



**UNIVERSITY OF<sup>TM</sup>  
KWAZULU-NATAL**  

---

**INYUVESI  
YAKWAZULU-NATALI**

**Perspectives and experiences of pregnancy among three generations of women in**

**Durban, KwaZulu-Natal**

**Masters Dissertation**

**by**

**Thobeka Blose**

**216057265**

**Supervisor: Professor Pranitha Maharaj**

**Submitted in partial fulfilment of the requirements for the degree of Masters in Population**

**Studies**

**School of Built Environment Development Studies**

**University of KwaZulu-Natal**

**Durban, South Africa**

## **ABSTRACT**

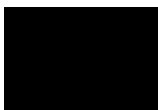
For the past few decades, there has been numerous studies done on pregnancy and factors that influence pregnancy. The rise in pregnancy among young people has led to an increasing concern as to what is the cause of it. Women across all generations have different perspectives and experiences of pregnancy outcomes. There might be an unwavering concern as to if mothers from across the three generations investigated influence their daughter's outcome and perspectives of pregnancy. However, mothers have the minimal influence of their daughter's pregnancy outcomes. This study aims to explore the influence of three generations namely grandmothers, mothers and daughters on pregnancy outcomes. All women were living in Durban, KwaZulu-Natal. Telephonic in-depth interviews were held with fifteen women, five from each generation. The interviews suggest that mothers do not solely influence their daughter's pregnancy outcomes, but there are others factors such socio-economic factors which contribute to the pregnancy outcome. Additionally, the findings demonstrated that sex education remains taboo in most families. The findings also shed light on how unplanned pregnancies are caused by a lack of understanding, stigma, and knowledge about contraception. The study suggests that the intendedness of pregnancy must be revised from a more multidimensional and structural perspective in light of shifting demographics, community norms regarding sex, marriage, and contraception, as well as advancements in social research.

## **COLLEGE OF HUMANITIES**

### **DECLARATION OF PLAGIARISM**

I, Thobeka Sibusisiwe Blose, declare that

1. The research reported in this thesis, except where otherwise indicated, is my original research.
2. This thesis has not been submitted for any degree or examination at any other university.
3. This thesis does not contain other persons' data, pictures, graphs or other information, unless specifically acknowledged as being sourced from other persons.
4. This thesis does not contain other persons' writing unless specifically acknowledged as being sourced from other researchers. Where other written sources have been quoted, then:
  - a. Their words have been re-written, but the general information attributed to them has been referenced
  - b. Where their exact words have been used, then their writing has been placed in italics and inside quotation marks and referenced.
5. This thesis does not contain text, graphics or tables copied and pasted from the internet, unless specifically acknowledged, and the source is detailed in the thesis and in the reference sections.



Student's Signature

Date:

## **ACKNOWLEDGEMENT**

First and foremost, I would like to thank God for granting me strength and wisdom to complete this thesis. Secondly, I would like to thank my mom and family for always carrying me in prayer and endless motivation.

I would also like to thank every participant who acknowledged my invites and allowed me to interview them, regardless of the circumstances.

My Supervisor Prof. Maharaj thank you for your academic guidance, endless support and most importantly financial aid. Dr. Rademeyer thank you for your assistance and motivation. To my Social workers turned into Demographers Lungisani, Nondu, Sbo, Mpume and Kwanele thank you for always holding my hand and helping me push through it all, your words of encouragement and empowerment has carried me through. To my friends, Abatase, ND and everybody who assisted in making it all possible. Thank you.

**Mkhulu and Gogo this one is for you.**

## **ABBREVIATIONS**

AIDS	Acquired Immune Deficiency Syndrome
HIV	Human Immune-deficiency Virus
IUCD	Intrauterine Contraceptive Device
KZN	KwaZulu-Natal
SADHS	South African Demographic Health Survey
SES	Socio-economic status
Stats SA	Statistics South Africa
STDs	Sexual Transmitted Diseases
TFR	Total Fertility Rate
UN	United Nations
WHO	World Health Organization

## TABLE OF CONTENTS

Abstract.....	ii
Declaration.....	iii
Acknowledgements.....	iv
Acronyms and Abbreviations .....	v
Table of contents .....	vi
List of Tables and figures.....	viii

## CHAPTER ONE

### INTRODUCTION

1.1 Background.....	1
1.2 Rationale and Significance of the study.....	4
1.3 Motivation of the Study.....	5
1.4 Statement of the research problem.....	6
1.5 Aims and Objectives.....	7
1.6 Theoretical Framework.....	8
1.7 Organisation of dissertation .....	10

## CHAPTER TWO:

### LITERATURE REVIEW

2.1 Introduction.....	11
2.2 Pregnancy.....	11
2.2.1 <i>Pregnancy in African culture</i> .....	12
2.2.2 <i>Differences in the experiences of pregnancy among the three-generation</i> .....	13
2.2.3 <i>Patterns and Trends of fertility levels</i> .....	16

2.3 Intergenerational relations between mothers and daughters.....	18
2.4 Factors that influence pregnancy experiences .....	20
2.4.1 Education.....	21
2.4.2 Socio-economic challenges.....	22
2.4.3 Healthcare and behaviour.....	23
2.4.4 Culture and religion.....	25
2.5 Premarital pregnancy amongst women across three generations.....	26
2.6 Summary.....	27

### **CHAPTER THREE:**

#### **METHODOLOGY**

3.1 Introduction.....	28
3.2 Location of Study.....	28
3.3 Research design.....	31
3.4 Data Collection.....	32
3.5 Data Analysis.....	33
3.6 Ethical consideration.....	34
3.7 Validity and Reliability.....	34
3.8 Limitations .....	35
3.9 Summary .....	35

### **CHAPTER FOUR:**

#### **RESULTS**

4.1 Introduction.....	36
4.2 Study sample characteristics.....	36
4.3 Pregnancy experiences.....	38

4.4 Pregnancy perspectives and the influence of parents on children during pregnancy...	43
4.5 Reaction to pregnancy.....	46
4.6 Factors that led to the pregnancy.....	52
4.7 Knowledge of contraceptives.....	54
4.8 Change in customs and beliefs across all generations.....	57
4.9 Communication about sex and intimacy.....	59
4.10 Summary.....	61

## **CHAPTER FIVE:**

### **DISCUSSION AND CONCLUSION**

5.1 Introduction.....	62
5.2 Discussion.....	62
5.3 Recommendation .....	69
5.4 Conclusion.....	70
Reference.....	71
Appendix 1 Ethical clearance.....	82
Appendix 2 Interview schedule.....	83
Appendix 3 Consent form.....	87



## **CHAPTER ONE:**

### **INTRODUCTION**

#### **1.1. Background**

According to the United Nations, fertility patterns in the world have changed dramatically over the last few decades. Global fertility has reached unprecedented low levels, yet distinct differences persist in childbearing patterns across countries and regions. The population and development implications of these diverse fertility patterns are directly relevant to the implementation of the 2030 Agenda for Sustainable Development and policymaking and planning in all countries. Developing countries are still facing high fertility rate even if it is declining but it is still high in many countries in sub-Saharan Africa.

South Africa has the lowest fertility rate in sub-Saharan Africa and is far below other developing countries (Gregson et al., 2002). However, fertility rates in South Africa are high among young people. A study conducted in Soweto, South Africa, found that 23% of pregnancies among 13–16-year-old women and 14.9% among 17–19-year-old women ended in abortion (Mjwara & Maharaj, 2018). The high levels of pregnancy suggest that young people are engaging in unprotected sexual intercourse. (Mjwara & Maharaj, 2018). Most pregnancies among young people are not planned, and they are the result of unprotected sex and a lack of knowledge of ways of prevention such as contraceptives. Approximately 82% of these pregnancies are unintended (Finer & Zolna, 2011). Pregnancy can be described as a crisis, a transition and as a part of a woman's transformation to motherhood (Raphael-Leff, 2018). According to a report by Statistics South Africa (2011:45) "giving birth is considered a significant occurrence within a woman's life cycle. Not only does it signify biological changes in a woman, but also determines future roles and responsibilities a woman is likely to encounter after giving birth. Thus, the age at which a woman first gives birth has far-reaching

consequences as far as the socio-economic development of women and society at large is concerned.” As human beings, we are raised differently and we are given different opportunities, however, we cannot deny how development might change each generation’s perspective on life, social factors and even pregnancy. Nomaguchi (2003:75) also asserts that “becoming parents can be experienced as a highly rewarding but also a highly demanding task.” Mothers and grandmothers are the main sources of family influence on pregnancy; this is due to both social risk and social influence (Pouta et al., 2005). Family dynamics might influence their daughter pregnancy outcome as well as their perspectives on pregnancy. Family members both contribute to an individual’s attitudes and values about pregnancy, and share socio-economic problems (such as poverty, ethnicity, and lack of opportunities) that influence the likelihood of pregnancy and teenage pregnancy which is likely to be unplanned. For the reason that if the mother had a child when they were still a teenager, and the older sister also had a child when they were still a teenager the second daughter or rest of the family is most likely to also get pregnant when they are still a teenager because they might think it is the right thing and also because it might have become a norm in their family.

Unplanned or untimely pregnancies can prevent women from completing their education or sustaining employment, this however is changing due to the availability of contraceptives (Cawthorne, 2008). Knowledge of contraceptives has increased over the past few years which has led to high usage and sometimes delayed pregnancy. In addition, women have become more career orientated (Hindin, McGough & Adanu, 2014). According to Dos Santos (1997: 287), “women with a higher socio-economic status and education are more likely to delay their first pregnancy and experience a greater level of voluntary childlessness.” Pregnancy affects work and educational opportunities for women. The daughters who are the third generation are most likely to be in tertiary institutions and have become more career-orientated, and pregnancy might be seen as a barrier towards achieving their goals. Grandmothers who are the

first generation had little to no knowledge of contraceptives, whilst mothers who are the second generation had knowledge, but it was not easily accessible as the cost of living has increased over the past years. The cost associated with pregnancy is higher for women than men (Lundgren & Dalhberg, 2002). Over the past years, there has been little research about the perspectives and experiences of pregnancy and the influence mothers have on their own pregnancy as well as their children's pregnancy experiences and how this shapes their perspective of pregnancy. In addition, there also have been limited research that takes a generational approach. There are numerous socio-economic factors that influence experiences and perspectives about pregnancy amongst women. Of special interest are intergenerational patterns (grandmother, mother, and daughters) of pregnancy because they can reveal possible similarities between mothers and daughters so that the phrase 'like mother, like child' is verified (Pouta et al., 2005). However, the perspective might be different between grandmothers, mothers, and daughters because with grandmothers, marriage might have signified pregnancy and their own experiences of it, whilst with mothers and daughters, it would be different because they might be focused on themselves and their careers. Marriage in many contexts represents the beginning of the exposure to the risk of pregnancy and that is usually the case, where premarital sex is relatively uncommon among women. However, women may now get pregnant irrespective of marital status, as is the case in many developing countries, including South Africa (Presler-Marshall & Jones, 2012). Using the life history approach this study attempts to identify and understand the intergenerational influences and experiences better. A life history is essential in telling or recounting of a string of events. The life history approach which works with personal narratives is reciting history of one person's life experiences as well as taking into consideration the realist and the constructionist approaches (Bakar & Abdullah, 2017).

## **1.2. Rationale and significance of the study**

There is limited research done on intergenerational influence on pregnancy and since there has not been much research on the matter there is a huge knowledge gap. Most literature covers the aspects of intergenerational teenage pregnancy, even though there are other influences and factors amongst women and across all generations. Women's overall experiences during childbirth are an important outcome of pregnancy and may affect them for years to come (Waldenström, 2003). Studying women's perspectives and experiences of pregnancy, while also exploring the influences of pregnancy will allow the researcher to gather information about different societies and different generations. Their perceptions and experiences of pregnancy as to by looking at attitudes towards pregnancy and childbirth there is an opportunity to discover something about a particular society (Kitzinger, 1989). It is often said that a pregnant woman is influenced by both her mother and grandmother since throughout the early stages of pregnancy, the woman's knowledge of childbirth and raising children is frequently acquired through contact with mothers and grandmothers (Wiktorrell & Saveman, 1996). Society's perceptions of childbirth vary from accepting it as a natural occurrence or a supernatural sexual event to viewing it as an illness in need of treatment (Lundgren & Wahlberg, 1999). How a society views childbirth largely determines whether the birth is private which means it is hidden from the society or social; meaning it is normal and welcomed by the family. Whether a midwife, the woman's mother, in-laws, or religious elders attend it, and whether men, including the husband, may attend the delivery (Cosminsky, 2016). Therefore, it is important to gain knowledge and understanding of women's experiences and how also the mother's experience can influence their children. This study is conducted among three generations of women because of the influences each generation might have on each other. Family members both contribute to an individual's attitudes and values around pregnancy, and share social risks (such

as poverty, ethnicity, and lack of opportunities) that influence the likelihood of pregnancy especially among teenagers (Akella & Jordan, 2015).

### **1.3. Motivation of the study**

We cannot deny the drastic changes in life patterns and trends of women across all generations, the youth's perspectives now are far more different from the youth back then. The youth can now decide who, how and when to get married and they have a chance to not marry at all if they do not want to. Marriage patterns and trends have changed; however, there are always contributing factors such as education, culture, and religion. Firstly, education plays an important role because it provides knowledge and makes individuals aware of which type of marriage they want and if they want to get married at all, it gives them a platform to explore their choices very well. Whilst culture and religion dictate when, how and sometimes who to marry because in some religion once you reach 16 you are declared as fully matured and can now get married and, in most cases, they always must marry someone older which also puts them at risk because these people are far more experienced than they are, and they might be bringing diseases with them. Culture also plays a huge role because it promotes patriarchy where males are given more power than females. Culture does not endorse power dynamics and gender inequality which forces the females to take on an inferior status to males.

