- Hallstein, L.O., 2004. Conceiving intensive mothering. *Journal of the Association for Research on Mothering*, 8 (2), pp.96-108.
- Harley, K. and Eskenazi, B., 2006. Time in the United States, social support and health behaviors during pregnancy among women of Mexican descent. *Social science & medicine*, 62(12), pp.3048-3061.
- Harries, J., Constant, D., Wright, V., Morroni, C., Müller, A. and Colvin, C.J., 2019. A multidimensional approach to inform family planning needs, preferences and behaviours amongst women in South Africa through body mapping. *Reproductive health*, 16(1), pp.1-11.
- Harries, P., 1982. Kinship, ideology and the nature of pre-colonial labour migration: labour migration from the Delagoa Bay hinterland to South Africa, up to 1895. *Industrialisation and social change in South Africa*, 25(3), pp.142-166.
- Harrison, M.S. and Goldenberg, R.L., 2016. Cesarean section in sub-Saharan Africa. *Maternal health, neonatology and perinatology*, 2(1), pp.1-10.
- Hart, S.L., 1995. A natural-resource-based view of the firm. *Academy of management review*, 20(4), pp.986-1014.

- Hartley, M., Tomlinson, M., Greco, E., Comulada, W.S., Stewart, J., Le Roux, I., Mbewu, N. and Rotheram-Borus, M.J., 2011. Depressed mood in pregnancy: prevalence and correlates in two Cape Town peri-urban settlements. *Reproductive health*, 8(1), pp.1-7.
- Hasan, F., Alam, M.M. and Hossain, M.G., 2019. Associated factors and their individual contributions to caesarean delivery among married women in Bangladesh: analysis of Bangladesh demographic and health survey data. *BMC pregnancy and childbirth*, 19(1), pp.1-9.
- Hatch, M. and Posel, D., 2018. Who cares for children? A quantitative study of childcare in South Africa. *Development Southern Africa*, 35(2), pp.267-282.
- Hayslip Jr, B., Fruhauf, C.A. and Dolbin-MacNab, M.L., 2019. Grandparents raising grandchildren: What have we learned over the past decade?. *The Gerontologist*, 59(3), pp.e152-e163.
- Heaman, M.I., Gupton, A.L. and Moffatt, M.E., 2005. Prevalence and predictors of inadequate prenatal care: a comparison of aboriginal and non-aboriginal women in Manitoba. *Journal of obstetrics and gynaecology canada*, 27(3), pp.237-248.
- Heinberg, L.J. and Guarda, A.S., 2002. Body image issues in obstetrics and gynecology. *Body image: A handbook of theory, research, and clinical practice*, pp.351-360.
- Herrera, C. and Sahn, D.E., 2015. *The Impact of Early Childbearing on Schooling and Cognitive Skills among Young Women in Madagascar*. Germany: IZA Publications.
- Hill, E.J., Märtinson, V.K., Ferris, M. and Baker, R.Z., 2004. Beyond the mommy track: The influence of new-concept part-time work for professional women on work and family. *Journal of Family and Economic Issues*, 25(1), pp.121-136.
- Himaz, R., 2009. *The impact of parental death on schooling and subjective well-being: Evidence from Ethiopia using longitudinal data*. University Library of Munich.
- Hodgkinson, E.L., Smith, D.M. and Wittkowski, A., 2014. Women's experiences of their pregnancy and postpartum body image: a systematic review and meta-synthesis. *BMC pregnancy and childbirth*, 14(1), pp.1-11.
- Hoffman, C., 1991. *An introduction to Bilingualism*. Longman Linguistic Library.

- Horta, A.L.D.M., Daspett, C., Egito, J.H.T.D. and Macedo, R.M.S.D., 2016. Experience and coping strategies in relatives of addicts. *Revista brasileira de enfermagem*, 69(6), pp.1024-1030.
- Horwood, C., Hinton, R., Haskins, L., Luthuli, S., Mapumulo, S. and Rollins, N., 2021. 'I can no longer do my work like how I used to': a mixed methods longitudinal cohort study exploring how informal working mothers balance the requirements of livelihood and safe childcare in South Africa. *BMC Women's Health*, 21(1), pp.1-15.
- Human Sciences Research Council, 2016. *Service delivery challenges in South Africa: South African Social Attitudes Survey (SASAS): Compendium of Results*. Cape Town: Human Science Research Council.
- Hunter, M., 2006. Fathers without amandla: Zulu-speaking men and fatherhood. *Baba: men and fatherhood in South Africa*, pp.99-107.
- Hunter, M., 2010. *Love in the Time of AIDS: Inequality, Gender, and Rights in South Africa*. Bloomington: Indiana University Press.
- Huysman, M. and de Wit, D., 2003. A critical evaluation of knowledge management practices. *Sharing expertise: Beyond knowledge management*, pp.27-55.
- Jabeen, S., Haq, S., Jameel, A., Muhammad Asif, A.H., Hwang, J. and Jabeen, A., 2020. Impacts of rural women's traditional economic activities on household economy: Changing economic contributions through empowered women in rural Pakistan. *Sustainability*, 12(7), pp.2731.
- Jama, N.A., Wilford, A., Masango, Z., Haskins, L., Coutsooudis, A., Spies, L. and Horwood, C., 2017. Enablers and barriers to success among mothers planning to exclusively breastfeed for six months: a qualitative prospective cohort study in KwaZulu-Natal, South Africa. *International breastfeeding journal*, 12(1), pp.1-13.
- James, P.B., Kaikai, A.I., Bah, A.J., Steel, A. and Wardle, J., 2019. Herbal medicine use during breastfeeding: a cross-sectional study among mothers visiting public health facilities in the Western area of Sierra Leone. *BMC complementary and alternative medicine*, 19(1), pp.1-11.
- James, S. and Hudek, M., 2017. Experiences of South African multiparous labouring women using the birthing ball to encourage vaginal births. *Health SA Gesondheid*, 22, pp.36-42.

- Jenson, T., 2011. Watching with my hands over my eyes: Shame and irritation in ambivalent encounters with 'Bad Mothers'. *Radical Psychology*, 9(2), Available at: <http://www.radicalpsychology.org/vol9-2/jenson.html> (Accessed: 18 March 2021).
- Jewkes, R. and Morrell, R., 2012. Sexuality and the limits of agency among South African teenage women: Theorising femininities and their connections to HIV risk practises. *Social science & medicine*, 74(11), pp.1729-1737.
- Jewkes, R., Morrell, R. and Christofides, N., 2009. Empowering teenagers to prevent pregnancy: lessons from South Africa. *Culture, health & sexuality*, 11(7), pp.675-688.
- Jewkes, R., Vundule, C., Maforah, F. and Jordaan, E., 2001. Relationship dynamics and teenage pregnancy in South Africa. *Social science & medicine*, 52(5), pp.733-744.
- Jili, N.N., Masuku, M.M. and Selepe, B.M., 2017. SMMEs promoting local economic development (LED) in Umlalazi Local Municipality, KwaZulu-Natal. *African Journal of Hospitality, Tourism and Leisure*, 6(1), pp.1-10.
- Johnson, T.P., 2014. *Snowball sampling: introduction*. Wiley StatsRef: Statistics Reference Online.
- Johnson, L., and Dorrington, R. 2001. *The Impact of AIDS on Orphanhood in South Africa: A Quantitative Analysis*. [online] Available at: https://www.commerce.uct.ac.za/Research_Units/CARE/Monographs/Monographs/mono (Accessed: 28 January 2021).
- Johnson, M.P. and Leone, J.M., 2005. The differential effects of intimate terrorism and situational couple violence: Findings from the National Violence Against Women Survey. *Journal of family issues*, 26(3), pp.322-349.
- Jonas, K., Crutzen, R., van den Borne, B., Sewpaul, R. and Reddy, P., 2016. Teenage pregnancy rates and associations with other health risk behaviours: a three-wave cross-sectional study among South African school-going adolescents. *Reproductive health*, 13(1), pp.1-14.
- Jones, R.K., Fennell, J., Higgins, J.A. and Blanchard, K., 2009. Better than nothing or savvy risk-reduction practice? The importance of withdrawal. *Contraception*, 79(6), pp.407-410.

Jordan, J.V. and Carlson, J. eds. 2014. *Creating connection: A relational cultural approach with couples*. New York: Routledge.

Josephine, A.M., 2019. "Motherhood is hard": Exploring the complexities of unplanned motherhood among HIV-positive adolescents in South Africa. *Sage Open*, 9(2), p.2158244019848802.

Kadale, P.G., Pandey, A.N. and Raje, S.S., 2018. Challenges of working mothers: balancing motherhood and profession. *International Journal of Community Medicine and Public Health*, 5(7), pp.2905-2910.

Kailaheimo, S. and Erola, J., 2016. The effect of early parental death on children's university education. *Working Papers on Social and Economic Issues*, 12, p.2016.

Kamer, L., 2020. *South Africa: Teenage pregnancy by age*. Statista.

Kampfer, C., 1995. Post-traumatic Stress reactions in children of imprisoned mothers. In Gabel, K., and Johnston, D. (Eds.), *Children of incarcerated parents*. New York: Lexington Books.

Kasiram, M. and Hölscher, D., 2015. Understanding the challenges and opportunities encountered by the elderly in urban KwaZulu-Natal, South Africa. *South African Family Practice*, 57(6), pp.380-385.

Kathree, T., Selohilwe, O.M., Bhana, A. and Petersen, I., 2014. Perceptions of postnatal depression and health care needs in a South African sample: the "mental" in maternal health care. *BMC Women's Health*, 14(1), pp.1-11.

Kaufman, C.E., De Wet, T. and Stadler, J., 2001. Adolescent pregnancy and parenthood in South Africa. *Studies in family planning*, 32(2), pp.147-160.

Keeley, B., Wright, L. and Condit, C.M., 2009. Functions of health fatalism: fatalistic talk as face saving, uncertainty management, stress relief and sense making. *Sociology of Health and Illness*, 31(5), pp.734-747.