Females are often seen as anchors of their families and yet sometimes their opinions are not considered, however they are the ones who experience more. For this study, the focus is on women and their perspectives and experiences of pregnancy among the three generations, this will show the influence each generation have on each other in terms of pregnancy outcomes and perspectives. This will also give a better understanding on how women's experiences on pregnancy across these generations somehow contribute to the change in pregnancy patterns and fertility patterns. Over the last half century, the consensus has shifted from fertility declines

having strong effects, to them not being very important, and recently back toward assigning them some significance (Das Gupta et al., 2011).

#### **1.4. Statement of the research problem**

Pregnancy is often portrayed as the same experience for every woman, because of how pregnancy is perceived. According to Aktar et al. (2019:2) “the transition to parenthood is a major life event that brings profound and lasting changes in new parents’ relationships and personal identities as well as in the structure and organization of daily life. Becoming parents can be experienced as a highly rewarding but also a highly demanding task.” This however does not give a proper outlook and reliable results because we live in a dynamic society which is forever changing from generation to generation. Therefore, it is important to gain knowledge and understanding of women’s experiences, however, studies focusing on women’s experiences tend to address childbirth rather than pregnancy (Lundgren, 2002). Most studies of pregnancy have taken a medical perspective such as that of Oakley (2016) which focuses on the sociology of childbirth which is an autobiographical journey through four decades of research and so because of the dominance of the obstetric concept so there has been little focus on the social factors. In addition, Konkel (2019) analyses certain studies on pregnancies and sheds light on how each prenatal exposure has the potential to directly impact three generations. We cannot deny however that they have been studies that mainly focus on teenage pregnancy and experiences and so there is a knowledge gap on perspectives and experiences, because most literature covers the aspects of intergenerational teen pregnancy and not pregnancy holistically. According to a study conducted by the European Public Health, (Pouta et al., 2005:198) state that “there was an intergenerational association in the desirability of pregnancy between the mothers and their own daughters. The first pregnancy had been wanted among 82% of the daughters born from wanted pregnancies compared to 72% of the daughters born from unwanted pregnancies.”

This study is also important because there has not been one of its kind in KwaZulu-Natal and among tertiary students who are daughters of three generations of women. This study also explores the mothers' influences on their daughter's pregnancy outcome using a generational approach. Hence, the aim of the study is to explore perspectives and experiences of pregnancy among three generations of women.

### **1.5. Aims of the study**

The overall objective is to investigate the perspectives and experiences of pregnancy among three generations of women (grandmother, mother, and daughter)

The specific objectives of this study

- To investigate factors that influence pregnancy outcomes among three generations of women.
- To determine if the younger generation's pregnancy outcomes are influenced by the older generation.
- To assess the opportunities and constraints of pregnancy towards changing pregnancy outcomes among the generations.

In order to better understand the aims of the study the following key questions are addressed:

- What are the perspectives and experiences of pregnancy among the three generations of women?
- What are the factors that influence pregnancy outcomes among three generations of women?
- What are the opportunities and constraints of pregnancy towards changing pregnancy outcomes across each generation?

## **1.6. Theoretical Framework**

Erik Erikson's psychosocial stages of development identifies eight stages of development. The first stage involves trust versus mistrust; the second stage involves autonomy versus shame and doubt; the third stage involves initiative versus guilt; the fourth stage involves industry versus inferiority; the fifth stage involves ego identity versus role confusion; the sixth stage involves intimacy versus isolation; the seventh stage involves generativity versus stagnation and the eighth stage involves integrity versus despair model, each with a specific crisis that must be resolved before the individual may move forward (Erikson, 1982). Understanding when, and in what order, key elements for the transition into adulthood occurs such as completing education, finding employment, and forming a family is important when trying to understand young people which are the third generation (or daughters within the three generations being investigated) life courses. Thus, it can be particularly interesting to study behaviour and patterns, such as becoming a teenager and experiencing a teenage pregnancy. Teenage parents may view having a child as an untimely occurrence in their transition to adulthood and feel embarrassed by it (Mollborn, et al., 2014), and it is commonly referred to as a mistake that challenges societal norms on the appropriate context and timing of motherhood (Edin & Kefalas, 2011).

These crises present an opportunity for personal growth, personality development and maturation. Our experiences and perspective of pregnancy shape our outcomes, they build us to be who we are, and they sometimes delay our cognitive development for instance women in their fertility years may still be developing an identity for themselves and will not be ready for the baby hence it will make their experience different from the next person who was ready or from their mothers or grandmothers. According to Erikson, developing identity involves an integration of childhood experiences and influences into a meaningful whole, providing the



individual with a strong sense of self, and established ideas about political ideologies, religious perspectives, occupational interests, and perspectives of pregnancy even.

This theory is the most suitable because it will help identify and answer one of the research questions if the older generation has an influence on the younger generation because the youth who are mainly in their twenties are still learning and identifying themselves. Erikson (1982) reported that women may develop their identities later than men, and more recent research has confirmed this idea, demonstrating that identity formation, particularly for women, may occur long into the 20s. (Zucker et al., 2002). When exploring the perception of identity and the roles one may additionally select to become aware of, pregnancy and motherhood may be a role that some women are interested in and can commit to before they have experimented with different roles or resolved their included sense of self (Dalla & Gamble, 2000). It is viable that taking up the maternal position in a time of identification formation is tied to the subconscious motivations for pregnancy during the time of the first generations (grandmother) it can be because of the marriages and the no sex before marriage rule, and the desire to solve a whole and fulfilled identification. Rubin (1984) describes “the maternal identity as a growing extension or new part of the self, an identity that is vital from a social position. Incorporating this new aspect of the self is stimulated by the beliefs a woman desires to obtain in her new position as mother.”

**Figure 1.1: Stages of Psychosocial Development.**



Source: WordPress (2015)

## **1.7. Organisation of the dissertation**

Chapter one presents the background and context of the study, the statement of the problem, rationale, and significance of the study, as well as the aims of the study and the theoretical framework. Chapter two reviews the relevant literature on the perspectives and experiences of pregnancy; and also reviews more literature related to the research questions. Chapter three outlines the research design, population and sampling, data collection approach, data management and analysis, ethical considerations, potential limitations of the study, and timeline. Chapter four presents the findings of the study. Chapter five discusses the findings of the study, the recommendations and lastly the conclusion.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.1. Introduction**

Due to changing socio-political circumstances, women have re-evaluated their timing of childbirth and preparation for motherhood (Gregson, 2002). Over the years there have been many factors that have determined and influenced pregnancy outcomes among women especially the influence of the family, which influences the timing of pregnancy and parenting styles. Mothers influence their daughters in diverse ways, especially through the support that they give them. Pregnancy at an early age has brought a renewed sense of closeness and appreciation of the women's mothers who play an important role during pregnancy as their daughters rely on them for guidance and establishing a sense of connection during pregnancy (Bergum, 1997). The purpose of this chapter is to present existing literature and evidence on pregnancy influences across three generations. This chapter begins by providing an overview of pregnancy. It goes further into highlighting fertility trends and patterns whilst presenting the differences across the three generations. It also discusses other factors that influence pregnancy such as socioeconomic factors, education, culture, and religion. The final part of the chapter presents a summary.

#### **2.2. Pregnancy**

Pregnancy presents an opportunity for personal growth, personality development and maturation. Bondas (2001: 835) states that "pregnancy is experienced as an altered mode of being when the women's bodies change; they experience variations in mood and worries related to their own health as well as the baby's and the family's health, the delivery, and the

future. The women strive for family communion, which is seen in terms of the evolving significance of the baby, dreams, hopes and plans, and changing relationships.”

A woman’s experience and perspective of pregnancy shape her outcomes, and they also influence her behaviour. Pregnancy is also described as a transition from one state to another (Brudal, 1996), a time of numerous changes in a woman’s physical, psychological, and social disposition and is linked to her own health and that of the unborn child (Bondas, 2001). Nonetheless, every woman reacts differently to the news that they are pregnant, some experience happiness whereas others become anxious because of myths, observations, and perceptions of pregnancy.

### **2.2.1. Pregnancy in the African culture**

Pregnancy in the African culture is said to be acknowledged rather than celebrated. It is believed that witches and evil spirits are capable of stealing the pregnancy or interfering with it (Echezona-Johnson, 2014). There seems to be consistently developing societal myths, different rituals for diverse cultures and developing technology around pregnancy (Bondas, 2001). Due to many superstitious beliefs, in African cultures many families perform different rituals to safeguard the pregnancy (Echezona-Johnson, 2014). A woman is forbidden to attend some social functions, or perform some social tasks, such as attending some funerals or being involved with any morbid social issues. However, some women do not conform to these traditional beliefs and practices.

Becoming a mother can generate unusual feelings, feelings touching on holiness, power, and life; there is more to the period of childbearing than just the physical and emotional experience (Hall, 2003). Religion and health are interlinked, particularly in the African context where illnesses have long been associated with spiritual repercussions. Pregnancy and childbirth are also tied to traditional religious and cultural beliefs and practices in many diverse cultures.

(Aziato et al., 2016). Kaphle et al., (2013) suggest that women pray to God to ensure a healthy pregnancy, to ward off bad luck or the antics of evil spirits, and to avoid generational curses that could harm the outcome of a pregnancy. This indicates that women have faith in God. (Kaphle et al., 2013). Most parents learn parenting practices from their own parents; some they accept and some they discard (Santrock, 2006).

Though there are various parenting styles, there are ways in which an African parent brings up a child in order for the child to abide by the cultural values of the land and be a responsible adult (Amos, 2013). The older generation influences the younger generation through parenting methods which are passed on from one generation to the next, both desirable and undesirable practices are perpetuated. These practices may be cultural values which have been passed on from one parent to another (Amos, 2013). Even though many other characteristics are shared by all cultures, each culture has developed its own unique means of demonstrating or expressing these characteristics. Typically, culture is passed down from one generation to the next, from an educated adult to a child. Because the adult has learned the cultural norms and practices from older adults who have been acculturated, this often happens simply through exposure and example (Amos, 2013). According to Echezona-Johnson (2014:5) “with the infiltration and adoption of Western cultures into many African cultures, some of these beliefs are no longer widely practised or hold true today.” Most families support their unmarried relatives, and they even go as far as celebrating their pregnancies before the birth of their babies by having baby showers.

### **2.2.2. Differences in the experiences of pregnancy among the three-generation**

Each year a generation of women is born who will share similar socio-historical experiences before and throughout their reproductive lives (Kirmeyer & Hamilton, 2011). However, in line with the trend in Africa, high generational disjuncture characterizes contemporary South

African society. The degree of disconnection between generations is referred to as generational disjuncture. Two aspects of the disjuncture between generations are physical distance, which stems from the country's past as a racially divided society, and social distance, which is largely the result of past and current socio-economic policies. (Makiwane, 2010).

For decades, the education of girls in South Africa has faced obstacles such as teenage pregnancy, rape, disease, and illiteracy. Today, several organizations champion women's education as compared to the past and they focus on education equality, literacy, and empowerment (UN Women, 2017). Historically, young South African women have struggled to overcome situations that restricted them from obtaining their education. The situations included the rape of girls by educators and male classmates, as most South African schools lacked separate bathrooms and proper staff to protect the children (Adams et al., 2018).

Another enormous difference between the three generations is that the first generation did not feel comfortable communicating about sexual intimacy even after females started to menstruate. Mothers widely considered starting their menstruation as an event that moves girls into a 'different age bracket,' involving sexual maturity and the start of sexual curiosity (Crichton et al., 2012). Despite the fact that the majority of mothers and daughters stated that menstruation encouraged mothers to discuss with their daughters not only sexual maturation but also sexual abstinence and avoiding unintended pregnancy. On the other hand, some mothers and daughters were unwilling to talk about menstruation, sexual abstinence, or pregnancy due to taboos surrounding parent-child sex conversations. Additionally, many mothers delay discussing sex or menstruation for fear that their daughters are too young. (Crichton et al, 2012)

However, over the years and across the three generations 'sex talk' is no longer a taboo because the younger generation is being taught about it even in schools, they are even taught about

pregnancy. On the other hand, social distance can manifest in the case of children socialized in a culture of “Model C” schools (a popular term for multiracial schools in South Africa). Such children are likely to have trouble relating to adults who grew up within the Apartheid education system. Social distance also develops between generations when a parent and child are educated in systems that emphasize different values (Makiwane, 2010).

Other differences across all three generations which determine, and influence pregnancy outcomes are increased knowledge of family planning, contraceptives, and abortion which other generations were not exposed to or had limited access to. These have afforded women choices as to when they want to fall pregnant and more possibilities of being pregnant and becoming mothers (Dehlendorf et al., 2010). Today, women have more possibilities and options of choosing motherhood and/or pregnancy. Evidence shows that investing in contraception saves lives, contributes to gender equality, and boosts economic development (Starbird et al., 2016).

Since it is believed that young generation has been taught enough to be aware and make the ‘right decisions’ about their reproduction life, there is still a high number of pregnancy cases amongst the youth. This has led to pregnancy among young women receiving increasing attention as well (Macleod, 2014). National statistics paint an interesting picture that negates the popular opinion in South Africa that rates of teenage pregnancy and childbearing are escalating. According to the South African Demographic and Health Survey (SADHS) conducted in 2016, women in South Africa have an average of 2.6 children. This represents a decline in fertility from 2.9 reported in the SADHS 1998. It has not increased over the years, but it still remains high. Also, speculations are rife if this generation is encouraged by the fact that they receive Child Support Grant whilst the older generation did not experience this for example according to Macleod (2014) “public concern has been expressed that the recently introduced Child Support Grant (CSG) acts as a ‘perverse incentive’ for young women to bear

children.” This emotional claim was refuted by separately commissioned reviews of research on girls who received the grant.

### **2.2.3. Patterns and trends of fertility levels**

In Africa, the number of children per woman has been decreasing for 40 years (WHO, 2000). The declines in fertility has slowed over the past 10–15 years amidst controversy regarding the public provision of contraception and contraceptive prevalence rates that lag behind those of neighbouring countries, with 55% of currently married women reporting the use of contraception (a large proportion consisting of traditional method use), and 18% of women reporting an unmet need for family planning which has resulted in the third generation having a different perspective on pregnancy (Gipson & Upchurch, 2017).

When compared with other continents African women have 4.5 children on average, while in Asia it is 2.1 children, in Latin America 2.0 children, in North America 1.9 children and Europe 1.6 children. It stood at an average of 6.6 children per woman in 1980 and these rates has been falling across the continent. In the Sahel, for example, the region with the highest fertility rates, the number of children per woman has dropped from 7 to 5.7 since 1980. The rate in North Africa, which decreased from six to three children per woman during a period of 37 years, saw the most striking decline. This analysis further suggests that two sorts of trends were unfolding; norms and standards regarding the bearing and rearing of children are evolving and there is improved access to information about contraception (Rabier et al., 2021).

In addition to this low total fertility, South Africa scores high on most of the observed determinants of fertility decline. Observably, South African women of reproductive age are increasingly delaying marriage and their first births, extending the interval between subsequent births, and using some form of modern contraception (NDoH and Statistics South Africa, 2019). Existing research has discovered that the average number of children per woman has



been reduced significantly when compared to the trend in the 1970s, and that young women tend to delay motherhood. South Africa has the lowest fertility rate in sub-Saharan Africa and is at far from other developing countries outside the region (Gregson, 2002). However, nearly one in five girls worldwide becomes a mother before her 18th birthday, accounting for almost 11% of all births globally (STATSSA, 2016).

In the SADHS (2016) women born in 1965–1969 and 1970–1974 observed the highest increase in unwanted births in the last five years preceding the 2016 survey. From 13,2% in 1998 unwanted births amongst the first cohort which were women born in 1965-1969 increased significantly to 54,3% in 2016. The increase in unwanted births is less amongst women from the last two cohorts (generations). Amongst women born in 1980–1984 unwanted births increased to 22,1% from 13,5% in 1998. These numbers were more prevalent during the time where contraceptives were a taboo and close to non-existence (Statistics South Africa, 2016).

South Africa has the lowest fertility rate in sub-Saharan Africa and is lower when compared with other developing countries outside the region, South Africa fertility rate has steadily declined from 2.8 to 2.4 births per woman over the last two decades (Biney, Amoateng and Ewemooje, 2021). Fertility rates in South Africa are high among young people. A study conducted in Soweto, South Africa, found that 23% of pregnancies among 13–16-year-old women and 14.9% among 17–19-year-old women ended in abortion (Mjwara & Maharaj, 2018). The high levels of pregnancy suggest that young people are engaging in unprotected sexual intercourse (Mjwara & Maharaj, 2018). Most pregnancies among young people are not planned, and they are a result of unprotected sex and lack of knowledge of ways to prevent an unplanned pregnancy such as contraceptives. Approximately 82% of pregnancies are unintended (Finer & Zolna, 2011). There are different ways to reduce unwanted pregnancy such as using contraceptives and the South African government has also made it easily accessible for everybody. However, most young women only begin contraceptive use after

their first pregnancy (Christofides et al., 2014). The main reason cited for non-use of contraceptives is lack of access to reproductive health services (Nkani & Bhana, 2016). However, if all women who want to avoid a pregnancy used modern contraceptives and all pregnant women and new-borns received care at the standards recommended by WHO; unintended pregnancies would reduce by an estimated 70%, abortions by 67%, maternal deaths by 67% and new-born deaths by 77% (World Health Organization, 2017). Each year more than half a million women die from causes related to pregnancy and childbirth, and nearly four million new-borns die within 28 days of birth. Millions more suffer from disability, disease, infection, and injury (UNICEF, 2008).

### **2.3. Intergenerational relations between mothers and daughters.**

According to Kringeland (2009) for most mothers to-be, pregnancy and childbirth are happy and enjoyable events resulting in feelings of empowerment, elation, and achievement. Thus, this period in life includes a certain vulnerability for the woman and her child (Brudal 1996, 2000). Pregnancy also has been conceptualized within a psychological framework of crisis theory. When women are pregnant, they are likely to develop their relationships and connect with other women. Connectedness with women across generations is important for pregnant females because they want to be connected to others so that they can share both joy and suffering. This connection helps them to prepare for their new role as a mother (Callister, 2004). Bondas (2005) calls this sisterly communion, which is central to women's experiences of pregnancy, birth and the first days with the new baby.

Mothers influence their daughters directly and indirectly, as Inazu and Fox (1980:82) states that in "addition to influencing their daughters' sexual behaviour through direct instruction or transmission of information, mothers can act as agents of social control through such activities as supervising or monitoring their daughters, dating behaviour, setting curfews, and the like."

Whilst Jessor et al., (1974) found that the more supervision exercised by the mother the less the problem behaviour (including sex) for both male and female children.

There is a growing body of literature which demonstrates the significant role parents play in preparing their adolescent children for adult life. Effective communication is an essential aspect of parent–child connectedness, and is associated with improved developmental, health and behavioural outcomes in adolescents. Parental social and emotional support with menarche (first menstrual period) contributes to emotional wellbeing during adolescence and positive adjustment to puberty among adolescent girls. Communication between parents and children also helps young people to acquire the knowledge and skills needed for avoiding sexual risk taking (Crichton et al., 2012).

Only a limited number of studies have particularly looked at how a mother's social status and power may be passed down or may be used to determine reproductive outcomes for their daughters. Townsend (2010:56) found a strong association between the age of the mother at first birth and the daughters' age at sexual initiation as well as at first pregnancy. Examination of these issues is especially imperative, given the rapid changes that these generations of women have experienced, particularly with respect to educational attainment, childbearing patterns, and the availability of contraception.

Grandparents, mothers, and daughters have lived and given birth in different eras, but this does not prohibit them from sharing ideas or passing on information and knowledge to younger generations. They rely on each other for advice, assistance, and support. A mother's influence on her daughter's sexual behaviour is defined as direct and indirect influences. Mothers who communicate sex information to their daughters, monitor situational and behavioural aspects of their daughter's heterosexual activities, have established supportive relationships with their

daughters, and have not engaged in non-marital sexual activities are expected to have daughters who are sexually inexperienced (Inazu & Fox, 1980).

There is emerging literature which emphasises the role of grandparents in the nurturing and the grooming of the youth. According to Kerr et al., (2008:1099) “the grandmother is present soon after the birth of the child, providing clothes and helping the mother to establish breastfeeding.” Women in focus groups and interviews indicated that grandmothers are also key decision-makers often deciding when to introduce foods other than breastmilk to infants. The study found that grandmothers are important sources of knowledge and advice in many areas of life (Kerr et al., 2008). Nonetheless several factors and conditions experienced by one generation that relates to health, growth, and development shape the experiences of the next generation.

#### **2.4. Factors that influence pregnancy experiences**

Women have different perspectives and experiences about pregnancy and their experiences are normally shaped by social factors such as geographical area, financial status or class, and level of education. For a few women, becoming pregnant can be part of a growing identity or represent desired ideals (Brien & Fairbairn, 1996). Mothers and grandmothers are the main sources of family influence on an individual’s pregnancy; this is due to both social risk and social influence. Family members contribute to an individual’s attitudes and values about pregnancy and share socioeconomic problems (such as poverty and lack of opportunities) that influence the likelihood of pregnancy, especially teenage pregnancy. Nowadays pregnancy is not just viewed as a way of growing ‘a surname’ but pregnancy, birth, and motherhood, in an environment that respects women, can powerfully affirm women’s rights, education and social status without jeopardizing their health (UNICEF, 2008). Some main factors are education, socio-economic challenges which include unemployment and poverty, healthcare, and culture.

### **2.4.1. Education**

From 2007 to 2017, the Gender Parity Index (GPI) in youth literacy in South Africa showed prominent levels of equality between males and females. The ratio of females to males who can both read and write was slightly above one, meaning women had more advantages in learning opportunities. Nonetheless, 23% of South Africa's population are rural black female South Africans who have had no education (Adams et al., 2018).

However, improvements in women's education have drastically altered the landscape of choices and opportunities that women have for themselves and their decisions regarding partnerships and children (Gipson & Upchurch, 2017). Women with primary education tend to have fewer children than uneducated women; and the differences tends to widen as income increases. Additionally, women with higher levels of education tend to have fewer children than those with lower levels of education, with the disparity decreasing as income rises (Kim, 2016).

There are a few mechanisms that influence fertility decisions for educated women. Firstly, women with high income want fewer children. Secondly, better care that these women give their children increases their human capital (invest in the child) and reduces the economic need for more children. Thirdly, the impact of education and knowledge that women are better at using contraceptives. For developing population policies, it is thus important to understand these impacts on income, health, and knowledge, and their influence on fertility decisions in the specific country context (Kim, 2016).

Access to education has led to delayed pregnancy because daughters within each generation are more career orientated, they aim at achieving goals before becoming pregnant or getting married, whilst mothers were forced to work and grandmothers were only taught to be

housewives and provide care for the home whilst men went and worked in the cities (Cooke et al., 2010).

#### **2.4.2. Socio-economic challenges**

Socioeconomic status (SES) is one of the most crucial factors associated with medical outcomes, because when SES is low, medical care is inadequate and this has been attributed to adverse outcomes (Kim et al., 2018). Evidence suggests that higher-paying jobs typically require advanced or specialized education, education levels directly correlate with economic status. Poverty makes women and girls more prone to sexual exploitation, including trafficking. Due to their lack of income and resources, victims of domestic or intimate partner violence also have fewer options for ending violent relationships (UN Women, 2014).

Low SES has a huge effect across all generations due to the changing standard of living. From "enmeshed" lifestyles among lower socioeconomic groups to "freed" lives among higher socioeconomic groups, socioeconomic positions shape diverse types of interdependencies among family generations. Older women from higher socioeconomic classes are aware of how emotional resources spent throughout family generations can limit the lives of (young) women. Older women are renegotiating the role of care work in their own lives as well as the lives of younger women as an act of solidarity (Colon, 2014). Pregnancy complications such as abortion, preterm birth, preeclampsia, eclampsia, and gestational diabetes have been linked to low SES, making it more likely for pregnant women to have an unfavourable pregnancy outcome (Kim et al., 2018). Theories of behaviour have not been involved in discussions of pregnancy intendedness; instead, the notion of intention is seen as a practical measurement tool in family planning. For example, rates of unintended pregnancies have been used to show an unmet need for family planning (Kendall et al., 2005).

Unemployment and poverty have important implications for pregnancy outcomes because beside poverty and unemployment causing hunger and malnutrition, poverty also restricts access to fundamental services like education and healthcare. It causes prejudice, marginalization, and a lack of influence over important life decisions (UN Women, 2017). The impact of poverty on pregnancy and subsequent child health needs to be placed within the context of the increasing generational influence of exposures which are directly and indirectly experienced by those living in poverty. For example, having a baby whilst still living in poverty, often from one generation to the next (Larson, 2007). Some have argued that socioeconomic disparities that arise during sensitive life stages, such as pregnancy, determine the extent to which the determinants of health have an effect on health. In addition, what happens at birth can have long-term effects that extend into adulthood and even cross-generationally. For instance, it has been estimated that being exposed to poverty as a child increases one's risk of death, and that this risk can even increase fivefold if the exposure continues into young adulthood (Larson, 2007). Other factors such as the costs of transportation to the hospital and medical costs are burdensome for women who cannot afford these services and restricts prenatal care (Kim et al., 2018).

#### **2.4.3. Healthcare and behaviour**

A mother's health is important because it impacts her pregnancy as well as the child. Researchers found that when a mother's weight, blood pressure and cholesterol levels were less healthy during pregnancy, their children were at risk of those same issues (Perak, 2021). Recent research also shows how a mother's current health behaviour affects future generations, a woman's health during pregnancy can impact future generations. It is said that cardiovascular risk factors during the 28<sup>th</sup> week of pregnancy, looking at their blood pressure, cholesterol, blood sugar, weight and smoking habits have a significant impact on the baby and its development (Perak, 2021).

South Africa is one of the most inequitable countries in the world. The wealthiest 10 % of the population accounts for more than half the country's income. Indices of health, especially maternal health, clearly reflect the inequalities in access and health outcomes that mark the country (Wabiri et al., 2016). During pregnancy, a mother's health is crucial for both herself as well as the baby. For every doctor's appointment it is crucial for pregnant women to be advised on ways of promoting the health of the unborn baby. Konkel (2019:1) states that prenatal exposure has the potential to directly impact three generations because receiving it early and regularly improves the chances of a healthy pregnancy (Edvardsson et al., 2011). According to a study conducted in 2017 by researchers in the United Kingdom who were studying a large population of parents and children it was reported that grandmothers who smoke while pregnant have been linked to autistic symptoms and diagnoses in their grandchildren, (Konkel, 2019).

According to Bondas (2001:832) pregnant women are "motivated to lead a healthy, sound, and regular life by the desire to safeguard the health of the wished-for baby. This included harmony and balance, good nutrition and exercise, a non-smoking and drug-free lifestyle, and economic stability, including an acceptable and satisfying job and good housing." There are many ways to stay healthy while pregnant, like going for a walk, relaxing, and even rubbing one's belly. Additionally, the baby's movement is a good sign of health because it indicates that the baby is alive and well. Health during pregnancy should not be taken for granted because even medical professionals are concerned about their own health during pregnancy even though they are aware of their own health status and are aware that pregnancy implies heightened health awareness. (Bondas, 2009)

All generations now have access to healthcare, and pregnant women receive better care than they did in the past. The South African government prioritized and implemented key health policies to ensure improvement. The significance of early and ongoing antenatal care is



acknowledged in these policies. Healthcare providers describe antenatal care as “an opportunity to provide women and girls with vital health information relating to lifestyle risks and to offer social support and counselling. “South Africa’s public health hospitals and clinics provide free antenatal care; Additionally, at least once during their pregnancy, all pregnant women visit an antenatal clinic. Even though the World Health Organization (WHO) recommendation is a minimum of four antenatal care visits, beginning in the first 12 weeks of pregnancy. It is also said that it connects mothers with the health system, leading to an increased likelihood of delivery with a skilled birth attendant and continuing care after the baby is born (WHO, 2016).