Kelly, M., 2009. Women's voluntary childlessness: A radical rejection of motherhood. *Women's Studies Quarterly*, 37(3), pp.157-172.

- Khoza, N., Zulu, P. and Shung-King, M., 2019. Acceptability and feasibility of a school-based contraceptive clinic in a low-income community in South Africa. *Primary health care research & development*, 20.
- Knight, L. and Yamin, A.E., 2015. “Without a mother”: caregivers and community members’ views about the impacts of maternal mortality on families in KwaZulu-Natal, South Africa. *Reproductive health*, 12(1), pp.1-11.
- Konje J.C., Palmer A., Watson A., Hay D.M., Imrie A. and Ewings, P., 1992. Early teenage pregnancies in Hull. *BJOG: An International Journal of Obstetrics & Gynaecology*, 99(12), pp.969-973.
- Kruger, L.M., 2003. Narrating motherhood: The transformative potential of individual stories. *South African Journal of Psychology*, 33(4), pp.198-204.
- Kruger, L. 2006. Motherhood. In Shefer, T., Boonzaier, F. and Kiguwa, P. (eds). *The gender of psychology*. Cape Town: University of Cape Town Press. 182-197.
- Krueger, J. R., 2015. Competing Models of Entrepreneurial Intention. *Journal of Business Venturing*. 15(4), 432-45.
- Lacey, R.E., Zilanawala, A., Webb, E., Abell, J. and Bell, S., 2018. Parental absence in early childhood and onset of smoking and alcohol consumption before adolescence. *Archives of disease in childhood*, 103(7), pp.691-694.
- Lawson, L., 1985. *Working women: A portrait of South Africa's black women workers*. Johannesburg: Ravan Press.
- LeCompte, M.D. and Goetz, J.P., 1982. Problems of reliability and validity in ethnographic research. *Review of educational research*, 52(1), pp.31-60.
- Lee, R., 2009. *African women and apartheid: Migration and settlement in urban South Africa*. London: I.B. Taurus Publishers.
- Lee, Y. and Blitz, L.V., 2016. We're GRAND: A qualitative design and development pilot project addressing the needs and strengths of grandparents raising grandchildren. *Child & Family Social Work*, 21(4), pp.381-390.

Lehohla, P., 2009. *Living condition of households in SA 2008/2009*. Pretoria: Statistical release P0310 for Statistics South Africa.

le Roux-Kemp, A., 2013. Child-headed households in South Africa: The legal and ethical dilemmas when children are the primary caregivers in a therapeutic relationship. *People being patients: international, inter-disciplinary perspectives, inter-disciplinary press [online]*. Rochester, NY: Social Science Research Network, pp.1-12.

Liamputtong, P., 2009. Motherhood, risk and responsibility: infant care in Northern Thailand. *Journal of Family Studies*, 15(3), pp.210-217.

Loaiza, E. and Liang, M., 2013. *Adolescent Pregnancy: A Review of the Evidence*. New York: UNFPA.

Long, C., 2009. *Contradicting maternity: HIV-positive motherhood in South Africa*. Johannesburg: Wits University Press.

Lorber, J. and Martin, P.Y., 2011. *The socially constructed body: Insights from feminist theory*. California: Pine Forge Press.

Love, S.R., 2014. In Sharp, S.F., Marcus-Mendoza, S.T., Bentley, R.G., Simpson, D.B. and Love, S.R., 1999. Gender Differences in the Impact of Incarceration on the Children and Families of Drug Offenders. *Culture and Identity*. pp. 217-246.

Lundberg, S.J., 2017. *Father absence and the educational gender gap*. Germany: Institute of Labour Economics.

Mabunda, A. and Madiba, S., 2017. The context of parent-child communication about sexuality and HIV prevention; the perspectives of high school learners in gauteng province, South Africa, *Journal of African Studies*, 31(1), pp.162-173.

Maddocks, S. and Chetty, V., 2020. Burden of caring for children living with human immunodeficiency virus in a semi-rural South African community. *South African Family Practice*, 62(1), pp.1-5.

- Madhavan, S., Richter, L., Norris, S. and Hosegood, V., 2014. Fathers' financial support of children in a low income community in South Africa. *Journal of family and economic issues*, 35(4), pp.452-463.
- Madiba, S. and Nsiki, C., 2017. Teen fathers perceptions and experiences of fatherhood: A qualitative exploration with in-school teen fathers in a rural district in South Africa. *Current Pediatric Research*, 21(3), pp.501-506.
- Magqamfana, S. and Bazana, S., 2020. Absent fathers: Psychological and socio-economic implications for black children and directions for future research. *Journal of Psychology in Africa*, 30(2), pp.169-173.
- Magona, S., 1990. *To my children's children*. Cape Town: New Africa Books.
- Magwaza, T., 2003. Perceptions and experiences of motherhood: A study of black and white mothers of Durban, South Africa. *Jenda: A Journal of Culture and African Women Studies*, (4), pp.1-5.
- Magwaza, T., 2008. So that I will be a marriageable girl': Umemulo in contemporary Zulu society. *Zulu identifies: Being Zulu, past and present*, pp.482-496.
- Maharaj, P. and Shangase, T., 2020. Reasons for delaying marriage: Attitudes of young, educated women in South Africa. *Journal of Comparative Family Studies*, 51(1), pp.3-17.
- Maharlouei, N., 2016. The importance of social support during pregnancy. *Women's Health Bulletin*, 3(1), pp.1-2.
- Maher, J., 2005. A mother by trade: Australian women reflecting mothering as activity, not identity. *Australian Feminist Studies*, 20(46), pp.17-29.
- Maisela, T. and Ross, E., 2018. The experiences of motherhood among black undergraduate students at a South African University: Reconciling competing roles. *South African Review of Sociology*, 49(2), pp.41-60.
- Majola, T., Dunn, S. and Maharaj, P., 2021. Childcare arrangements of migrant mothers in an urban township in South Africa. *Gender, Place & Culture*, pp.1-19.

Makarlinge, S.C. and Khobai, H., 2018. *The Effect of Unemployment on Economic Growth in South Africa (1994-2016)*. [Online]. Available from: <https://mpira.ub.uni-muenchen.de/85305/> MPRA Paper No. 85305 [Accessed on 11 June 2022].

Makiwane, M. and Udjo, E., 2006. *Is the child support grant associated with an increase in teenage fertility in South Africa? Evidence from national surveys and administrative data*. Cape Town, South Africa: Human Sciences Research Council.

Makofane, M., 2015. "Not all men are fathers": Experiences of African women from families with absent fathers. *Social work*, 51(1), pp.22-44.

Malakoane, B., Heunis, J.C., Chikobvu, P., Kigozi, N.G. and Kruger, W.H., 2020. Public health system challenges in the Free State, South Africa: a situation appraisal to inform health system strengthening. *BMC Health Services Research*, 20(1), pp.1-14.

Malatji, R. and Madiba, S., 2020. Disrespect and abuse experienced by women during childbirth in midwife-led obstetric units in Tshwane District, South Africa: a qualitative study. *International journal of environmental research and public health*, 17(10), pp.3667.

Mamabolo, I., Langa, M. and Kiguwa, P., 2009. To be or not to be a mother: Exploring the notion of motherhood among university students. *South African Journal of Psychology*, 39(4), pp.480-488.

Manikkam, L. and Burns, J.K., 2012. Antenatal depression and its risk factors: an urban prevalence study in KwaZulu-Natal. *South African Medical Journal*, 102(12), pp.940-944.

Maphasha, O., Steyna, C., Abdulrazak, A.T. and Govender, I., 2019. A profile of Caesarean sections performed at a district hospital in Tshwane, South Africa. *South African Family Practice*, 61(6), pp.1-6.

Maputle, M.S., Lebesse, R.T. and Khoza, L.B., 2015. Perceived challenges faced by mothers of pregnant teenagers who are attending a particular school in Mopani District, Limpopo Province, South Africa. *International Journal of Educational Sciences*, 10(1), pp.142-148.

Mare, R.D. and Maralani, V., 2006. The intergenerational effects of changes in women's educational attainments. *American sociological review*, 71(4), pp.542-564.

- Mashau, N.S. and Tugli, A.K., 2019. Experiences of grandmothers raising their grandchildren in Vhembe District, South Africa. *Journal of Gender, Information and Development in Africa (JGIDA)*, 8(Special Issue 1), pp.139-153.
- Mathis, S.M., 2011. Disobedient daughters? Changing women's roles in rural households in Kwazulu-Natal. *Journal of Southern African Studies*, 37(4), pp.831-848.
- Matshidze, K.P., Richter, L.M., Ellison, G.T., Levin, J.B. and McIntyre, J.A., 1998. Caesarean section rates in South Africa: evidence of bias among different 'population groups'. *Ethnicity & health*, 3(1-2), pp.71-79.
- Matzopoulos, R., 2005. Violent deaths in SA: The 2003 National Injury Mortality Surveillance System. *South African Crime Quarterly*, 3(1), pp.1-5.
- Maume, D. J., Sebastian, R. A. and Barbo, A. R., 2010. Gender, work-family responsibilities and sleep. *Gender and Society*, 24(6), pp.746-768.
- McDaniel, B.T., Coyne, S.M. and Holmes, E.K., 2012. New mothers and media use: Associations between blogging, social networking, and maternal well-being. *Maternal and child health journal*, 16(7), pp.1509-1517.
- McKendrick, B.W. and Senoamadi, W., 1996. Some effects of violence on squatter camp families and their children. *Violence and family life in contemporary South Africa: Research and policy issues*, pp.15-28.
- McLeod, J., 1997, *Narrative and Psychotherapy*. London: Sage Publications.
- McNamee, S. and Gergen, K. J., 1992. *Therapy as social construction*. London: Sage Publications.
- McNeill, P and Chapman, S., 2005. *Research Methods*. Psychology Press.
- Meera, K. P. and Jumana, M. K., 2015. Empowering Women through Education. *International Journal of Humanities and Social Science Invention*, 4(10), pp.58-61.
- Meriç, M., Ergün, G., Pola, G., Yayıcı, E. and Dal Yılmaz, Ü., 2019. Women's Experience of Cesarean Section: A Qualitative Study. *Cyprus Journal of Medical Science*, 10, pp.183-188.