#### **2.4.4. Culture and religion**

A few issues arise when a woman is pregnant, and her behaviour is in accordance with opinions that are often culturally determined or expressed by experts (Kringeland et al, 2010). There are a lot of factors that influence the perspectives and experiences of pregnancy such as race, class, culture, and religion. Culture in some instances dictates when, how and sometimes who to marry, it is the way a group of people live, and it is a learned behaviour which in this instance is learnt across the three generations. Tylor (1958:1) cited in Finkler (1984) defines culture as “that complex whole which includes knowledge, belief, art, law, morals, custom and any other capabilities and habits acquired by man as a member of society.” Even if the three generations live in various places, they can still practice their cultural activities because according to O’Neil (2006), people from all over the world share some universal human cultural characteristics.

Pregnancy and motherhood may be a role that some women are interested in and can commit to before they have experimented with other roles when exploring the perception of identity and the roles one may choose. (Dalla & Gamble, 2000). It is possible that taking on the role of the mother during a time when identity was being formed is connected to the subconscious

reasons for getting pregnant during the first generation (grandmother). It could be because of marriages and the rule that says you cannot have sex before you marry. The majority of daughters are familiar with the phrase “no sex before marriage” because sex is considered a sin when performed prior to marriage.

## **2.5. Premarital pregnancy amongst women across three generations.**

Generational disparities between today's youth and the older generation are widely acknowledged by the general public, but there is a significant dispute over their implications and the cause of these differences namely, marriage and premarital pregnancy. The number of registered marriages consistently declined in ten years (2009 to 2018), except for a slight increase of 0,6% between 2015 and 2016. During the period 2009 to 2018, the highest number of marriages was recorded in 2009 (171 989) and the lowest number in 2018 (131 240). The 2018 figure of 131 240 civil marriages shows a decrease of 3,1% from the 135 458 marriages recorded in 2017 (Statistics South Africa, 2019). Patterns of sexual behaviour and attitudes varied substantially across generations. Strong evidence for a decline in the age of sexual initiation, a shift in the type of the first sexual partner, and a greater rate of acceptance of premarital sex among younger generations. In a study by (Techasrivichien et al.,2013) it is suggested that higher level of education, never being married, and a modernised lifestyle may have been associated with these changes. In developing countries such as the Philippines, Gipson & Upchurch (2017:86) suggest that “changes in the social context are reflected in family formation and childbearing patterns. Filipinos are now more likely to delay marriage, to choose cohabitation over formal marriage, and to engage in premarital sex in comparison to the previous generations. Younger generations are also choosing to have smaller families.” However, the intendedness of pregnancy must be revised from a more multidimensional and structural perspective in light of shifting demographics, community norms regarding sex, marriage, and contraception, as well as advancements in social research. (Kendall et al., 2005).

## **2.6. Summary**

This chapter has presented the main findings from the literature review. Providing an overview of pregnancy and in the African context highlighting traditions and cultural beliefs surrounding it. The literature suggested that there are several factors that influence pregnancy outcomes across all generations such as socio-economic challenges in which it looked at education, poverty and unemployment being the force drivers of the pregnancy outcomes. It argued that even though contraceptives and other preventative methods are available now they were not as accessible during the times of the first generation(grandmothers). It also brought evidence of how regardless of easy access to contraceptives now there tends to be higher percentage of premarital pregnancies and an ever-changing fertility rate.

## **CHAPTER THREE:**

### **METHODOLOGY**

#### **3.1. Introduction**

There has been a rise in studies on pregnancy mainly focusing on young people's pregnancy outcomes and the factors contributing to it. The main purpose of this study as mentioned in the first chapter is to investigate the perspectives and experiences of pregnancy among three generations of women (maternal grandmother, biological mother, and daughter). Also, the influence that mothers have on their daughter's pregnancy outcomes. The chapter provides an overview of the research by firstly describing the research design and methodology used, as well as the sampling method. Thereafter, it describes the data generation method that is used and how the data is analysed. Finally, it discusses the issues of ethical considerations as well as the reliability and validity of the study.

#### **3.2. Location of the Study**

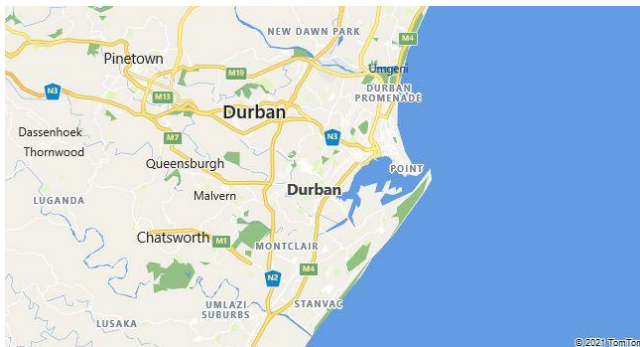
This research was conducted in Durban, KwaZulu-Natal. The KwaZulu-Natal Provinces made up of ten district municipalities and one metropolitan municipality. One of the province's major metropolitan areas is Durban. The largest city in the KwaZulu-Natal province and the main seaport of South Africa, Durban, which was originally known as Port Natal, is situated on Natal Bay of the Indian Ocean. Durban was founded in 1835 on the site of Port Natal and was named after Sir Benjamin D'Urban, who was the governor of the Cape Colony (Cubbin, 1988). It became a borough (town) in 1854 and was created as a city in 1935. Following the end of apartheid, the city experienced a population explosion as Black Africans were permitted to settle there. Between 1996 and 2001, the population increased by an average of 2.34% per year. As a result, shanty towns formed all around the city and were frequently destroyed. As the government constructs low-income housing, population growth between 2001 and 2011 reduced to 1.08% per year. Durban encompasses 51.1% Black Africans, 8.6% Coloured, 24.0%

Indian/Asian, 15.3% Whites and 0.9% other races. The most dominant languages in Durban are English, Zulu, Xhosa, Afrikaans (Statistics South Africa, 2016). According to Statistics South Africa` (2018), the fertility rate in KZN between 2016 and 2021 is projected to stand at 2.5 children.

Durban has numerous sub places (see figure 3.2) ranging from suburbs to townships. All these areas have dominant races among them. Indian people make up a higher portion of the population than White people in Durban (and the nearby Pinetown area), which has one of South Africa's highest concentrations of Indians. To the immediate west, the Ntuzuma, Umlazi, and Embumbulu districts were built as black (mainly Zulu) commuter suburbs. Under apartheid laws, many Black people were relocated from Durban to these places in the late 1970s.

The third-largest city in South Africa is Durban, which is also one of the world's fastest-growing urban areas. Its Port (see figure 3.3) is among the ten busiest in the world and the busiest in South Africa. Durban is the economic and industrial hub of the province. It is one of South Africa's most significant industrial regions and contains the majority of the factories in KwaZulu-Natal. Textiles and apparel, food processing, chemicals, sugar refining, and oil refining are the main industries served by its factories. Durban has a well-established rail and road network, the largest port in KwaZulu-Natal, is the principal freight port for South Africa and serves a sizable portion of the continent's interior. Due to its warm ocean current and humid climate, Durban is the ideal vacation destination. The population is highly mobile; approximately 40% of male and 35% of female adult household members (18 years or older) reside outside the area but return periodically and maintain social relationships with households (Hosegood and Timæus, 2005). Durban has a diverse economic and social culture. It performs most notably in tourism, manufacturing, trade, construction, finance and community services (Statistics South Africa, 2011).

**Figure 3.1. Study Area**



Source: Google maps (2021)

**Figure 3.2 Durban Sub areas and Beaches**



Source: South African Venues (2013)

**Figure 3.3. Durban port**



Source: Maritime Professional (2022)

### **3.3. Research Design:**

The researcher adopted an exploratory design for pursuing the study. An exploratory design is stereotypically done when a researcher observes a new interest or a new subject or when they seek to develop new insights into a previously, but differently explored phenomenon (Maxfield & Babbie 2014). This research will be exploratory because it aims at exploring the experiences and perspectives of pregnancy among women across three generations.

The study used qualitative research which is a process that helps the researcher create an in-depth understanding of problems or issues in their natural settings. The qualitative method is applying to this study, because the study aims to collect perspectives and experiences of pregnancy among three generations of women. Qualitative research methods are endlessly creative and interpretive (Creswell, 2009). One of the advantages of qualitative study is that it is more flexible and interactive to gain insight into the participant's experiences (Babbie & Johann, 2001). Moreover, since the purpose of this study is to get individual experiences, rather than receive extensive, statistical analysis this method will best be suitable. The main strength of qualitative research is its ability to study phenomena that are simply unavailable elsewhere (Silverman, 2015). The qualitative research approach requires a strategy appropriate to analysing texts, visuals, or narratives, such as content analysis or discourse analysis, while quantitative research requires an approach to analysing numerical information such as descriptive and inferential statistics (De Vos, et al., 2011). The qualitative approach focuses on the open-ended discovery, using in-depth interviews without hypothesis testing. In a qualitative study, nonmathematical data is gathered and interpreted, for instance, the nature or quality of participants 'subjective experiences, feelings, or beliefs about a certain phenomenon (Terre Blanche et al., 2008).

### **3.4. Data Collection**

This research includes fifteen interviewees five female students, their biological mothers, and grandmothers, this is most suitable because the data would be stronger if the three generations are from the same family rather than unrelated grandmothers, mothers and daughters discussing their individual experiences.

The inclusion criteria for the population are women who have been pregnant and have been both a grandmother and mother, secondly participants should reside in KwaZulu-Natal. All participants had to be 18 years and older; part of any race group; they need to have a child and most importantly need to have both biological mother and maternal grandmother alive since this study focuses on the three generations and all the generations will be interviewed from daughter to mother and then grandmother. Another inclusion criterion are the willingness to participate because their participation is voluntary. The exclusion criteria are mothers who are below 18 years even if they have both a mother and grandmother.

The recruitment of the research participant used is the convenient sampling method, which is also known as the availability sampling, this falls under the non-probability sampling. Convenient sampling method relies on data collection from members who are available to participate in the study and as previously mentioned participants will not be forced in to doing the interviews, but they should be willing. The focus of the study was communicated to the participants. The study used social media platforms specifically Facebook and WhatsApp to advertise the study by posting on the timeline, make it accessible to everyone by enabling the share option, so that it reaches a larger audience. A cellphone number was shared so that the interested participants can contact and if they do not have airtime, they could also send callbacks which the researcher can then call them back and also other participants who are willing to participate can inbox the researcher or send message. If, however, that method does not work the researcher texted participants who meet the criteria.



Before the interviews start participants are informed that participation in the study is voluntary and that their information would be treated confidentially. The purpose of the study was explained to the participants. Participants had to sign the informed consent form indicating their understanding of the purpose of the study and that they are willing to take part in the study. Since it is during a pandemic the participants were asked to give verbal consent to the interviewer being recorded. The in-depth telephonic interviews are conducted through telephonic calls. The researcher requests 45 minutes per participant where the grandmother, mother, and daughter each gets 45 minutes to answer the research questions and objectives through interviewing the participants. Open-ended questions are asked so that it allows the participants to elaborate further and not be limited to an answer. Open-ended questions are asked in a manner that encourages answers that lead to another question or group of questions. The purpose of asking open-ended questions is to gather as much information as possible from the participants.

### **3.5. Data Analysis**

The study used a thematic data analysis as it allows the researcher to use themes, since the researcher first recorded the interviews and then transcribed the data, and the use of themes provides a better representation of data. The purpose of thematic analysis (TA) is to identify patterns of meaning across a dataset that provide an answer to the research question being addressed. The data analysis included a number of identifiable steps, including familiarization and immersion which was achieved through reading over the transcripts thoroughly and making notes. Inducing themes which ensured identification of important themes from the data. Coding entails marking different sections of the data, which is related to one or more of the themes, so data was grouped into categories based on similarities and differences; and it was then interpreted and checked. (Terre-Blanche et al., 2008)

### **3.6. Ethical consideration**

Ethical considerations are important when using qualitative research methods so in order to carry on with the study one had to get ethical clearance from the Human and Social Sciences Research Ethics Committee of the University of KwaZulu-Natal. Considering that the experience might be traumatic to participants the researcher introduced herself to the participants and explain to them what the research is about.

The participants were informed of all the processes involved in the study as well as the credibility of the researcher (De Vos et al., 2010). Before participants answered the questions, the researcher provided the participants with informed consent sheets which stipulates the purpose of the study, and why the researcher is asking them to participate in the study. This was done to avoid any mistrust between the researcher and the respondents.

To ensure confidentiality and anonymity the researcher did not use real names of participants in reporting of the findings, pseudonyms were used. According to De Vos et al (2010), “participants have a right to privacy and their information should be handled in a confidential manner.” The information given in the interviews will remain confidential, the transcripts are kept in a secure space where no one except the researcher will have access to it.

### **3.8. Validity and Reliability**

Reliability and validity are the two most important and fundamental features in the evaluation of any measurement instrument or tool for good research. Reliability refers to the stability of findings, whereas validity represents the truthfulness of findings. The researcher ensures reliability by ensuring that all participants are from different background and different social classes so that it will not be just one class. Validity is the degree to which the results are truthful so the researcher should make sure that there should not be any manipulation of data and to ensure reliability the researcher will use probing skills to ensure that they give the same if not

similar answer. To prove validity, the transcripts were read thoroughly and precisely to ensure that they are correctly representing the situation.

### **3.9. Limitations**

Qualitative research is meant to show understand of people's experiences. The study sample, however, does not accurately represent the entire population in qualitative research. The researcher found out that some participants were not available during the scheduled times and some experienced network issues which hindered clear communication and researcher had repeat certain questions. Pregnancy is very intense topic to some people, and this could have resulted to participants not answering truthfully.

### **3.10. Summary**

The chapter has provided an overview of the methods used to collect the data for the study. It has shown how qualitative methods are suitable in investigating the experience and perspectives on pregnancy across three generations. Ethical considerations were explained as well as the importance of not compromising the individual's identity which will be done by using pseudonyms. Thereafter reliability and validity of the study is also explained. As well as limitations of the study.

## **CHAPTER 4**

### **RESULTS**

#### **4.1. Introduction**

The study aimed to investigate the perspectives and experiences of pregnancy among three generations of women. This chapter presents the main findings from the fifteen telephonic semi-structured interviews that were conducted across three generations of women: grandmothers, mothers and daughters from KwaZulu-Natal. Thematic analysis allowed for key issues to emerge from the individual interviews and observations. The chapter begins by presenting the characteristics of the study sample. Thereafter, the pregnancy experiences of the participants are explored. This is followed by the pregnancy perspective and the influence of parents on children. The chapter explores three generations namely grandmothers' and mothers' reactions to their daughters' and granddaughters' pregnancies. After this, the reasons leading to pregnancy outcomes are presented. The results also explore the participant's knowledge of contraceptives and changes in customs and beliefs across all generations. Finally, the chapter closes by exploring the participants' experiences with one-on-one talks about sex and intimacy.

#### **4.2. Study sample characteristics**

The participants of this study are women across three generations who had been pregnant. There are five families interviewed from KwaZulu-Natal. In total, there were fifteen interviews conducted with five female students aged 18 years, their mothers and grandmothers. The ages of the participants ranged from 20-69 years. The third generation consisted of three young women who had graduated and two who were still studying. Whilst the second generation consisted of four employed and one unemployed mother. The first generation consisted of one retired, three employed and one unemployed grandmother. The majority of the participants

were in a relationship (see Table 4.1 below). Most of the participants resided at home with their parents.

**Table 4.1: Study sample characteristics**

<b>Family no.</b>	<b>Pseudonym</b>	<b>Age</b>	<b>Age of pregnancy</b>	<b>Race</b>	<b>Highest level of education</b>	<b>Relationship status</b>	<b>Employment status</b>
1	Grandmother Mkhize	69	24	African	Primary	Married	Retired
1	Mother Mkhize	45	23	African	Secondary	RBM	Employed
1	Daughter Mkhize	23	18	African	Tertiary	RBM	Unemployed
2	Grandmother Theresa	63	23	Coloured	Secondary	Married	Employed
2	Mother Theresa	40	20	Coloured	Tertiary	Married	Employed
2	Daughter Theresa	20	19	Coloured	Tertiary	RBM	Unemployed
3	Grandmother Cele	61	21	African	Secondary	Widowed	Employed
3	Mother Cele	40	16	African	Secondary	Single	Unemployed
3	Daughter Cele	24	21	African	Tertiary	RBM	Employed
4	Grandmother Kunene	69	22	African	Secondary	Married	Unemployed
4	Mother Kunene	47	27	African	Secondary	RBM	Employed
4	Daughter Kunene	20	20	African	Tertiary	RBM	Employed
5	Grandmother Sibiya	65	23	African	Tertiary	Divorced	Self Employed
5	Mother Sibiya	42	21	African	Tertiary	Married	Employed
5	Daughter Sibiya	21	19	African	Tertiary	RBM	Unemployed

**RBM- In a relationship but not married**

### 4.3. Pregnancy experiences

#### 4.3.1. Grandmothers

Some couples achieve relationship stability or longevity by having a child. Entering parenthood in the context of a seemingly stable relationship was perceived as a movement towards an accepted form of social adulthood. Although living up to the idea of a good parent was challenging, it was partially achieved by young mothers who provided care and young fathers who provided financially for their children. Early fertility, though unquestionably a public health issue, might emerge into a social solution in the absence of other accepted indicators of the transition to adulthood and within a context of poverty and exclusion (Swartz et al., 2018).

Every woman has their own unique experience of pregnancy, and some get pregnant even before marriage. According to some cultures, getting pregnant out of wedlock is seen as sign of disrespect to the woman's family; therefore, the family, especially the father of the daughter, does not take the news well. Hence, in some cultures if such happens the man is required to pay damages (*inhlawulo*) in order to cleanse the woman's household. They were also expected to get married thereafter. One of the grandmothers explained that her father would make her herd the family's livestock, which was usually the duty of her brother, in order to remind her that she was still unmarried and therefore should not have fallen pregnant.

*"Sometimes my own father would make me herd the cows even though that was my brothers' duties he used to say I should do it because I need to be reminded that I am not married, and these cows were not from my in-laws. Which means I have no right to be pregnant at his house. It was only when my husband had asked for my hand in marriage that he warmed up to me, but my mom used to take care of me and sometimes help me with cravings"* – Grandmother Mkhize.

The then and now generation of women might have different pregnancy experiences due to changing times and modernisation. The majority of grandmothers had common problems during their pregnancy. They mentioned that an unmarried pregnant woman faced many challenges. An out of wedlock pregnancy sometimes resulted in them being mistreated by their own family. One participant stated that her family would make her perform hard labour such as polishing the floors, even though it caused her nausea. She adds that, besides this experience, she did not experience any other problems during her pregnancy.

*“My mother used to make me polish the floor with cow dung even though I had told her that its smell made me feel nausea, but besides that my pregnancy was not as bad because I did not have any severe health problems” – Grandmother Kunene.*

Some women had a positive experience during their pregnancy because they did have any health problems and they received the support they needed from both parties including the in-laws. Grandmother Sibiya explained that she had a good pregnancy because, at the time, her husband had already paid the traditional damages-fee (*inhlawulo*) for impregnating her out of wedlock, and the bride’s wealth (*lobola*). However, her father was not particularly happy with this as he felt that her husband only performed these duties out of obligation for impregnating her.

*“My pregnancy was really good because my husband had already paid lobola for me and the wedding date was set, even though my father was not thrilled about it because he felt like my husband was just doing it because he had impregnated me. My husband made sure that he proved him otherwise by paying ‘inhlawulo’ (damages) on the same day” – Grandmother Sibiya.*

Women from disadvantaged backgrounds are more likely to marry or get into relationship with wealthier men, for financial stability. In which they face life threatening risks such as losing

opportunities of an education or independency and including risks from pregnancy (UN Women, 2017). One participant mentioned how her pregnancy was initially accepted, but as the time went by it started getting complicated due to the stress she had to endure. She was concerned that the relationship with the father of her unborn child disintegrated, she could not support herself financially. As the pregnancy progressed her relationship with her partner became more strained and they eventually broke up. After the dissolution of her relationship, she suffered because her partner was supporting her financially. Towards the end of her pregnancy, she was not on speaking terms with the father of her child. When she went into labour, she reached out to him to help get her to the hospital, but he was not available. This result in her having to deliver the baby at home.

*“When I was in my last trimester I had moved back home with my family and was not in talking terms with the father, who was well of and had a car. So, when I started going to labour, I did not have transport to take me to the hospital when I reached out to him, I could not get a hold of, so I was at a risk of losing the baby ...”*

She added:

*“I had to deliver my baby at home in which point I was told that, had they not done it earlier, I would have lost my child” – Grandmother Theresa.*

#### **4.3.2. Mothers**

Most women in the second generation also experienced a number of challenges as most of them had children when they were young, and some had not even finished their secondary education. This meant their dreams had to be put on hold. Mother Cele expressed that she had to put her studies on hold until after her pregnancy as pregnant girls were not allowed to attend school back in her day.



*“Pregnancy is one of the hardest things I had to endure because when I got pregnant, I was 16 years old and had no idea of what I had done as I had to leave school for a whole year because I gave birth in February, and I had stopped going to school since the previous year and had not finished that grade. I was embarrassed, had to change schools even and that was a whole year wasted”*

She added:

*“Back then you were not allowed to go to school whilst pregnant because it was said that you will influence other kids and they treated pregnancy like it was contagious” - Mother Cele.*

The experiences differed from one woman to another. Some women stated their pregnancy had acceptable challenges because of the support they had received. Mother Mkhize was employed when she had fallen pregnant and was therefore financially independent and able to meet all her needs. However, her mother was unhappy with the fact that she had fallen pregnant out of wedlock.

*“I was really lucky because when I fell pregnant, I was working already so I could take care of myself, buy whatever I was craving and was not really dependent on anybody. Even though my mother was really disappointed that I had fallen pregnant before getting married” – Mother Mkhize.*

The experiences that women faced shaped them to be better people. One participant mentioned how her in-laws resented her, blaming her for their son not being able to go further in his studies, despite having a bursary, as he then had to work to provide for the family.

*“My pregnancy was a good and purposeful journey because it made me the woman, I am today I had a supportive partner and a healthy pregnancy. Even though I received a backlash from my in-laws because my partner who had received a bursary to go*

*further his studies had to put that on hold because he had to find work so that he can take care of us and the baby” – Mother Sibiya.*

#### **4.3.3. Daughters**

Early childbearing is associated with a number of challenges (Mjwara, 2014). The most prominent difficulty was informing their parents about the news of the pregnancy. The reactions of their parents varied, and this caused the young women to experience stress. Daughter Mkhize states that was she kicked out of her father’s house upon revealing her pregnancy status, resulting in her having to stay with her grandmother, whose old-age grant was used to support her.

*“When I find out I was pregnant I was living with my father and grandmother (paternal) and I was really scared to tell them, but I told my father and he kicked me out and said I should go live with my mother who was married to another man and me staying with them started causing problems for them, so I had to go live with my grandmother (maternal) who took care of me with her grant money”*

She added:

*“After my pregnancy I could not go back to school I had to work so that I can take care of my child. So, my dreams had to be put on hold. But luckily, I was able to go back to school last year” – Daughter Mkhize.*

The biggest challenge reported was juggling school and the pregnancy. But they did get an opportunity to go to school and finish, unlike some participants from previous generations who did not get a chance. One of the participants explained that she struggled to continue with her education as she was always exhausted.

*“There would be times where I would bunk my classes because getting up in the morning to get to that 07:45 lecture was a job and a half; I mean getting out of bed was a problem on its own. So, at times I missed important classes, thank God I did not fail”*

– Daughter Kunene.

Some pregnancies were a result of inadequate knowledge about sexual matters, and this resulted in an unplanned pregnancy. It is essential for partners to discuss sexual matters to limit the negative consequences of pregnancy (Panday et al., 2009). One participant revealed that the pregnancy was unwanted and unplanned. Furthermore, the father of her child denied paternity which added to her stress, and she had to leave her studies and return home upon giving birth. However, her mother took good care of her and made sure she met all her needs.

*“The two problems I had were from my partner since the baby was unplanned and we had just started seeing each other, he was finding it hard to accept that it was his baby and then he denied the child even though he was the only guy I had been intimate with. So that stressed me out a lot, I even gave birth earlier than anticipated. I had to go home, and my mother made sure I got everything I needed even omega tablets and supplements”* – Daughter Theresa.

#### **4.4. Pregnancy perspectives and the influence of parents on children during pregnancy.**

##### **4.4.1. Grandmothers**

All participants indicated that their mothers influenced their pregnancies; both directly and indirectly. One participant mentioned that her parents married young and had a beautiful marriage which she aspired towards for herself. Furthermore, her parents had children in the early years of their marriage and enjoyed the rest of their years together. Some, also, felt pressure to have children because their older siblings did not want any, and so their own

mothers would expect them to take on the role of fulfilling their parent's dreams of becoming a grandparent.

*"I honestly think my mother had a huge impact because every time she would complain about her passing away without grandchildren because my bothers did not care, so even though it was a mistake it became a blessing in disguise"* – Grandmother Cele.

Some reported that they had to return to their maternal home after giving birth because it was a tradition in which the mother taught their daughters roles in motherhood.

*"I had to go home when my baby was one week old because it was said that my mother had to teach me about motherhood. I regarded this as a good thing because firstly once you were married the only chance you got of going home as if there is a funeral or ceremony. Casual visits are not encouraged as they are regarded as 'trouble' and secondly, I felt more comfortable with my mother teaching parental skills rather than my in-laws"* – Grandmother Sibiya.

Some reported that their mothers had no influence whatsoever, because they were strict, respectable and did everything according to 'societal order' which was to marry before pregnancy. The participants also stated that they obeyed customs and traditions such as virginity testing as a result of their strict parents.

*"My mother had no influence. I would be lying if I said she did because she even made us go check our virginity every once in a while"* – Grandmother Mkhize.

#### **4.4.2. Mothers**

Most of the second generation reported that their mother had no influence until after they gave birth. One participant, instead, reported that her older cousins did have an influence on their pregnancy.

*“My mother had no influence at all, but my older cousins did because we used to cover for each other when going and my mother kept warning me about surrounding myself with older people because I was only 16 at that time. My mother started helping me after birth but while I was pregnant she was distant towards me” – Mother Cele.*

Some participants reported that their mother’s lack of presence did have an influence on them falling pregnant as they would look for other outlets to keep themselves busy. One participant elaborated that this resulted in her getting into a sexual relationship and falling pregnant

*“I think my mother did influence my pregnancy because she was absent most of the time and I would stay alone so obviously I started engaging in things to keep me busy and it just so happened that this particular one resulted in me being pregnant” – Mother Kunene.*

Women who were brought up in a household with both parents present and supportive of each other children also wanted the same for their children. However, this was not always the case for some of them. Their story turned out to be much more different from their mothers.