- Mgbokwere, D.O., Esienumoh, E.E. and Uyana, D.A., 2015. Perception and attitudes of parents towards teenage pregnancy in a rural community of Cross River State, Nigeria. *Global Journal of Pure and Applied Sciences*, 21(2), pp.181-190.
- Milani, S. H., Amiri, P., Heidarnia, M., Abachizadeh, K. and Abadi, A., 2015. The Effects of Postpartum Home Care on Constipation and Hemorrhoids at Sixty Days Postpartum. *Journal of Babol University of Medical Sciences*, 17(12), pp.26-32.
- Miller, T., 2005. *Making sense of motherhood: A narrative approach*. Cambridge: University Press.
- Mirabzadeh, A., Dolatian, M., Forouzan, A.S., Sajjadi, H., Majd, H.A. and Mahmoodi, Z., 2013. Path analysis associations between perceived social support, stressful life events and other psychosocial risk factors during pregnancy and preterm delivery. *Iranian Red Crescent Medical Journal*, 15(6), pp.507.
- Misca, G. and Smith, J., 2014. Mothers, fathers, families and child development. *Contemporary issues in family studies: Global perspectives on partnerships, parenting and support in a changing world*, 1, pp.151-164.
- Mjwara, N. and Maharaj, P., 2018. Becoming a mother: perspectives and experiences of young women in a South African Township. *Culture, health & sexuality*, 20(2), pp.129-140.
- Mkandawire-Valhmu, L., Rodriguez, R., Ammar, N. and Nemoto, K., 2009. Surviving life as a woman: A critical ethnography of violence in the lives of female domestic workers in Malawi. *Health care for women international*, 30(9), pp.783-801.
- Mkhwanazi, N., 2014. "An African way of doing things": reproducing gender and generation. *Anthropology Southern Africa*, 37(1-2), pp.107-118.
- Mkhwanazi, N. and Bhana, D., 2017. *Young families: sexuality, gender and care*. Cape Town: HSRC Press.
- Mkhwanazi, N. and Block, E., 2016. Paternity matters: Premarital childbearing and belonging in Nyanga East and Mokhotlong. *Social Dynamics*, 42(2), pp.273-288.

- Mkwananzi, S., 2016. Poverty-An Explanation for Teenage Pregnancy in South Africa?. *Review of Development Economics*, 8, pp.198-222.
- Moen, M.C., 2020. Characteristics for the identification of children who commit family murder in South Africa. *Journal of interpersonal violence*, 35(21-22), pp.4796-4813.
- Mogotlane, S.M., Chauke, M.E., Van Rensburg, G.H., Human, S.P. and Kganakga, C.M., 2010. A situational analysis of child-headed households in South Africa. *Curationis*, 33(3), pp.24-32.
- Mohlabane, N., Gumede, N. and Mokomane, Z., 2019. Attitudes towards marriage in postapartheid South Africa. In: Mokomane, Z., Struwig, J., Roberts, B. and Gordon, S. (eds). *South African Social Attitudes: family matters: family cohesion, values and strengthening to promote wellbeing*. Cape Town: HSRC Press.
- Mokomane, Z., Masson, F. and Ross, E., 2014. Workplace changes and its implications for work–family conflict and gender Asymmetries in South Africa. In *Work–Family Interface in Sub-Saharan Africa* (pp. 135-146). Springer International Publishing.
- Mokwena, K. and Masike, I., 2020. The Need for Universal Screening for Postnatal Depression in South Africa: Confirmation from a Sub-District in Pretoria, South Africa. *International Journal of Environmental Research and Public Health*, 17(19), pp.6980.
- Moore, E. and Govender, R., 2013. Marriage and cohabitation in South Africa: An enriching explanation. *Journal of Comparative Family Studies*, 44(5), pp.623-639.
- Morrell, R., 1998. Of boys and men: Masculinity and gender in Southern African studies. *Journal of Southern African Studies*, 24(4), pp.605-630.
- Mosman, S.C., Poggenpoel, M. and Myburgh, C., 2015. Life stories of young women who experience rejection from their mothers. *curationis*, 38(1), pp.1-8.
- Motsomi, K., Makanjee, C., Basera, T. and Nyasulu, P., 2016. Factors affecting effective communication about sexual and reproductive health issues between parents and adolescents in zandspruit informal settlement, Johannesburg, South Africa. *The Pan African Medical Journal*, 25. pp.1-7.

Moultrie, T.A. and Timæus, I.M., 2002. *Trends in South African fertility between 1970 and 1998: An analysis of the 1996 Census and 1998 Demographic and Health Survey*. South African Medical Research Council.

Mpondo, F., Ruiter, R.A., Schaafsma, D., Van den Borne, B. and Reddy, P.S., 2018. Understanding the role played by parents, culture and the school curriculum in socializing young women on sexual health issues in rural South African communities. *SAHARA-J: Journal of Social Aspects of HIV/AIDS*, 15(1), pp.42-49.

Mtshali, M.N.G., 2016. Role reversal of rural black grandparents in South Africa. *Journal of Comparative Family Studies*, 47(3), pp.369-377.

Mudau, T.J. and Obadire, O.S., 2017. The role of patriarchy in family settings and its implications to girls and women in South Africa. *Journal of Human Ecology*, 58(1-2), pp.67-72.

Muftić, L.R., Bouffard, L.A. and Armstrong, G.S., 2016. Impact of maternal incarceration on the criminal justice involvement of adult offspring: A research note. *Journal of research in crime and delinquency*, 53(1), pp.93-111.

Mufutau, M.A. and Okeke, C.I.O., 2016. Factors affecting rural men's participation in children's preschool in one rural education district in the Eastern Cape Province. *Studies of Tribes and Tribals*, 14(1), pp.18-28.

Mukuna, R.K. and Aloka, P.J., 2021. Interpretative Phenomenological Analysis Of Teenage Mothers Resiliency In Overcoming Adversities In Pregnancy And Early Motherhood In South Africa. *Problems of Education in the 21st Century*, 79(1), p.104.

Murphy, N.A., Christian, B., Caplin, D.A. and Young, P.C., 2007. The health of caregivers for children with disabilities: caregiver perspectives. *Child: care, health and development*, 33(2), pp.180-187.

Myers, B.J., 2007. Access to alcohol and drug treatment for people from historically disadvantaged communities in the Cape Town metropole.

Naderifar, M., Goli, H. and Ghaljaie, F., 2017. Snowball sampling: A purposeful method of sampling in qualitative research. *Strides in Development of Medical Education*, 14(3), pp.1-6.

- Naidoo, J., Muthukrishna, N. and Nkabinde, R., 2021. The journey into motherhood and schooling: narratives of teenage mothers in the South African context. *International Journal of Inclusive Education*, 25(10), pp.1125-1139.
- Nash, M., 2012. Weighty matters: Negotiating 'fatness' and 'in-betweenness' in early pregnancy. *Feminism & psychology*, 22(3), pp.307-323.
- National Department of Health, 2018. *Saving Mothers 2014-2016: Seventh Triennial Report on Confidential Enquiries into Maternal Deaths in South Africa: Executive Summary*. Pretoria, South Africa: National Department of Health.
- Nava, M., 2012. *Parents' Perceptions of Teenage Pregnancy*. (Doctoral dissertation, Loyola University Chicago).
- Nelson, B., Froehner, M. and Gault, B., 2013. *College women with children are common and face many challenges with competing higher education*. Washington: Institute for Women's Policy research.
- Ngubane, N. and Maharaj, P., 2018. Childbearing in the context of the child support grant in a rural area in South Africa. *SAGE Open*, 8(4), p.2158244018817596.
- Nkani, N. 2017. Rethinking and mediating fathers' involvement in families: the negotiation of intlawulo. In Mkhwanazi, N. and Bhana, D. (eds) *Young families: gender, sexuality and care*. Cape Town: HSRC Press. 109-118.
- Nkani, N. and Bhana, D., 2016. Sexual and reproductive well-being of teenage mothers in a South African township school. *South African Journal of Education*, 36(2), pp.1-10.
- Nolde, J., 1991. South African women under apartheid: Employment rights with particular focus on domestic service and forms of resistance to promote change. *Third World Legal Stud.* pp.203.
- Norhayati, M.N., Hazlina, N.N., Asrenee, A.R. and Emilin, W.W., 2015. Magnitude and risk factors for postpartum symptoms: a literature review. *Journal of affective Disorders*, 175, pp.34-52.
- Norman, R., Matzopoulos, R., Groenewald, P. and Bradshaw, D., 2007. The high burden of injuries in South Africa. *Bulletin of the World Health Organization*, 85, pp.695-702.

- Nurhadi, Z.F., Salamah, U., Destari, Y. and Suseno, N.S., 2018. Social Construction of Masculine Women Identity. *International Journal of Engineering & Technology*, 7(3.21), pp.326-329.
- Nwosu, C.O. and Ndinda, C., 2018. Female household headship and poverty in South Africa: an employment-based analysis. *Economic Research Southern Africa*, 3(71), pp.1-26.
- Nyaloko, M., Lubbe, W. and Minnie, K., 2020. Perceptions of Mothers and Community Members Regarding Breastfeeding in Public Spaces in Alexandra, Gauteng Province, South Africa. *The Open Public Health Journal*, 13(1).
- O'Connell, H., 1994. *Women and the family*. London: Zed Books.
- O'Hara, M.W. and Wisner, K.L., 2014. Perinatal mental illness: definition, description and aetiology. *Best practice & research Clinical obstetrics & gynaecology*, 28(1), pp.3-12.
- Omidire, M.F., AnnaMosia, D. and Mampane, M.R., 2015. Perceptions of the roles and responsibilities of caregivers in children's homes in South Africa. *Revista de Asistentia Sociala*, (2), pp.113-126.
- Omotosho, B.J., 2017. Employment, Motherhood and Wellbeing: A Discourse on the Trio within Public Organisations in Southwest Nigeria. *Géneros*, 6(1), pp.1263-1287.
- Onayli, S. and Erdur-Baker, O., 2013. Mother-daughter relationship and daughter's self-esteem. *Procedia-Social and Behavioral Sciences*, 84, pp.327-331.
- Oosthuizen, S.J., Bergh, A.M., Pattinson, R.C. and Grimbeek, J., 2017. It does matter where you come from: mothers' experiences of childbirth in midwife obstetric units, Tshwane, South Africa. *Reproductive health*, 14(1), pp.1-11.
- Operario, D., Pettifor, A., Cluver, L., MacPhail, C. and Rees, H., 2007. Prevalence of parental death among young people in South Africa and risk for HIV infection. *JAIDS Journal of Acquired Immune Deficiency Syndromes*, 44(1), pp.93-98.
- Organisation for Economic Co-operation Development, 2010. *Family Database*. Paris: OECD Publishing.
- Osborne, C. and McLanahan, S., 2007. Partnership instability and child well-being. *Journal of Marriage and Family*, 69(4), pp. 1065–1083.

Padi, T., Nduna, M., Khunou, G. and Kholopane, P., 2014. Defining absent, unknown and undisclosed fathers in South Africa. *South African Review of Sociology*, 45(2), pp.44-59.

Palamuleni, M., Kalule-Sabiti, I. and Makiwane, M., 2007. Fertility and childbearing in South Africa. In: Amoateng, A. and Heaton, T. (Eds). *Families and Households in Post-Apartheid South Africa*. Cape Town: HSRC.

Palamuleni, M.E., 2010. Recent Marriage patterns in South Africa 1996-2007. *Bangladesh e-Journal of Sociology*, 7(1), pp.47-70.

Patel, C.J., Govender, V., Paruk, Z. and Ramgoon, S., 2006. Working mothers: Family-work conflict, job performance and family/work variables. *SA Journal of Industrial Psychology*, 32(2), pp.39-45.

Patel, L., Hochfeld, T., Moodley, J. and Mutwali, R., 2012. *The gender dynamics and impact of the child support grant in in Doornkop, Soweto*. Johannesburg, South Africa: Centre for Social Development in Africa.

Patel, L., Knijn, T. and Van Wel, F., 2015. Child support grants in South Africa: a pathway to women's empowerment and child well-being?. *Journal of social Policy*, 44(2), pp.377-397.

Patel, P., Lee, J., Wheatcroft, R., Barnes, J. and Stein, A., 2005. Concerns about body shape and weight in the postpartum period and their relation to women's self-identification. *Journal of Reproductive and Infant Psychology*, 23(4), pp.347-364.

Pellowski, J.A., Bengtson, A.M., Barnett, W., DiClemente, K., Koen, N., Zar, H.J. and Stein, D.J., 2019. Perinatal depression among mothers in a South African birth cohort study: Trajectories from pregnancy to 18 months postpartum. *Journal of affective disorders*, 259, pp.279-287.

Pillay, N., 2021. There is no more future for me? Like really, are you kidding?: agency and decision-making in early motherhood in an urban area in Johannesburg, South Africa. *Global Health Action*, 14(1), p.1886456.

Pisoni, C., Garofoli, F., Tzialla, C., Orcesi, S., Spinillo, A., Politi, P., Balottin, U., Manzoni, P. and Stronati, M., 2014. Risk and protective factors in maternal–fetal attachment development. *Early human development*, 90, pp.S45-S46.

- Pitts, V., 2004. Illness and Internet empowerment: writing and reading breast cancer in cyberspace. *Health*, 8(1), pp.33-59.
- Posel, D., 2006, March. Marriage at the drop of a hat: Housing and partnership in South Africa's urban African townships, 1920s–1960s. In *History workshop journal* (61(1), pp. 57-76). Oxford University Press.
- Posel, D. and Rogan, M., 2009. Women, income and poverty: Gendered access to resources in post-apartheid South Africa. *Agenda*. 23(81), pp.25-34.
- Posel, D. and Rudwick, S., 2014. Marriage and bridewealth (ilobolo) in contemporary Zulu society. *African Studies Review*, 57(2), pp.51-72.
- Posel, D. and van der Stoep, G., 2008. Co-Resident and Absent Mothers: motherhood and Labour Force Participation in South Africa. *Journal of Economic Literature*, 22(13), pp. 1–23.
- Posel, D., Rudwick, S. and Casale, D., 2011. Is marriage a dying institution in South Africa? Exploring changes in marriage in the context of ilobolo payments. *Agenda*, 25(1), pp.102-111.
- Prins, F., 2018. *Cultural Heritage Impact Assessment of ERF 61, Lincoln Meade, Umsunduzi Municipality*. Howick: Active Heritage cc for Terratest.
- Rahayu, A.W., 2015. Perempuan dan belenggu peran kultural. *Jurnal Perempuan*, 29(1), pp.201.
- Ramukumba, T. and Masala-Chokwe, M., 2017. The lived experiences and social support needs of first-time mothers at health care facilities in the City of Tshwane, South Africa. *curationis*, 40(1), pp.1-8.
- Ramchandani, P.G., Richter, L.M., Stein, A. and Norris, S.A., 2009. Predictors of postnatal depression in an urban South African cohort. *Journal of affective disorders*, 113(3), pp.279-284.
- Reksodiputro, L.M.L. and Boediman, L.M., 2019, August. The Effect of Perceived Maternal Acceptance-Rejection on Mental Illness among Orphaned Adolescents in Indonesia. In *2nd International Conference on Intervention and Applied Psychology (ICIAP 2018)* (pp. 87-100). Atlantis Press.
- Relvas, A. P. 2004. *O ciclo vital da família: Perspectiva sistémica*. Porto, Portugal: Afrontamento.

- Republic of South Africa 1996. South African Schools Act, 1996 (Act No. 84 of 1996). *Government Gazette*, No. 1867. 15 November. Pretoria, South Africa: Government Printers.
- Republic of South Africa, 2005. Children's Act, No. 38 of 2005. *Government Gazette*, 492(28944).
- Ribbens McCarthy, J. and Edwards, R., 2011. *Key Concepts in Family Studies*. London: Sage Publications.
- Richter, L. and Makusha, T., 2018. *State of South Africa's Fathers 2018*. Sonke Gender Justice and Human Sciences Research Council. HSRC Press.
- Richter, L., Desmond, C., Hosegood, V., Madhavan, S., Makiwane, M., Makusha, T., Morrell, R. and Swartz, S., 2012. *Fathers and other men in the lives of children and families*. University of Cape Town.
- Richter, L.M., Panday, S., Swart, T.M. and Norris, S.A., 2009, August. Adolescents in the city: material and social living conditions in Johannesburg–Soweto, South Africa. In *Urban Forum* (20(3), pp. 319-334). Springer Netherlands.
- Rideout, V.J., Foehr, U.G. and Roberts, D.F., 2010. *Generation M 2: Media in the Lives of 8-to 18-Year-Olds*. Kaiser Family Foundation.
- Ridgeway, C.L. and Correll, S.J., 2004. Motherhood as a status characteristic. *Journal of Social Issues*, 60(4), pp.683-700.
- Robertson, E., Grace, S., Wallington, T. and Stewart, D.E., 2004. Antenatal risk factors for postpartum depression: a synthesis of recent literature. *General hospital psychiatry*, 26(4), pp.289-295.
- Rochat, T.J., Tomlinson, M., Bärnighausen, T., Newell, M.L. and Stein, A., 2011. The prevalence and clinical presentation of antenatal depression in rural South Africa. *Journal of affective disorders*, 135(1-3), pp.362-373.
- Rochat, T.J., Bland, R.M., Tomlinson, M. and Stein, A., 2013. Suicide ideation, depression and HIV among pregnant women in rural South Africa. *SciRes Journal*. 5(3), pp.650-661.
- Rogan, M., 2011. *The feminisation of poverty and female headship in post-apartheid South Africa, 1997-2006*. Doctorate Thesis. University of KwaZulu-Natal.

- Rohner, R. P., Khaleque, A. and Cournoyer, D. E., 2012. Introduction to parental acceptance-rejection theory, methods, evidence, and implications. *Journal of Family Theory & Review*, 2(1), pp.73-87.
- Ronsmans, C., Collin, S. and Filippi, V., 2014. Maternal mortality in developing countries. In *Nutrition and health in developing countries* (pp. 33-62). Humana Press.
- Ross, E. and Devereil, A., 2010. *Health, Illness and Disability: Psychosocial Approaches*. 2nd edition. Pretoria: Van Schaik.
- Rutherford, H., Williams, S., Moy, S., Mayes, L. and Johns, J., 2011. Disruption of maternal parenting circuitry by addictive process: rewiring of reward and stress systems. *Frontiers in psychiatry*, 2, pp.37.
- Rüütel, E., Sisask, M., Värnik, A., Värnik, P., Carli, V., Wasserman, C., Hoven, C.W., Sarchiapone, M., Apter, A., Balazs, J. and Bobes, J., 2014. Alcohol consumption patterns among adolescents are related to family structure and exposure to drunkenness within the family: Results from the SEYLE Project. *International journal of environmental research and public health*, 11(12), pp.12700-12715.
- Samanta, R.K., 2005. *Empowering Rural Women: Issues, Opportunities and Approaches*. Women Press.
- Satumba, T., Bayat, A. and Mohamed, S., 2017. The impact of social grants on poverty reduction in South Africa. *Journal of Economics*, 8(1), pp.33-49.
- Saunders, M., Lewis, P. and Thornhill, A., 2016. *Research Methods for Business Students*. England: Prentice hall.
- Schultz, P. and Shirindi, L., 2019. Reflections on the experiences and needs of grandparents caring for their grandchildren with a substance use disorder. *Social Work*, 55(4), pp.359-378.
- Seedat, M., Van Niekerk, A., Jewkes, R., Suffla, S. and Ratele, K., 2009. Violence and injuries in South Africa: prioritising an agenda for prevention. *The Lancet*, 374(9694), pp.1011-1022.
- Séguin, M., Renaud, J., Lesage, A., Robert, M. and Turecki, G., 2011. Youth and young adult suicide: A study of life trajectory. *Journal of Psychiatric Research*, 45(7), pp.863-870.