*“I would say she did have an influence because of how her love story turned out so I had hopes that my love story would be the same, but it turned out I was alone and played” – Mother Mkhize.*

#### **4.4.3. Daughters**

The majority of daughters stated that their mothers had an influence on them in some way or the other, some mentioned that the state of their relationship with their mothers was good, and they valued this relationship. However, the biggest influence between mother and daughter were the age difference. The big age gap led to problems in the relations between mothers and daughter. Some daughters felt the age gap created a lack of understanding in the relationship.

*“My mother did have an influence on me because she had me when she was still young and that created a strong bond and relationship between us, and I wanted the same for me and my child and so when I fell pregnant, I did not think twice” – Daughter Cele.*

*“My mother did have an influence. She was very young when she had me, she was like almost 30 years and that huge gap caused a lot of disconnection and she would take things out of proportion and did not understand me” – Daughter Kunene.*

Some daughters mentioned that their mother influenced their pregnancies because of finances. They would ask for money from their parents, and they would be denied. Therefore, they resorted to finding some means of financial support, such as dating older men. Some participants mentioned that young men are typically not financially stable so young women opt for older men who may already be working and as a result they are in a position to support them financially.

*“When I had my first boyfriend who was much older than me, he was already working, and I was doing my first year. When he used to give me money, I used to send it to mom and every time mom used to complain about needing something, I was able to ask my boyfriend and he was willing to help so” – Daughter Kunene*

## **4.5. Reactions to pregnancy**

### **4.5.1 Grandmothers**

People view pregnancy differently and react to the news differently among the various generations. The earlier generations stated that it was a shock because they were not ready for it. Grandmother Mkhize stated that while she was in shock when she found out about her daughter’s pregnancy, she decided not to be harsh on her as she was already working and could therefore take care of herself. Grandmother Kunene, on the other hand, expressed that she was

extremely disappointed when she found out that her daughter was pregnant. This was especially because she knew that her daughter would have to put her dreams and life aspirations on hold in order to care for the baby.

*“I had no problem because I knew my husband will do right by me and so when my daughter told me that she was pregnant I did not want to be too harsh on her because I personally did not have plans, she had with her partner even though she was young. So even though I was actually shocked when she told me the news because its parents dream for their daughters to be married then have children and also because I had raised her and made emphasis on the no-sex-before-marriage rule. But she was already working so I knew she could take care of herself” – Grandmother Mkhize.*

*“I am not going to lie I was really disappointed when I found my daughter was pregnant because she had a lot of dreams and aspirations about life, we all knew this because she was a very active child even at school so when she told me I knew all of that had to be put on hold because I could not stay home and take care of her baby since I was also working so she had to stay at home and take care of her own child like I did my own” – Grandmother Kunene.*

Most grandmothers reported that they were supportive when their granddaughters fell pregnant as they did not wish for them (the granddaughters) to endure the same hardships as their daughters did during pregnancy.

*“I was really harsh towards my daughter when she told me she was pregnant, and I did not even want to talk to her, and I was working so I told her she should stay at home and not further her education. I wonder if I had just stopped working and took care of her baby maybe she would be far in life. That is why when my granddaughter told me*

*she was pregnant I told her to focus on her studies I would take care of her and the baby once she gave birth” – Grandmother Theresa.*

Some grandmothers, such as Grandmother Cele and Grandmother Sibiya, were supportive of their granddaughters from the onset of the pregnancy. This was because they did not get the same support from their parents when they were pregnant and did not wish for their granddaughters to endure the same struggles that they did.

*“When I fell pregnant, I was ill-treated, and my parents were angry at me and that almost caused a miscarriage. So, when I found that my daughter was pregnant, I was so disappointed because she was so young but quickly got over myself and made sure she knew I was there for her because I did not want her to go through the same problem, but I did give her a cold shoulder at times. But when the baby was born, I was always there and helped where I could”*

She added:

*“When my granddaughter fell pregnant, I was shocked because she was on contraceptives, and so I was angry because I thought she had stopped without us knowing because she was at university. But I calmed down when she told me that she fell pregnant whilst on the pill” – Grandmother Cele.*

*“I was in no state to judge, be sad nor angry because I was away most of the time and she did not get proper guidance especially from me. So, all I could do was to support her” – Grandmother Sibiya.*

#### **4.5.2. Mothers**

The majority of mothers stated that it was very difficult seeing their daughter make the same mistakes that they did as it forces them to react a certain way. That is what most mothers had



in common. Mother Sibiya, for example, expressed that when she first revealed her pregnancy, her mother was disappointed. However, her mother supported her anyway. This influenced the way she reacted to her own daughter's pregnancy; while she was disappointed in her daughter, she did not express it and supported her instead.

*“Firstly, when I found out I was pregnant I did not tell my mother up until my second trimester because I was scared of how she would react, since I did not live with her. I was actually cohabitating with my then partner but she did not know. However, when I told her about my pregnancy, she was a bit disappointed but assured me that everything was going to be fine and that somehow influenced the way I reacted when my daughter told me she was pregnant. I was disappointed because she had made the same mistake as me, but I did not show it to her” – Mother Sibiya.*

Some participants initially had a negative reaction towards their daughters' pregnancy. Mother Kunene stated that her mother had given her the cold shoulder when she first revealed her pregnancy. When her daughter fell pregnant, she was disappointed, and even more so when she discovered that her daughter was carrying the child of an older man.

*“My mother was really angry because she had warned me before about the company I kept, as I have mentioned I used to chill with older people and my mom did not like that. So, when she found out she was angry and gave me the cold shoulder which I expected because I was wrong, and I had been warned before”*

She added:

*“When I found out that my daughter was pregnant, I was shocked, disappointed, but most importantly remorseful because ever since my daughter went to varsity, she always had money and sometimes she would give me money. I would ask where she got the money, but she would just brush me off and I would accept it because it would come*

*when I was desperate and needed it. So, I would just leave like that only for her to tell me she was pregnant with an older man's baby” – Mother Kunene.*

Some mothers were genuinely happy for their daughters and they also felt as if they were in no place to judge because they themselves conceived themselves when they were still young. They felt satisfied that their child would make the ‘right’ decision for her.

*“She was older than me when she got pregnant, and we were really close and that made me happy because she would have the same relationship with her child. So, I was happy” – Mother Cele.*

However, not all mothers were happy as the quote below reveals that some mothers struggled with the news of the pregnancy.

*“When my mom found out I was pregnant she was angry she called all her sister and my uncles and told them about the pregnancy” – Mother Theresa.*

#### **4.5.3. Daughters**

Most daughters mentioned that they were sceptical and scared of their parents’ reactions. This was because their parents were optimistic for them to complete their studies. Daughter Cele adds that her grandmother was initially shocked and confused as she knew that her granddaughter was on contraceptives. She then explained that her contraceptive had failed, resulting in the pregnancy, after which her grandmother gave her support.

*“I was so scared to tell my mom about the pregnancy and even plotted that I would not go home for the holidays because I was on the pill, and I did not know how it happened. So, I knew it was going to be hard to explain it to them, but when I told my mother she was shocked and a bit disappointed at first, but she told me I needed to finish my studies and focus on school. My grandmother was shocked and confused because she knew I*

*was on contraceptives but then I explained to her, and she understood and was very supportive” – Daughter Cele.*

Some families were excited and supportive of the pregnancies. Daughter Sibiya stated that her family was happy and gave her their full support, as the news of the pregnancy was consolation for having just lost a relative.

*“My grandmother and mom were really happy actually because of the timing we had just lost a family member and they felt like my child will heal and give some sort of closure they even called him ‘bundle of joy’ till this day they still do and even after pregnancy they made sure we were both taken care of, and my baby stayed at home with them whilst I went back to school” – Daughter Sibiya.*

Some daughters expressed that their families did not take the news of the pregnancy very well. Some of them expressed that this was expected because it felt as if they had disappointed and disobeyed their parents.

*“My parents did not take it well because before I lived with my paternal family but when I fell pregnant, they chased me away. They reacted very angrily, even my mom did not take it so well as I was a disruption and a burden to her marriage. She sent me straight to my grandmother, who was disappointed, but took me in with open arms” – Daughter Mkhize.*

*“My mother was very disappointed but more remorseful because the first question she asked me was: ‘Is this where you get all the money?’ and then she cried. So I felt really bad, but I assured her that my boyfriend was going to make things right which he did by paying for the damages and paying for the nanny” – Daughter Kunene.*

Some did not tell their parents when they found out they were pregnant. They waited a long time before revealing the pregnancy as they were afraid of how the family would have reacted

to the news. Daughter Theresa adds that her family was angry, not at the pregnancy, but at the fact that she had hidden it from them.

*“I did not tell both my grandmother and mother until like a few months before delivery. But when I told them, they were really angry, and not at the fact I was pregnant but because I did not tell them earlier”* – Daughter Theresa.

#### **4.6. Factors that led to the pregnancy**

##### **4.6.1. Grandmothers**

All women had different reasons that led to their pregnancy. Some expressed that were they taught that a woman’s job is to bare children and take care of the family. Most grandmothers stated that their spouses were the biggest influence as the majority of them were married or in the process of getting married at the time of the pregnancy.

*“My husband was the one who constantly said that we were not getting any younger and we need to have a baby at first I was not sure but ended up warming up to the idea”*  
– Grandmother Sibiya.

*“I had heard rumours that my fiancé had another partner where he stayed because he had asked for a baby and I denied him that because we still had to get married first, so when I heard this, I started assuming That is why he was with that other lady, so I agreed, and we started trying and luckily it was a success”* – Grandmother Kunene.

##### **4.6.2. Mothers**

Some mothers expressed that they had succumbed to peer pressure because their friends boasted about ‘boyfriends’ and so they wanted to explore relationships for themselves which resulted in pregnancy. Some participants, such as Mother Mkhize, stated that were already financially stable at the time and could afford to have a baby.

*“All my friends were always talking about their boyfriends and all the things they did together, so I also started exploring and ended up falling pregnant”* – Mother Sibiya.

*“One thing that influenced my pregnancy was that I had already started working so I was not scared of what might happen, because even though I still lived at home I would not be anybody’s burden and I could take care of my myself and my baby”* – Mother Mkhize.

Some stated how moving to a different environment, such as the city, also contributed to their pregnancy. Being in a different city from their parents gave them the freedom to do whatever they wanted to, without their parents being there to keep an eye on them.

*“Moving to the city also had an impact because I can honestly say that the buzz got the best of me because in the city everybody did as they pleased and I guess I also adopted that habit and even went as far as moving in with the guy, so I guess it was bound to happen”* – Mother Kunene.

#### **4.6.3. Daughters**

Most participants stated that money might have had an impact on the reason for their pregnancy because they were very financially dependent on their partners. Moreover, they knew that their partners could support them if they fell pregnant. Daughter Kunene adds that her boyfriend persuaded her into having unprotected sex and she was comfortable with that as he assured her that he would be able to financially care for the baby should she fall pregnant.

*“My boyfriend is rich, so he sorts of persuaded me to engage in unprotected sex. He said that he can afford a baby if it happens that he makes me pregnant, and I was happy with that”* – Daughter Kunene.

Daughter Cele stated that while she had tried taking morning-after pills, as the condom had burst during intercourse. However, the pill failed, and she fell pregnant. She adds that her poor knowledge of how the pill works is what led to its failure and her pregnancy.

*I am still confused how I fell pregnant. Firstly, we were having protective sex, because we were both young and so we did not want to make that mistake. When the condom burst, I drank morning-after pills, but they did not work. I only found out after that I was not allowed to use them twice in the same cycle” – Daughter Cele.*

#### **4.7. Knowledge of contraceptives**

##### **4.7.1. Grandmothers**

Knowledge of prevention methods is now more easily accessible than they were before. Some grandmothers supported the idea of prevention as they felt that it would help decrease the high number of pregnancies.

Some grandmothers were not in favour of prevention methods and stated that a woman should abstain from sexual intercourse if they are not ready to have babies. One participant stated that she did not have any knowledge about the contraceptives and believes that use these are against her religious beliefs.

*“I have heard about these at the clinic, but I do not condone such because a person must just abstain and wait for marriage” – Grandmother Theresa.*

*“I do not know anything about contraceptives, but one thing I know is that it is wrong to disturb Gods plan by taking these contraceptives” – Grandmother Kunene.*

##### **4.7.2. Mothers**

Most mothers stated they knew about contraceptives and different methods of prevention, however, they also stated how they never took them, nor did they encourage their daughters to take them as they believed that it encouraged certain behaviours.

*“I know about contraceptives but there have been a lot of rumours surrounding them, so I do not want to risk it Also was very sceptical to tell my daughter about contraceptives as it might seem that I would tell her to actually be sexually active.” – Mother Theresa.*

Also, some did not take them because they were not easily accessible. Others stated that they knew of contraceptives, however, they refrained from using them due to the lack of knowledge or misinformation surrounding them.

*“I work at a pharmacy and so I have a full understanding of contraceptives, but I have never taken them because when I was growing up there was little knowledge about them, and I believe it is very dangerous to start something when you are old” – Mother Mkhize.*

Some mothers stated that they did not feel the need to take contraceptives as they believed that they were mature enough to handle any consequences of their sexual activities. Others stated that they, regrettably, had no knowledge of contraceptives at the time that they had fallen pregnant.

*“I was open to taking them but did not feel the need to because I am old enough to know and be ready for whatever comes. Also, my mother is very open-minded about such, and she does encourage my younger sister and even my daughter to take contraceptive because we do not know what these kids do behind our backs” – Mother Kunene.*

*“I had a baby when I was 16 so I did not know about contraceptives, but if I knew about them back then I think things would be so much different and I would totally encourage people to take them” – Mother Cele.*

#### **4.7.3. Daughters**

All third-generation participants stated they knew all about prevention methods and some stated that they were simply scared because they have heard a lot of misinformation surrounding contraceptives, such as infertility being a side effect, or some pills were not entirely effective. One participant adds that contraceptives never worked for her and made her gain weight.