Selltiz, C., Wrightsman, L.S. and Cook, S.W., 1976. *Research methods in social relations*. Holt, Rinehart and Winston.

Sengane, M., 2013. Mothers' expectations of midwives' care during labour in a public hospital in Gauteng. *Curationis*, 36(1), pp.1-9.

Sennott, C., Reniers, G., Gómez-Olivé, F.X. and Menken, J., 2016. Premarital births and union formation in rural South Africa. *International perspectives on sexual and reproductive health*, 42(4), p.187.

Shahid, S.F.B., Mullick, M.S.I., Nahar, J.S., Naher, J., Khan, S., Morshed, N.M., Shah, M.A. and Qusar, M.S., 2009. Relationship between parental rejection and personality. *Bangabandhu Sheikh Mujib Medical University Journal*, 2(2), pp.61-65.

Shangase, T. and Maharaj, P., 2019. Education, marriage and childbearing among young African women. *Gender and Behaviour*, 17(2), pp.13344-13354.

Showkat, N. and Parveen, H., 2017. Non-probability and probability sampling. *Media and Communications Study*, pp.1-9.

Silal, S.P., Penn-Kekana, L., Harris, B., Birch, S. and McIntyre, D., 2012. Exploring inequalities in access to and use of maternal health services in South Africa. *BMC health services research*, 12(1), pp.1-12.

Silk, J. and Romero, D., 2014. The role of parents and families in teen pregnancy prevention: An analysis of programs and policies. *Journal of Family Issues*, 35(10), pp.1339-1362.

Silveira, R.A.M., Milani, R.G., Velho, A.P.M. and Marques, A.G., 2016. Perception of pregnant women about self-care and maternal care. *Rev Rene*, 17(6), pp.758-765.

Simons, C.J.R., Ritchie, S.K. and Mullett, M.D., 1992. Relationships between parental ratings of infant temperament risk status, and delivery method. *Journal of Pediatric Health Care*, 6(5), pp.240-245.

- Singer, L.T., Moore, D.G., Min, M.O., Goodwin, J., Turner, J.J., Fulton, S. and Parrott, A.C., 2012. One-year outcomes of prenatal exposure to MDMA and other recreational drugs. *Pediatrics*, 130(3), pp.407-413.
- Singh, S. and Hamid, A., 2016. Reflections of a group of South African teenage mothers: Sexual health implications. *Health Education Journal*, 75(3), pp.278-288.
- Skinner, D. and Davids, A., 2006. *A situational analysis of orphans and vulnerable children in four districts of South Africa*. Cape Town: HSRC Press.
- Sodi, T. and Kgopa, B., 2016. Coping strategies of mother carers of children living with chronic illness and disease in a rural South African community. *Journal of Psychology in Africa*, 26(5), pp.432-435.
- Sogunle, E., Masukume, G. and Nelson, G., 2019. The association between caesarean section delivery and later life obesity in 21-24 year olds in an Urban South African birth cohort. *PloS one*, 14(11), p.e0221379.
- Solanki, G.C., Daviaud, E., Fawcus, S. and Cornell, J.E., 2020. Caesarean section rates in South Africa: A case study of the health systems challenges for the proposed National Health Insurance. *South African Medical Journal*, 110(8), pp.747-750.
- Sorbello, L., Eccleston, L., Ward, T. and Jones, R., 2002. Treatment needs of female offenders: A review. *Australian psychologist*, 37(3): 198-205.
- Sousa, G.S.D., Santos, M.S.P.D., Silva, A.T.P.D., Perrelli, J.G.A. and Sougey, E.B., 2017. Suicide in childhood: a literatura review. *Ciencia & saude coletiva*, 22, pp.3099-3110.
- South African Medical Research Council, 1998. *South African Demographic Health Survey*. South Africa: South African Medical Research Council.
- Speed, B., 1991. Reality exists OK? An argument against constructivism and social constructionism. *Journal of Family Therapy*, 13(4), pp.395-409.
- Statistic South Africa, 2005. *Labour Force Survey, September 2004*. Pretoria: Statistic South Africa.
- Statistics South Africa, 2012. *Census 2011*. Pretoria: Statistics South Africa.

Statistics South Africa, 2015. *General Household Survey*. Pretoria: Statistics South Africa.

Statistics South Africa, 2017. *South Africa Demographic and Health Survey 2016: Key indicator report*. Pretoria: Statistics South Africa.

Statistics South Africa, 2018a. *South Africa- Divorce Statistics 2018*. Pretoria: Statistics South Africa.

Statistics South Africa, 2018b. *General Household Survey 2017*. Pretoria: Statistics South Africa.

Statistics South Africa, 2018c. *National Poverty Lines. Statistical Release*. Pretoria: Statistics South Africa.

Statistics South Africa, 2018d. *Grandparenthood in the context of ageing in South Africa*. Pretoria: Statistics South Africa.

Statistics South Africa, 2019a. *General Household Survey 2018*. Pretoria: Statistics South Africa.

Statistics South Africa, 2019b. *Marriages and divorces*. Pretoria: Statistics South Africa.

Statistics South Africa, 2019c. *General Household Survey 2002 – 2018*. Pretoria, Cape Town: Statistics South Africa.

Statistics South Africa, 2019d. *Quarterly labour force survey: quarter 1 2019*. Pretoria: Statistics South Africa.

Statistics South Africa, 2020a. *Mortality and causes of death in South Africa: Findings from death notification, 2017*. Pretoria: Statistics South Africa.

Statistics South Africa, 2020b. *South Africa: Female labor force participation*. Pretoria: Statistics South Africa.

Statistics South Africa, 2020c. *Migration Dynamics of Women, Children and the Elderly in South Africa*. Pretoria: Statistics South Africa.

Statistics South Africa, 2021a. *National Poverty Lines*. Pretoria: Statistics South Africa.

Statistics South Africa, 2021b. *Quarterly Labour Force Survey*. Pretoria: Statistics South Africa.

- Stern, E., Heise, L. and McLean, L., 2018. The doing and undoing of male household decision-making and economic authority in Rwanda and its implications for gender transformative programming. *Culture, health & sexuality*, 20(9), pp.976-991.
- Steyn, F. and Hall, B., 2015. Depression, anxiety and stress among female offenders incarcerated in a South African correctional centre. *Acta Criminologica: Southern African Journal of Criminology. Special Edition on Change in African Corrections*, 2015(1), pp.82-100.
- Steyn, F. and Booyens, K., 2017. A profile of incarcerated female offenders: implications for rehabilitation policy and practice. *Acta Criminologica: African Journal of Criminology & Victimology*, 30(4), pp.33-54.
- Stone, A., 2013. *Feminism, psychoanalysis, and maternal subjectivity*. Routledge.
- Sudarkasa, N., 2004. Conceptions of motherhood in nuclear and extended families, with special reference to comparative studies involving African societies. *JENdA: A Journal of culture and African women studies* (5), pp.1-5.
- Sultana, A., Rahman, K.U. and Ms, M.S., 2013. Update and Treatment of Lactation Insufficiency. *Medical journal of Islamic world academy of sciences*, 21(1), pp.19-28.
- Swarnananda, K.G. and Wickramaarachchi, T.I., 2016. 'What is to be a Mother?'—An Exposition of 'Non-biological Mothers' in Literary Texts. *English Language and Literature Studies*, 6(1), pp.75.
- Swartz, S. and Bhana, A., 2009. *Teenage Tata: voices of young fathers in South Africa*. Cape Town: HSRC Press.
- Tabane, N.S. and Peu, M.D., 2015. Perceptions of female teenagers in the Tshwane District on the use of contraceptives in South Africa. *curationis*, 38(2), pp.1-7.
- Taukeni, S., 2014. The main challenges student mothers experience to manage their dual roles. *International Journal of Advances in Psychology*, 3(3), pp.94-98.
- Timonen, V., Doyle, M. and O'DWYER, C.I.A.R.A., 2009. *The role of grandparents in divorced and separated families*. Family Support Agency and Social Policy and Ageing Research Centre, Trinity College Dublin.

- Flou, B., 2018. Underlying determinants of maternal mortality in a rural South African population with high HIV prevalence (2000–2014): A population-based cohort analysis. *PloS one*, 13(9), pp.e0203830.
- Tolmay, S. and Morna C. L., 2020. *South Africa: More women than men now infected by covid-19*. Gender links for Equality and Justice.
- Träger, E., 2017. ‘Symbolic Matricide Gone Awry: On Absent and Maybe Even Worse Present Mothers in Horror Movies’, In *The Absent Mother in the Cultural Imagination*. Palgrave Macmillan: Cham, pp. 207-222.
- Tsegaye, S., 2007. *HIV/AIDS and the emerging challenge of children heading households*. Discussion paper. The African Child Policy Forum.
- Twomey, J., LaGasse, L., Derauf, C., Newman, E., Shah, R., Smith, L., Arria, A., Huestis, M., DellaGrotta, S., Roberts, M. and Dansereau, L., 2013. Prenatal methamphetamine exposure, home environment, and primary caregiver risk factors predict child behavioral problems at 5 years. *American Journal of Orthopsychiatry*, 83(1), pp.64-72.
- Tylor, S. J and Bogdan, R., 1998. *Introduction to qualitative research methods: A guidebook and resource*. John Wisley & Inc.
- United Nations, 2017. *International Migration Report 2017*. New York: United Nations.
- United Nations Programmes on Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome, 2019. *Women and HIV: a spotlight on adolescent girls and young women*. Geneva: UNAIDS.
- United Nations Office on Drugs and Crime, 2014. *World Drug Report 2014*. Vienna: United Nations.
- United Nations Office on Drugs and Crime, 2020. *UNODC World Drug Report 2020: Global drug use rising; while COVID-19 has far reaching impact on global drug markets*. Vienna: United Nations.
- Upton, R.L. and Han, S.S., 2003. Maternity and Its Discontents: “Getting The Body Back” After Pregnancy. *Journal of contemporary ethnography*, 32(6), pp.670-692.

Van den Berg, W. and Makusha, T., 2018. *State of South Africa's fathers 2018*. Human Science Research Council.

Van der Mark, E.J., Conradie, I., Dedding, C.W. and Broerse, J.E., 2019. 'We create our own small world': daily realities of mothers of disabled children in a South African urban settlement. *Disability & Society*, 34(1), pp.95-120.

Van Heerden, J., 2016. Quality in South African early learning centres: Mothers' and teachers' views and understanding. *South African Journal of Childhood Education*, 6(1), pp.1-11.

Vitalis, D., Vilar-Compte, M., Nyhan, K. and Pérez-Escamilla, R., 2021. Breastfeeding inequities in South Africa: Can enforcement of the WHO Code help address them?—A systematic scoping review. *International Journal for Equity in Health*, 20(1), pp.1-17.

Walker, C., 1990. Gender and development of the migrant labour system c.1850-1930: An overview. In Walker, C. (ed.) *Women and gender in Southern Africa to 1945*. Cape Town: David Philip Publisher.

Walker, C., 1995. Conceptualising motherhood in twentieth century South Africa. *Journal of Southern African Studies*, 21(3), pp.417-437.

Walmsley, R. 2015. *World female imprisonment list. Women and girls in penal institutions, including pre-trial detainees/remand prisoners*. 3rd edition. [online] Available at: http://www.aidsdatahub.org/sites/default/files/publication/World_female_imprisonment_list_third_edition_2015.pdf (Accessed on: 28 January 2021).

Waterhouse, P., Hill, A.G. and Hinde, A., 2017. Combining work and child care: The experiences of mothers in Accra, Ghana. *Development Southern Africa*, 34(6), pp.771-786.

Weeks, J., 2008. *Population: An introduction to concepts and issues*, 11th Edition, Belmont: Wadsworth.

White Paper on Families (2021). *Revised White Paper on Families in South Africa*. Department of Social Development, Government Gazette.

Willerton, E., Schwarz, R.L., Wadsworth, S.M.M. and Oglesby, M.S., 2011. Military fathers' perspectives on involvement. *Journal of Family Psychology*, 25(4), pp.521.

- Windfuhr, K., While, D., Hunt, I., Turnbull, P., Lowe, R., Burns, J., Swinson, N., Shaw, J., Appleby, L., Kapur, N. and National Confidential Inquiry into Suicide and Homicide by People with Mental Illness, 2008. Suicide in juveniles and adolescents in the United Kingdom. *Journal of Child Psychology and Psychiatry*, 49(11), pp.1155-1165.
- Woekel, E. and Ebbeck, V., 2013. Transitional bodies: a qualitative investigation of postpartum body self-compassion. *Qualitative research in sport, exercise and health*, 5(2), pp.245-266.
- World Health Organization, 2015. *Definition, Strategies towards Ending Preventable Maternal Mortality (EPMM)*. Geneva Switzerland: World Health Organization.
- World Health Organization, 2017. *Depression and other Common Mental Disorders: Global Health Estimates*. Geneva: World Health Organization.
- World Health Organization, 2018. *WHO recommendations on intrapartum care for a positive childbirth experience*. Geneva Switzerland: World Health Organization.
- World Health Organization, 2019. *Maternal mortality*. Geneva: World Health Organization.
- World Health Organization, 2020. *Coronavirus disease (Covid-19) pandemic*. Geneva: World Health Organization.
- Wright, G., Neves, D., Ntshongwana, P. and Noble, M., 2015. Social assistance and dignity: South African women's experiences of the child support grant. *Development Southern Africa*, 32(4), pp.443-457.
- Xu, Q., 2013. Absent or ambivalent mothers and avoidant children—An evolutionary reading of Zhang Kangkang's motherhood stories. *Finnish Yearbook of Population Research*, 48, pp.147-168.
- Yadeta, T.A., Bedane, H.K. and Tura, A.K., 2014. Factors affecting parent-adolescent discussion on reproductive health issues in Harar, Eastern Ethiopia: a cross-sectional study. *Journal of environmental and public health*, 2014.
- Yousefy, A. and Baratali, M., 2011. Women, Employment and Higher Education Schoolings. *Procedia - Social and Behavioral Sciences*, (15), pp.3861–3869.

Zitha, E. and Mokgatle, M.M., 2020. Women's views of and responses to maternity services rendered during labor and childbirth in maternity units in a semi-rural district in South Africa. *International Journal of Environmental Research and Public Health*, 17(14), p.5035.

Zsembik, B. and Gui, T., 2016. Delayed Childbearing. *Encyclopedia of Family Studies*, pp.1-5.

APPENDICES

APPENDIX A- Ethical approval



11 May 2021

Miss Thobelani Nompilo Majola (214553506)
School Of Built Env & Dev Stud
Howard College

Dear Miss Majola,

Protocol reference number: HSSREC/00002212/2020

Project title: Unpacking the social constructions of motherhood: Exploring mother presence among young African women.

Degree: PhD

Approval Notification – Expedited Application

This letter serves to notify you that your application received on 14 October 2020 in connection with the above, was reviewed by the Humanities and Social Sciences Research Ethics Committee (HSSREC) and the protocol has been granted FULL APPROVAL.

Any alteration/s to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through the amendment/modification prior to its implementation. In case you have further queries, please quote the above reference number. PLEASE NOTE: Research data should be securely stored in the discipline/department for a period of 5 years.

This approval is valid until 11 May 2022.

To ensure uninterrupted approval of this study beyond the approval expiry date, a progress report must be submitted to the Research Office on the appropriate form 2 - 3 months before the expiry date. A close-out report to be submitted when study is finished.

All research conducted during the COVID-19 period must adhere to the national and UKZN guidelines.

HSSREC is registered with the South African National Research Ethics Council (REC-040414-040).

Yours sincerely,



APPENDIX B- Gatekeepers letter

The Msunduzi Municipality

Private Bag X 321
Pietermaritzburg
3200
☎ (033) 392 3000

333 Church Street
Pietermaritzburg
3200
www.msunduzi.gov.za



Enq: Nonhlanhla Tel: 033 392 2541 E-mail: nonhlanhla.mkhize@msunduzi.gov.za

22 September 2020

University of KwaZulu-Natal
Howard
Att.: Miss TN Majola

Dear Ms. Majola

PERMISSION TO CONDUCT A RESEARCH UNDER MSUNDUZI MUNICIPALITY WARD

This letter serves to acknowledge that Ms. **Majola Thobelani Nompilo** (Student No.: 214553508) doing a PhD (Doctor of Philosophy) request to conduct a research in ward 35 under the jurisdiction of Msunduzi Municipality, is hereby granted permission to do research entitled: "Unpacking the social constructions of motherhood: Exploring mother presence among young African women".

Her research involves interviewing participants. We will appreciate a copy of her findings at the end of the research as it may assist the municipality.

I hope you will find this in order.

Kind Sincerely,

Nomagugu E. Majola
Speaker: Msunduzi Municipality
033 392 2541



Telephone / uGingq: 033 392 2541
Facsimile / Ifakisi: 033 392 3298

OFFICE OF THE SPEAKER

Private Bag / Isikhawama: X321
Pietermaritzburg/Pietermaritzburg 3201

APPENDIX C- Proof of conference presentation



11 November 2022

To whom it may concern,

RE: CONFIRMATION OF ATTENDANCE: 2022 NIHSS ANNUAL NATIONAL DOCTORAL CONFERENCE

On behalf of the National Institute for the Humanities and Social Sciences (NIHSS), this letter confirms that as a Scholarship holder of the NIHSS-SAHUDA Doctoral Programme, Ms Thobelani Nompilo Majola (NIHSS project number SDS17/1103), was invited to present her doctoral thesis at the 2022 Annual National Doctoral Conference. The Conference was held on 01 November 2022 to 03 November 2022 at Birchwood Hotel in Johannesburg.

The title of her presentation was "I am young and I have a lifetime responsibility: Exploring the lived experiences of young mothers."

Should you have any further queries or require additional information, please do not hesitate to contact NIHSS as follows:

- Ms Hlanzekile Mbokazi at: hlanzekile@nihss.ac.za; +27 (0)11 480 2325 [NIHSS-SAHUDA Scholarship Programme]

Yours sincerely,




Ms Hlanzekile Mbokazi

Acting Executive Manager: Scholarships


• 2nd Floor, 24 St Andrews, Parktown, 2193 • Tel: +27 11 480 2300 • Email: info@nihss.ac.za
• Postnet Suite 413 • Private Bag X30500 • Houghton 2041

APPENDIX D- Proof of manuscript submission for peer review



Routledge
Taylor & Francis Group

My submissions

 Hi, Thobelani ... ▾

You are submitting to **Journal of Social Service Research**

1

✓

3



ManuscriptSubjectAuthorsPreview

Manuscript Details

Manuscript Title

Perspectives and experiences of young mothers utilizing public healthcare services in a South Africa

You can enter characters not found on a standard keyboard.