*“I did not take pill or get injected because I once heard that these things make you infertile and I want to have a lot of babies” – Daughter Theresa.*

*“I used to take contraceptives but still fell pregnant I have stopped because it seems like they do not always work, and they also make you gain weight” – Daughter Cele.*

Most daughters reported they knew about all the preventative methods which raised questions as to why they did not use them. Some blamed their own negligence for not using them. Others stated how they were just ignorant of the situation even though they were already sexually active. They disregarded contraceptives because they had been intimating before and did not conceive.

*“I honestly took things lightly because I had a friend who used injection as a preventive method, but it made her gain weight, so I was hesitant” – Daughter Sibiya.*

*“I knew about contraceptives so I will just say I guess I trusted my boyfriend because it was not the first time, we were engaging in sex, so it was nothing new. I just do not know what happened this time” – Daughter Kunene.*



#### **4.8. Change in customs and beliefs across all generations.**

##### **4.8.1. Grandmothers**

The majority of grandmothers believed that certain customs are now outdated and are not practiced because of changing times. One participant mentioned that in Zulu culture there is a ceremony called the coming of age (umemulo) which is done for the girl to welcome her to womanhood. She explained how in the past it was done for a girl who was still a virgin but now it is done as a trend as people just do it if a girl has reached the age of twenty-one without having fallen pregnant.

*“Customs have changed because back then ceremonies like ‘umemulo’ was dignified. Before, in the ceremony it was mandatory for all the girls to checked if they were still virgin in order to participate, but now it is just done because the neighbour also did it”*  
– Grandmother Mkhize.

Others stated how customs have not changed, it just depended on how you were raised and if your family believed in some of them. They also strongly believed that the government has an influence in all that is transpiring.

*“It is very unfortunate that our children fall pregnant before marriage and that does not mean we have lost our sense of culture – these things happen but it is what happens after that is really important”* – Grandmother Sibiya.

*“Customs have not changed its just as time is evolving so are people. And I blame the government, with all these rights that have emerged over the years people have diverged to practicing other people’s culture other than their own”* – Grandmother Cele.

##### **4.8.2. Mothers**

Many participants believed that customs have not changed but nowadays people have altered them to be in their favour, but it is how people perceive them and choose to practice or abide by them.

*“People do not respect customs now they just do as they please, but I do not blame them because if you are not taught about them then you will not know anything. I for one am guilty of this because I almost pressurised my family to perform a coming-of-age ceremony for my daughter without ukhlohlwa (performing a virginity test) which is against our customs. – Grandmother Kunene*

*“Nothing has changed we just happened to do otherwise like having sex before marriage and not following the ‘correct order’ of life” – Mother Mkhize.*

*“My family has never been traditional people and even though we are Christians we were not forced to, it was all by choice my mom used to say that all you do you are doing for yourself, and it is your choice” – Mother Theresa.*

#### **4.8.3. Daughters**

Most felt like marriage was overrated because of how adults who are married were behaving hence they did not seem to aspire to marriage. Also, one of the reasons was due to how the society had perceived marriage.

*“I honestly like how everything is changing even within our cultures were having a baby and being independent is not a taboo anymore, I hate the narrative of that you need to be married to have baby” – Daughter Kunene.*

Some did not like marriage because it was seen as a criterion for women to prove their womanhood and she believed that it was not fair and that is why she defiled it.

*“I believe that made women feel unappreciated because the only way they could recognise you would only be if you are married. I am not denying how they helped guide us, but they contained us. I personally do not want to get married because of what happened to my paternal grandmother. She was forced to marry her husband’s older brother because grandpa had passed on” – Daughter Cele.*

#### **4.9. Communication about sex and intimacy.**

##### **4.9.1. Grandmothers**

Most women stated conversations about sex were held by ‘*amaqhikiza*’ which are older girls in the community who were virgins. These girls were seen as representatives and role models. However, some stated that the advice they got was not enough because they themselves were still virgins and did not have experience.

*“My mother never had such talks with me because there were older girls to tell us about these things and in most cases, they would just tell us to abstain and not have boyfriends. I think children nowadays are really lucky because there are taught these things at school even” – Grandmother Sibiya.*

*“The only talk about intimacy my mother told me was that I should go for virginity testing(*ukuhlolwa*) which was done by grandmother from next door, and we did these tests every month end” – Grandmother Kunene.*

Most grandmothers admitted that they never had such talks with their own daughters because they were afraid that it would seem as if they were encouraging it, but they sometimes spoke with their granddaughters.

*“It was very awkward talking to my daughter about sex and intimacy, but it was better with granddaughter because as I had mentioned before she was the one who told me about contraceptives so after that day it was easier”* – Grandmother Cele.

#### **4.9.2. Mothers**

Information on sexual matters initially is obtained from peers (MacPhail & Campbell, 2001).

Most mothers stated their children should know this because they learn about school.

*“I never spoke about sex and intimacy to her because they know these, they even learn about them at school, so I did not see a need to talk about it”* – Mother Sibiya.

Women rarely talk to family about sexual matters. If the topic does arise it is usually in the form of lecture and they would be yelling, warning young people about the dangers associated with sexual intercourse. This is not surprising given that sex is a taboo topic in many cultures (Mjwara 2014).

*“It is very awkward talking about these things especially in our African homes, but I did try and speak to her about it even if it is indirectly, but her grandmother talks to her the most they understand each other”* – Mother Cele.

*“I do speak to her about it because I was really young when I fell pregnant now, I did not want her to make the same mistake it is a pity that it happened”* – Mother Mkhize.

#### **4.9.3. Daughters**

Some of the participants stated that their parent had not had a sex talk with them and even avoided the topic in some instances. They also stated that most of the knowledge they had of sex or intimacy they had found out from school. Some had heard from peers as well as the internet and some from their partners.

*“My mother never told me anything about sex because even if a sex scene came up on TV, she would say we should close our eyes this is adult stuff” – Daughter Theresa.*

*“What I knew of sex before I fell pregnant was what I had learnt in school and what my friends had experienced and told me about it, it was never an open topic at home” – Daughter Kunene.*

One daughter reported that her grandmother had spoken to her about it after she had asked her about contraceptives which they found in her aunt’s room.

*“Grandma spoke to me about sex and the results of it, after she had asked me to google search some pills, she had found only to find out it was contraceptives that made the topic really easy because she was not awkward about it, she even encouraged me to take contraceptives if there was a need” – Daughter Cele.*

#### **4.10. Summary**

This chapter has presented results from the in-depth interviews conducted with women from across three generations in KwaZulu-Natal. It is evident that mothers do influence their daughter in some way and also that there are several other factors influencing pregnancy experience. The women’s reaction and their parents’ reactions to the news of pregnancy were evident in which concluded to that initially most parents were upset at first but supported them, nonetheless. Different views and reasons why they fell pregnant were shared. Roles of culture and traditions were shared and if they were still practiced across generations. As well as how the customs have not changed but people now choose otherwise. Mothers never really speak to their daughters about sex, and they rely on schools to educate them, however, some grandmothers were open to sex talks with their granddaughters.

## **CHAPTER 5**

### **DISCUSSION AND CONCLUSION**

#### **5.1. Introduction**

Women's overall experience of pregnancy differs from one generation to the other as they face different changes which are emotionally, physically and sometimes financially. A mother has a significant impact on a child's life, from giving birth to providing ongoing support. Mothers are the main sources of family influence on pregnancy, and this is due to both social risk and social influence (Wall-Wieler et al., 2016). The purpose of this study was to investigate the perspectives and experiences that influence pregnancy among three generations of women (grandmother, mother, and daughter). The study was particularly interesting in exploring whether the daughter is a product of the previous generation and how older women sometimes influence the younger generation. The main aim of this study was to investigate how the participants perceived pregnancy and are influenced across three generations. The researcher attempted to explain the experience and influence mothers have on their daughter's pregnancy outcomes. However, the study does suggest that there are also other factors that influence daughters' pregnancy outcomes.

#### **5.2. Discussion**

The purpose of the study was to explore perspectives and experiences of pregnancy among three generations of women and also investigate the mothers' influence on their daughters' pregnancy outcomes. Drawing focus on the mother's influence on their daughters, the changing perspective, and experiences of pregnancy across all three generations and other factors that influence pregnancy. This study used a qualitative research method to investigate its objective. The study drew from Erikson's stages of development theory to explore the experiences and influence of mothers on daughters. The study used in-depth interviews to gather detailed

information from each participant via phone calls. In-depth interviews were drawn from five families across three generations (grandmothers, mothers, and daughters) in Durban, KwaZulu Natal.

In the study it was expected that mothers have a major influence on the pregnancy experience and outcomes of the younger generations. Even though some participants did agree, the interviews suggest that other factors are more influential. Other studies state that, while certain of the mothers' qualities, their status and empowerment were associated with their daughters' sexual initiation, these associations were not true for all empowerment factors, and they had no obvious influence on unintended pregnancy (Gipson & Upchurch, 2017).

Circumstances of the participants in the study partially supports the view that parents have an influence on their daughter's pregnancy outcome and experiences. The interviews suggest that the mother's age did have an indirect influence on their daughter's pregnancy outcomes. Nonetheless, grandmothers, mothers, and daughters all reported that even though their own mother might have been their primary source on most experiential things they did not influence their pregnancy outcomes. However, one participant(mother) mentioned that there was not a major age gap between her and her daughter and this helped to strengthen their relationship. She mentioned that they were more like sisters than mother and daughter due to the small age difference. Hence, the daughter also wanted to have a child at a young age so that there would be a too big age gap.

There are various factors that influence pregnancy outcomes such as education and other socioeconomic factors. With the third generation having access to various sources of information it was reported that some participants were able to carry on with their activities until almost the day before delivery without seeking any help from their family member. The internet was used as the main source of information. In a study review by Sayakhot and

Carolan-Olah (2016) reported that women used the internet as a source of information about pregnancy. Another study incorporated in this review observed that women with higher education were most likely to seek advice from professionals and the internet than women with less than a high school education (Sayakhot & Carolan-Olah, 2016).

During the era of the first (grandmothers) and second (mother) generation, the pregnancy acted as a huge obstacle in terms of their progression in life. This study found that most of the participants in this first and second generation could not further their education because they had to take care of the children. In most cases, the pregnancies were unplanned. Other studies report those unplanned pregnancies and parenthood interferes with the transition into adulthood (Kerpelman & Pittman, 2018). Whilst the third generation described that they were able to proceed with their studies even during the pregnancy, and this was mainly due to the support they received. In a study by Kerpelman & Pittman (2018) they have shown that support for mothers should also focus on building a positive self-concept, life planning, educational support, and employment goals (Kerpelman & Pittman, 2018).

Most of the second generation reported that their mother had no influence until after they gave birth. One participant, instead, reported that her older cousins did have an influence on their pregnancy because she had spent more time with them, than her mother. Roostin (2018) argues that family environment is the first educational environment every individual or a child first get their education and guidance. Hence if unpleasant habits are normalised then the children will adopt the behaviour and mimic their actions. Family members and also friends become influential and that is through the advice they give.

Parents react differently to the news that their daughter is pregnant. It is often said that the birth of a child is something that brings the family closer and creates greater happiness because it enables strengthening of the marriage, developing stronger bonds in the family and



importantly, it allows for the continuation of family (Kahriman, 2007). In this study the majority of the mothers reported experiencing shock upon hearing that their daughters were pregnant. However, the grandmothers were more accommodating of the news of the pregnancy of their granddaughter than they were of their own daughters. The main reason was that some regretted the way they treated their own daughters hence they were more lenient to their granddaughters. Grandmothers also played a huge role during the pregnancies of the mother and daughters because they are said to have more knowledge about the entire process of pregnancy. In a study by Aubel (2021) grandmothers support mothers during their pregnancy, they take care of the infants upon delivery and also young mothers are expected to take advice of their recognised senior advisors.

A study by Bhushani and colleagues specifies that among black South Africans it has been a norm that a child of an unmarried woman is the responsibility of the maternal family, irrespective of whether ‘damages’ were paid or not, the child is solemnly associated with its maternal family (Bhushani et al., 2021). The current study revealed that the grandmothers were willing to take care of their granddaughter’s baby whilst they go back to school. In the past, studies revealed that grandparents especially in African communities consider it a duty and an honour to care for their grandchildren. They took care of their grandchildren; whilst their biological parents were working in the cities (Makiwane et al., 2004). Even though family members may assist in looking after the child while the mother goes to school, nonetheless the mother is primarily responsible for looking after the child.

Marriage has been viewed as the key to fertility and getting pregnant. As in some cultures sex before marriage is a sin. However, in a study by Mjwara (2014) it was found that marriage does not influence the fertility rate and early childbearing. This study asserts this because participants across all three generations fell pregnant before marriage, even though for the first and second generations they revealed that they were either married or their partners paid

damages for impregnating them. Interviews revealed that the third generation did not think much of marriage and did not allow their pregnancy to pressurize them into wanting to get married. In the past, many young couples were pressured into marriage as a result of an unplanned pregnancy. However, that pressure occurs less frequently today.

There were other factors that influenced pregnancy experience and outcome, such as socioeconomic factors. Participants stated that they were financially dependent on their partners and that made them succumb to whatever their partners wanted including unprotected sex which resulted in their pregnancy. Study by Mellan and Piskaldo (2016) have shown how most people relate to money much as they relate to a person-in a current and multifaceted way that taps deep-seated emotions. When two individuals form an enduring relationship with each other, money is always a partner, too. Due to the lack of financial support from family and partners, young women opt to have sexual intercourse with older, married men for financial benefit (Panday et al., 2009).