15 / 20 Words

APPENDIX E- Interview guide in English

Demographic Questions

1. Age
2. Gender
3. Highest level of education
4. Employment status
5. Number of children

Questions for participants who had present biological mothers

Objective 1

1. In your understanding, what is motherhood? What does it mean to be a mother? What are some of the roles associated with being with a mother?
2. Who taught you the different roles that are associated with being a mother (bathing, making food, cooking)? Was it something that was predominant within your family and community?
3. How would you describe the experience of having a child at a young age?
 - a. In relation to childbirth where was the child born, did you give birth naturally or cesarean? How was the experience, were you able to perform certain activities such as cleaning and caring for the child?
 - b. Did you encounter any health issues due to childbirth? If so, what were the health issues? Did this interfere with your schooling or work? Please elaborate
 - c. Were you breastfeeding the child? if so, for how long, how was the experience of breastfeeding your child? any challenges of milk not coming out?
4. What are some of the changes did you encounter as a mother? For instance, physical body changes (weight gain or loss, stretch marks), how did this change affect your self-esteem within your peers, family community? changes in daily routine activities (changes in sleeping patterns), how would you describe this?
5. What are the factors that influence the experience of motherhood? For instance
 - a. Finances (who was providing financial support maternal/paternal family- child support grant, were you able to apply for it? how was it helpful?)
 - b. How did you parents/guardian (family) react (how did affect your experience)?

- c. Were damages (inhlawulo) paid for your child (is this practice within your family, community)? Did this impact your parents/guardians reaction to your pregnancy? Please elaborate.
- d. How did community members react to your pregnancy (towards you)? Did they allow you to be friend with their children, stigma associated with early childbearing?
- e. How were you treated within healthcare facilities? How did this affect your experience of motherhood? How was the distance between home and the clinic?
6. How is a mother viewed within your community? What are some of the factors that influence how community member view mother? Is this associated with age, marital status, socio-economic status or any other factors? Did this influence your perception of motherhood?
7. What are the factors that would make a good or bad mother? For instance, caregiving, breastfeeding, not working or studying? Do you think that this is socially constructed and that it is something that you learned within your community?

Objective 2

1. How old were you when you had your first child? How did your mother feel about you having a child? How would you describe the relationship with your mother before and after having a child, was there a difference? Please explain.
2. Do you think the presence of your mother have shaped the way you view motherhood? If so how?
 - a. Was you mother able to talk to you about sexual and reproductive health issues such as the use of condoms etc., Please explain.
3. How did having a present mother assist you with mothering duties? Was your mother helpful, was she present in your life when you had your child, was this because it was her first grandchild, was it because you were schooling working or she was just willing? If so, would you say that this had an impact on how you experienced motherhood, how?
4. Do you think the presence of your biological mother has made mothering a lot easier that is in terms of the guidance? Did your mother advise you on whether you should have natural or cesarean birth? If so, please elaborate.
5. What are some of the factors that has influenced how you are raising your child? Do you think the way you are raising your child is rooted to how you were raised or how children

are raised in your family and community and is it socially constructed and accepted in your family and community? Please explain.

6. Do you think there is a difference between how you were mothered (how you were treated as a child and how you are treating your child and how you are mothering)? Please explain.
7. Would you regard yourself as being present or absent in your child's life? What has influenced or caused this? Do you think the presence of your mother in your life has impacted you how you may be present and/or absent in your child's life? Please explain.
 - a. What are other factors that has influenced you to be present in your child's life? (e.g. father absence)?
8. How would describe the relationship that your mother has with your child?

Objective 3

1. How do you cope with being young and a mother at same time? Do you get assistance from your mother, relatives, friends and your partner? If yes, what type of assistance? If no, why was your mother not willing to help and how did manage? Please explain.
 - a. Are there any formal or informal facilities that may assist you with your child? maybe someone (granny) within the community who look after children, paternal and maternal support pertaining looking after the child?
2. How has motherhood affected your life that is, in terms of relationships with friends, partners and relatives?
 - a. Did your partner understand when you were not able to see him because of the child? Was this the biological father of the child? How did this affect your relationship?
 - b. Do social networks help with being able to communicate with friend, relatives and partners?
 - c. Does it help you with how you may care for the child? for instance, are there things that you learn on tv, cellphone pertaining the care of the child?
 - d. Are you able to attend events such as family gatherings, celebrations or is there a change due to being a mother?
3. How has motherhood affected your school, work, participation in community activities, programmes etc.? Please explain.
4. What are the challenges associated with motherhood?

- a. Challenges of having to place your child's needs before yours? How did you spend your money, did you prioritize the child's need first? Were you able to buy things for yourself?
- b. Were you able go out for lunch with your friends, family or did you think about the child's needs first?
- c. Did you experience challenges with the child not feeling well and constantly need your attention or had to attend the clinic, was the father present? Did this make you feel lonely depressed (any suicide ideations due to challenges?)
- d. How were you able to overcome the challenges? What has assisted you as a young mother in this changing environment?
5. How would you advise a young woman who has just entered motherhood? What are some of the things that would have to prepare themselves for in relation to motherhood? Please explain.
6. Is there anything that you would like to add?

Questions for participants who had absent biological mothers

Objective 1

1. When you were growing up, what was the reason your biological mother was absent in your life? How did you feel about your biological mother being absent in your life? Did this affect your wellbeing, if so, in what way?
2. Who was responsible for taking care of you when your mother was absent? How would you describe your relationship with that person?
3. In your understanding, what is motherhood? What does it mean to be a mother? What are some of the roles associated with being with a mother?
4. Who taught you the different roles that are associated with being a mother (bathing, making food, cooking)? Was it something that was predominant within your family and community?
5. How would you describe the experience of having a child at a young age?
 - a. In relation to child birth where was the child born, did you give birth naturally or cesarean? How was the experience, were you able to perform certain activities such as cleaning and caring for the child?

- b. Did you encounter any health issues due to childbirth? If so, what were the health issues? Did this interfere with your schooling or work? Please elaborate.
 - c. Were you breastfeeding the child? if so, for how long, how was the experience of breastfeeding your child? Any challenges of milk not coming out?
6. What are some of the changes did you encounter as a mother? For instance, physical body changes (weight gain or loss, stretch marks), how did this change affect your self-esteem within your peers, family community? changes in daily routine activities (changes in sleeping patterns), how would you describe this?
 8. What are the factors that influence the experience of motherhood? For instance
 - a. Finances (who was providing financial support maternal/paternal family- child support grant, were you able to apply for it? how was it helpful?)
 - b. How did you parents/guardian (family) react (how did affect your experience)?
 - c. Were damages (inhlawulo) paid for your child (is this practice within your family, community)? Did this impact your parents/guardians reaction to your pregnancy? Please elaborate.
 - d. How did community members react to your pregnancy (towards you)? Did they allow you to be friend with their children, stigma associated with early childbearing?
 - e. How were you treated within healthcare facilities? How did this affect your experience of motherhood? How was the distance between home and the clinic?
 7. How is a mother viewed within your community? What are some of the factors that influence how community member view mother? Is this associated with age, marital status, socio-economic status or any other factors? Did this influence your perception of motherhood?
 8. What are the factors that would make a good or bad mother? For instance, caregiving, breastfeeding, not working or studying? Do you think that this is socially constructed and that it is something that you learned within your community?

Objective 2

1. How old were you when you had your first child? How did your guardian feel about you having a child? How would you describe the relationship with your guardian before and after having a child, was there a difference? Please explain.

2. Do you think not having a present mother impacted early childbearing? If so, how? Do you think your mother was going to be able to talk to you about sexual and reproductive health, e.g. sexual intercourse? Please explain.
3. Do you think the absence of your mother have shaped the way you view motherhood? If so how? Did this impact your experience of motherhood? Please explain.
4. Do you think having a present mother would have made things easier, in terms of guidance regarding mothering roles and duties? Please elaborate.
5. Was you guardian willing to assist you with all the duties pertaining you child? Did you have to do things on your own, was this because you were schooling or working, or was she/he just willing? Would you say this impacted your experience of motherhood, how?
6. What are some of the factors that has influenced how you are raising your child? Do you think the way you are raising your child is rooted to how you were raised or how children are raised in your family and community, and is it socially constructed and accepted in your family and community? Please explain.
7. Do you think there is a difference between how you were mothered (how you were treated as a child and how you are treating your child) by your guardian and how you are mothering? Please explain.
8. Would you regard yourself as being present or absent in your child's life? What has influenced or caused this? Do you think the absence of your mother in your life has impacted you may be absent and/or present in your child's life? Are there any other factors that may have influenced this such as father absence? Please explain.
9. How would you describe the relationship that your child has with your guardian? Please explain.

Objective 3

1. How do you cope with being young and a mother at same time? Do you get assistance from your relatives, friends and your partner? If yes, what type of assistance? If no, how did you cope? Please explain.
 - a. Are there any formal or informal facilities that may assist you with your child? maybe someone (granny) within the community who look after children, paternal and maternal support pertaining looking after the child?

2. How has motherhood affected your life that is, in terms of relationships with friends, partners and relatives?
 - a. Did your partner understand when you were not able to see him because of the child? Was this the biological father of the child? How did this affect your relationship?
 - b. Do social networks help with being able to communicate with friend, relatives and partners?
 - c. Does it help you with how you may care for the child? for instance, are there things that you learn on tv, cellphone pertaining the care of the child?
 - d. Are you able to attend events such as family gatherings, celebrations or is there a change due to being a mother?
3. How has motherhood affected your school, work, participation in community activities, programmes etc.? Please explain.
4. What are the challenges associated with motherhood?
 - a. Challenges of having to place your child's needs before yours? How did you spend your money, did you prioritize the needs of the child first? Were you able to buy things for yourself?
 - b. Were you able go out for lunch with your friends, family or did you think about the child's needs first?
 - c. Did you experience challenges with the child not feeling well and constantly need your attention or had to attend the clinic, was the father present? Did this make you feel lonely depressed (any suicide ideations due to challenges?)
 - d. How were you able to overcome the challenges? What has assisted you as a young mother is this changing environment?
5. How would you advise a young woman who has just entered motherhood? What are some of the things that would have to prepare themselves for in relation to motherhood? Please explain.
6. Is there anything that you would like to add?

APPENDIX F- Interview guide in IsiZulu

Imininingwane

1. Iminyaka
2. Ubulili
3. Ibanga lemfundo
4. Isimo somsebenzi
5. Inani alabantwana

Imibuzo yabantu ababenomama ababazalayo bekhula

Inhloso 1

1. Ngolwazi lakho, kusho ukuthini ukuba ngumama? Yimiphi imisebenzi ehlangene nokuba ngimama, yiziphi izinto ezimelana nawe njengomama?
2. Ngubani owakufundisa imisebenzi ehlangene nokuba ngumama? Kwakuyinto esabalele noma ejwayelekile emndenini wakho nasemuphakathini?
3. Kunjani ukuthola ingane usemuncane? Yiziphi izinto owabhekana nazo, ngabe impilo yashintsha, makunjalo yashintsha kanjani? Angabe waphazamiseka emsebenzini noma esikolen? Ngicela uchaze.
4. Yiluphi ushintsho owahlangabezana nalo? Mhlampe ukushintsha komuzimba, nezinto owawuzenza? Ungakuchaza kanjani?
5. Yiziphi izinto ezinomthelela endleleni ozizwa ngayo njengomama? Mhlampe isimo semali, umsebenzi, ukufunda, ngicela uchaze kabanzi.
6. Kusho ukuthini ukuba ngumama emphakathini wakho? Yiziphi izinto ezinomthelela ekutheni umphakathi wakho ukubuka kanjani ukuba ngumama? Ngabe kuhlangene nominyaka yakho, isimo somushado noma isimo senhlalo nempilo? Ngabe umphakathi wakho waba nomthelela indlela obuka ngayo ukuba ngumama?
7. Yiziphi izinto ezingenza umama owenza okuhle kanye nowenza okubi? Uma ucabanga yinto eyakhiwe futhi eyandile emphakathin, ngabe ikona nawe owakufunda ngokuba ngumama?

Inhloso 2

1. Wawuneminyaka emingaki wawuthola ingane yakho yokuqala? Umama wakho wazizwa kanjani ngokuthi usunengane? Ungabuchaza kanjani ubudlelwane bakho nomama wakho ngaphambi kokuba nengane noma wawusunengane, ngabe ukhona umehluko? Ngicela uchaze.
2. Uma ucabanga ukuba nomama kunomthelela indlela obona ngayo ukuthi kuyini ukuba ngumama? Manjalo kanjani? Ngicela uchaze kabanzi.
3. Kwakusiza kanjani ukuba nomama ngokwazi Kanye nokwenza imisebenze emayelana nokuba ngumama? Ngabe wayengusizo umama wakho wawuthola ingane, wayekhona epilweni yakho ngalesosikhathi? Makunjalo, ungasho ukuthi lento inomthelela ngendlela owakuzwa ngayo ukuthi kuyini ukuba ngumama?
4. Uma ucabanga ukuba khona kwamama wakho kukusizile kade usuwumama, mhlampe ngemiyalela yakhe? Makunjalo, ngicela uchaze.
5. Yiziphi izinto ezinomthelela ngendlela okhulisa ngayo ingane yakho? Uma ucabanga indlela okhulisa ingane yakho inomthelela ekutheni wawukhuliswe kanjani wena futhi yinto eyakhiwe esabalele emndenini nasemuphakathini? Ngicela uchaze.
6. Uma ucabanga kunomehluko indlela owakhuliswa ngayo nendlela okhulisa ngayo ingane yakho? Ngicela uchaze.
7. Ngokubona kwakho ukhona noma awukho empilweni yengane yakho? Yini egququzela loku? Uma ucabanga ukuba khona kwamama wakho empilweni yakho ikona okwenza nawe ubekhona noma ungabibikho empilweni yengane yakho? Ngicela uchaze.
8. Ungabuchaza kanjani ubudlelwane phakathi kwengane yakho nomama wakho?

Inhloso 3

1. Umelana kanjani ukuba umamncane nokuba ngumama ngesikhathi esisodwa? Ngabe uthola usizo kumama wakho, emndenini, kwabangani noma kumuntu ohlekisana naye? Makunjalo, uthole usizo olunjani? Makungenjalo yiziphi izizathu ezazenza umama wakho angafuni ukuthi akusize ngengane, wawenzenjani ngengane? Ngicela uchaze.
2. Kubenomthelela muni ukuba ngumama empilweni yakho? Sengisho ebudlelanweni nomndeni, abangani kanye nomuntu ohlekisana naye? Uyakwazi ukuhamba imicimbi ehlanganisa umndeni, noma sekushintshile njengoba usungumama?
3. Ngabe ukuba ngumama kube nomthelela muni eskoleni, eskoleni Kanye nokuthi ukube yingxenye ezintweni zasemuphakathini? Ngicela uchaze.

4. Yiziphi izingqinamba ohlangabezana nazo njengomama? Wabhekana kakanjani nalezizinkinga uwumama omncane emhlabeni oshintsha kangaka?
5. Ungameluleka kanjani umuntu omncane usanda kuba ngumama? Yiziphi izinto ekmele azilindele ezihlangene nokuba ngumama? Please explain.
6. Ngabe kukhona ofisa ukukwenenezela noma ukukhuluma ngako?

Imibuzo yabantu abangakhuliswanga omama ababazalayo

Inhloso 1

1. Wawukhula yisiphi isizathu esenza umama wakho angabibikho empilweni yakho? Wawuzizwa kanjani ngalento? Ngabe lezo yaba nomthelela kwinhlalakahle yakho? Makunjalo kanjani?
2. Ubani owayekunakekela njengoba umama wakho kade engekho empilweni yakho? Ungabuchaza kanjani ubudlelwane bakho naye?
3. Ngolwazi lakho, kusho ukuthini ukuba ngumama? Yimiphi imisebenzi ehlangene nokuba ngumama, yiziphi izinto ezimelana nawe njengomama?
4. Kunjani ukuthola ingane usemuncane? Yiziphi izinto owabhekana nazo, ngabe impilo yashintsha, makunjalo yashintsha kanjani? Angabe waphazamiseka emsebenzini noma esikoleni? Ngicela uchaze.
5. Yiluphi ushintsho owahlangabezana nalo? Mhlampe ukushintsha komuzimba, nezinto owawuzenza? Ungakuchaza kanjani?
6. Yiziphi izinto ezinomthelela endleleni ozizwa ngayo njengomama? Mhlampe isimo semali, umsebenzi, ukufunda, ngicela uchaze kabanzi.
7. Kusho ukuthini ukuba ngumama emphakathini wakho? Yiziphi izinto ezinomthelela ekutheni umphakathi wakho ukubuka kanjani ukuba ngumama? Ngabe kuhlangene nominyaka yakho, isimo somushado noma isimo senhlalo nempilo? Ngabe umphakathi wakho waba nomthelela indlela obuka ngayo ukuba ngumama?
8. Yiziphi izinto ezingenza umama owenza okuhle kanye nowenza okubi? Uma ucabanga yinto eyakhiwe futhi eyandile emphakathini, ngabe ikona nawe owakufunda ngokuba ngumama?

Inhloso 2

1. Wawuneminyaka emingaki wawuba nengane yokuqala? Wazizwa kanjani umuntu owakugada ngalento? Ungabuchaza kanjanu ubudlelwane bakho nomuntu owayekugada ngaphambi kokuba nengane noma wawusunengane? Wawukhona umehluko? Ngicela uchaze.
2. Uma ucabanga ukungakhuliswa umama wakho kwaba nomthelela ekushesheni ukuba nengane? Makunjalo, ngicela uchaze kabanzi.
3. Uma ucabangi ukungabibikho kwamama wakho empilweni yakho kunomthelela endleleni obuka ngayo ukuba ngumama? Makunjalo, ngabe lento yabanomthelela ekubukeni ukuba ngumama nendlela owawuzizwa ngayo njengomama?
4. Uma ucabanga ukube umama wakho wayekhona empilweni yakho angabe kwabakhona umehluko mhlampe ezintweni ezinjenge ziyalelo ukuthi kwenziwanjani njengomama? Ngicela uchaze.
5. Yiziphi izinto ezinomthelela ngendlela okhulisa ngayo ingane yakho? Uma ucabanga indlela okhulisa ingane yakho inomthelela ekutheni wawukhuliswe kanjani wena futhi yinto eyakhiwe esabalele emndenini nasemuphakathini? Ngicela uchaze.
6. Uma ucabanga kunomehluko indlela owakhuliswa ngayo nendlela okhulisa ngayo ingane yakho? Ngicela uchaze.
7. Ngokubona kwakho ukhona noma awukho empilweni yengane yakho? Yini egqugquzela loku? Uma ucabanga ukungabibikho kwamama wakho empilweni yakho ikona okwenza nawe ubekhona noma ungabibikho empilweni yengane yakho? Ngicela uchaze.
8. Ungabuchaza kanjani ubudlelwane phakathi kwengane yakho nomuntu owakugada? Ngicela uchaze.

Inhloso 3

1. Umelana kanjani ukuba umamncane nokuba ngumama ngesikhathi esisodwa? Ngabe uthola usizo kumama wakho, emndenini, kwabangani noma kumuntu ohlekisana naye? Makunjalo, uthole usizo olunjani? Makunjalo, wawenzenjani mayelana nengane? Ngicela uchaze.
2. Kubenomthelela muni ukuba ngumama empilweni yakho? Sengisho ebudlelanweni nomndeni, abangani kanye nomuntu ohlekisana naye? Uyakwazi ukuhamba imicimbi ehlanganisa umndeni, noma sekushintshile njengoba usungumama?

3. Ngabe ukuba ngumama kube nomthelela muni eskoleni, eskoleni Kanye nokuthi ukube yingxenywe ezintweni zasemuphakathini? Ngicela uchaze.
4. Yiziphi izingqinamba ohlangabezana nazo njengomama? Wabhekana kakanjani nalezizinkinga uwumama omncane emhlabeni oshintsha kangaka?
5. Ungameluleka kanjani umuntu omncane usanda kuba ngumama? Yiziphi izinto ekmele azilindele ezihlangene nokuba ngumama? Please explain.
6. Ngabe kukhona ofisa ukukwenenezela noma ukukhuluma ngako?