Previous studies by Rayment-Jones and colleagues (2021) have shown that women face a number of challenges when they are pregnant. They faced a great deal of opposition from their partner and family members. The study found that the first-generation main challenges were acceptance of the pregnancy at home where they had not introduced their partners and performing duties at home such for some applying cow dung in their homes, and herding cows. The second-generation's challenges were inconsistency from partners, they could not further their studies because they had to take care of their child. The first generations main challenges were balancing school and pregnancy, this led to stress and frustration. Other studies reported that young mothers experienced emotional and mental distress. They had gone through moments of anxiety, worry, regret, discomfort, guilt, shame, and despair as well as disruptions of their relationships (Mangeli et al., 2017). The current study found that mothers also experienced challenges amidst their daughter's pregnancy they feared that their daughters were

not ready for such responsibility. In addition to shock, despair, denial, anxiety, guilt, regret, loneliness, social isolation, and mental fatigue, mothers also face worry of being unable to fulfil their maternal responsibilities (Yates, 2011).

The study found that mothers never really talk to their daughters about sex and intimacy, they assume that since they are taught about it in school, they do not have to communicate about it. Mothers are often not their primary source of information. The first and second generations said that it is seen as disrespectful to speak to adults about sex and intimacy. In study by Mjwara (2014) it was mentioned that Black parents are less open about puberty, sex, sexual behaviour, and pregnancy. There is limited or no information shared in their households about sex. It is said to be avoided by the children because it is an 'uncomfortable' topic to talk about. The third generation reported that their parents have not spoken to them about it, but they have learnt about it in school. Sex education is very crucial even on primary and secondary school levels. However, Davids et al., (2020) state that the effects of only educational interventions on unintended pregnancy were not measured. There was low-confidence evidence that educational interventions may result in little or no difference in them starting to be sexual.

The present study also found that the participants had minimum knowledge of preventative methods, specifically contraceptives. The first generation reported that besides having minimal knowledge about them, they were also not easily accessible during their time and the only prevention method that was encouraged was abstinence. Whilst the second generation and third had knowledge they avoided them due to the stigma surrounding them. Some of the concerns were that contraception may cause infertility and that women could still fall pregnant while using contraception. Other studies like Sedlander et al. (2018:354) "contraception, especially when used at a young age and/or prior to bearing children, can weaken a woman's uterus or otherwise damage her reproductive system, making it difficult or impossible for her to conceive or to carry a pregnancy to term in the future." The study also found that mothers were sceptical

about sharing information on contraceptives because they thought it would be seen as ‘encouraging’ sexual activities. However global studies have shown that making contraceptives available to young people does not increase sexual activity (Blake et al., 2003). The study also found that regardless of the women knowing that they practice virginity testing it did not act as a hindering factor to engaging in sexual activity.

Every social grouping in the world has specific traditional cultural practices and beliefs, some of which are beneficial to all members, while others have become harmful to a specific group (Maluleke, 2012). Over time there have been changing customs surrounding pregnancy. Sahin and Sahin (2018:98) states that “pregnant women are expected to adopt many beliefs and traditions during the period that starts from the beginning of pregnancy and continues till birth.” The current study found that people have ignored some customs and only used the one which favours them or that acts in their best interest. During the first (grandmothers) generation era pregnant women were said to stay at home and avoid crowds as this bring bad energy to the unborn child. Health beliefs regarding childbirth are as ancient as human history itself (Gelis, 1991). The present study found that the third generation has disregarded customs and some beliefs and saw them as outdated because of the changing time and development. Maluleke (2012: 9) states that some of the cultural practices that were necessary then are unnecessary now due to development, globalisation, and other factors.

Erikson stages of development theory categorizes eight stages of development, each with a specific crisis that one needs to go through before moving forward (Erikson, 1982). One is said to find their own identity during the stages of development. According to Erikson, developing identity involves an integration of childhood experiences and influences into a meaningful whole, providing the individual with an intense sense of self, and established ideas about political ideologies, religious perspectives, and occupational interests. The stages of development theory were demonstrated by the findings of this study where mothers did not

influence their daughter's decision of pregnancy, but it was their own decision. As well as other contributing factors which form the development of an individual, such as early child birth in which throughout all the three generations was quite evidence and led to some participants having to alter and skip certain stages in order to be mothers to their children. It is also quite evident from how some participants mentioned that pregnancy forced them to leave school and find work. Therefore, unplanned parenthood interferes with the normative transition to adulthood.

### **5.3. Recommendations**

Mothers should not be afraid to talk to their daughters about sex and intimacy, as they are meant to be the primary source of information. Sex talk or sex education should be one of the main topics in most household especially in African homes as this will help the coming generation understand better and relate to the information. Sex education should be available to young people from as early as when they enter the adolescent stage as this is a very explorative stage.

The findings of this study suggest that there are still more unwanted pregnancies now than in the past. Unintended pregnancy is an important reproductive health problem in both developed and developing countries (Dhakal et al., 2016). The study found that the older generations are trying to prevent their daughters from becoming parents at an early age. It is suggested that they teach their daughter about diverse types of preventive methods and not just the contraceptive pill but others such as intrauterine device (IUD) or loop, condoms, and abstinence. This will go a long way in avoiding an unplanned pregnancy and decreasing the financial burden of households. Since already, young people engage in sex at an early age, abstinence should be promoted as it is also essential in attempting to lessen early childbearing.

More campaigns on family planning should be made where young people including males can also be incorporated to learn about family planning, so that they can avoid unplanned pregnancies. Awareness campaigns are useful for reducing the stigma associated with early childbearing. Also, more awareness campaigns that focuses on the consequences of unprotected sex, not just pregnancy but how they can get HIV and other infections. Previous research has revealed that young adults have misconceptions about condom use, such as the notion that oral sex and sex with just one partner reduce their chance of contracting HIV and that the withdrawal method prevents HIV transmission (Crosby & Yarber, 2001).

#### **5.4. Conclusion**

This study explored perspective and experiences across three generations in Durban, KwaZulu-Natal. The overall objective was to investigate if mothers had influenced their daughter's pregnancy outcomes. The study found that mothers do not directly influence their daughter's pregnancy outcomes. They are often more likely to have more impact on their daughters after childbirth as they offer advice and tips on how to raise the child. The study also found that the first and second generation relied more on older people for guidance during pregnancy, whilst the third generation mainly relied on the internet and professionals for information.

Due to changing times across all three generations, there have been different perspectives on pregnancy as well as experience, this is a result of accessibility to better healthcare and knowledge sources. The study also demonstrated that other factors contributing to pregnancy outcomes are peer pressure, lack of knowledge of contraceptives, and lack of sex education.

## Reference List

- Adams, J. A., Farst, K. J. and Kellogg, N. D. 2018. Interpretation of medical findings in suspected child sexual abuse: an update for 2018. *Journal of paediatric and adolescent gynecology*, 31(3), 225-231.
- Akella, D. and Jordan, M. 2015. Impact of social and cultural factors on teen pregnancy. *Journal of Health Disparities Research and Practice*, 8(1).
- Aktar, E., Qu, J., Lawrence, P. J., Tollenaar, M. S., Elzinga, B. M. and Bögels, S. M. 2019. Fetal and infant outcomes in the offspring of parents with perinatal mental disorders: earliest influences. *Frontiers in Psychiatry*, 10(391), 1-20.
- Amos, P. M. 2013. 'Parenting and culture-Evidence from some African communities', In Seidl-De-Moura, L.M. (ed.) *Parenting in South American and African contexts*. Intechopen. [Online] Available: <https://www.intechopen.com/books/3440> (Accessed 23 September 2022).
- Aubel, J. 2021. Grandmothers—a neglected family resource for saving newborn lives. *BMJ global health*, 6(2), 1-35.
- Aziato, L., Ohemeng, H. A. and Omenyo, C. N. 2016. Experiences and perceptions of Ghanaian midwives on labour pain and religious beliefs and practices influencing their care of women in labour. *Reproductive health*, 13(1), 1-7.
- Babbie, E. and Mouton, J. 2001. *The practice of social research*. Cape Town: Oxford University Press.
- Bakar, N. R. H. A. and Abdullah, M. Y. H. 2017. The life history approach: fieldwork experience. *E-BANGI: Jurnal Sains Sosial dan Kemanusiaan*, 3(1), 1-9.
- Bergum, V. 1997. *A child on her mind: The experience of becoming a mother*. Praeger.
- Bhushan, N. L., Phanga, T., Maseko, B., Vansia, D., Kamtsendero, L., Gichane, M. W., Maman, S., Pettifor, A.E. and Rosenberg, N. E. 2021. Contraceptive Conversations among Adolescent Girls and Young Women and Their Partners, Peers, and Older Female Family Members in Lilongwe, Malawi: A Qualitative Analysis. *Studies in Family Planning*, 52(4), 397-413.
- Biney, E., Amoateng, A. and Ewemooje, O., 2021. Patterns of fertility in contemporary South Africa: Prevalence and associated factors. *Cogent Social Sciences*, 7(1), p.1858575.

- Blake, S. M., Ledsky, R., Goodenow, C., Sawyer, R., Lohrmann, D. and Windsor, R. 2003. Condom availability programs in Massachusetts high schools: Relationships with condom use and sexual behaviour. *American Journal of Public Health*, 93(6), 955-962.
- Blake, S. M., Simkin, L., Ledsky, R., Perkins, C and Calabrese, J.M. 2001. Effects of a Parent-Child Communications Intervention on Young Adolescents' Risk for Early Onset of Sexual Intercourse. *Family Planning Perspectives*, 33(2), 52–61.
- Bondas, T. and Eriksson, K. 2001. Women's lived experiences of pregnancy: A tapestry of joy and suffering. *Qualitative Health Research*, 11(6), 824-840.
- Brudal, P. J. and Brudal, L. F. 1996. *Drömspsykologi: om dröm, medvetande och kreativitet*. Universitetsforl.
- Brien, J. and Fairbairn, I., 2003. *Pregnancy and abortion counselling*. Routledge.
- Callister, L.C., 2004. Making meaning: Women's birth narratives. *Journal of Obstetric, Gynecologic, & Neonatal Nursing*, 33(4), p.508-518.
- Cawthorne, A. 2008. The straight facts on women in poverty. *Centre for American Progress*, 8, 1-3.
- Christofides, N.J., Jewkes, R.K., Dunkle, K.L., McCarty, F., Shai, N.J., Nduna, M. and Sterk, C., 2014. Risk factors for unplanned and unwanted teenage pregnancies occurring over two years of follow-up among a cohort of young South African women. *Global health action*, 7(1), p.23719.
- Cooke, A., Mills, T. A. and Lavender, T. 2010. 'Informed and uninformed decision making'- Women's reasoning, experiences and perceptions with regard to advanced maternal age and delayed childbearing: A meta-synthesis. *International journal of nursing studies*, 47(10), 1317-1329.
- Cosminsky, S. 2016. *Midwives and mothers: The medicalization of childbirth on a Guatemalan plantation*. University of Texas Press.
- Creswell, J. W. 2009. Mapping the field of mixed methods research. *Journal of mixed methods research*, 3(2), 95-108.



- Crichton, J., Ibisomi, L. and Gyimah, S. O. 2012. Mother–daughter communication about sexual maturation, abstinence and unintended pregnancy: Experiences from an informal settlement in Nairobi, Kenya. *Journal of Adolescence*, 35(1), 21-30.
- Crosby, R. A. and Yarber, W. L. 2001. Perceived versus actual knowledge about correct condom use among US adolescents: results from a national study. *Journal of adolescent health*, 28(5), 415-420.
- Cubbin, A. E. 1988. Origins of Durban. *Journal for South African urban and regional history*, 3, 19-22
- Dalla, R. L. and Gamble, W. C. 2000. Mother, daughter, teenager-who am I? Perceptions of adolescent maternity in a Navajo reservation community. *Journal of Family Issues*, 21(2), 225-245.
- Das Gupta, M., Bongaarts, J. and Cleland, J. 2011. *Population, poverty, and sustainable development: A review of the evidence*. World Bank Policy Research Working Paper.5719, World Bank Development Research Group.
- Davids, E. L., Kredo, T. and Mathews, C. 2020. Interventions for preventing unintended pregnancies among adolescents. *South African Medical Journal*, 110(1), 7-9.
- De Vos, A., De Hauw, S. and Van der Heijden, B. I. 2011. Competency development and career success: The mediating role of employability. *Journal of vocational behaviour*, 79(2), 438-447.
- Dehlendorf, C., Rodriguez, M. I., Levy, K., Borrero, S. and Steinauer, J. 2010. Disparities in family planning. *American journal of obstetrics and gynaecology*, 202(3), 214-220.
- Derwent, S. 2006. *KwaZulu-Natal Heritage Sites: A Guide to Some Great Places*. New Africa Books.
- Dhakal, S., Song, J. S., Shin, D. E., Lee, T. H., So, A. Y. and Nam, E. W. 2016. Unintended pregnancy and its correlates among currently pregnant women in the Kwango District, Democratic Republic of the Congo. *Reproductive Health*, 13(1), 1-7.
- Dos Santos Silva I, B. V. 1997. *Socioeconomic differences in reproductive behaviour*. IARC Sci Publication; 285-308.

- Echezona-Johnson, C. 2014. *Equitable obstetrical care for the lesbian, gay, bisexual, and transgender community* (Doctoral dissertation, Walden University).
- Edin, K. and Kefalas, M. 2011. *Promises I can keep: Why poor women put motherhood before marriage*. University of California Press.
- Edvardsson, K., Ivarsson, A., Eurenus, E., Garvare, R., Nyström, M.E., Small, R. and Mogren, I., 2011. Giving offspring a healthy start: parents' experiences of health promotion and lifestyle change during pregnancy and early parenthood. *BMC public health*, 11(1), pp.1-13.
- Erikson, E. 1982. *The life cycle completed*. New York: Norton & Company, Inc.
- eThekwini Municipality. 2011. *eThekwini Municipality is the only Metro in the KwaZulu Natal Province with a budget of over 50 billion to deliver services to change people's lives for the better*. [Online] Available: <http://www.durban.gov.za/durban/government/media/press/...2011.../view> (Accessed 25 September 2022).
- Finer, L.B. and Zolna, M.R. 2011. Unintended pregnancy in the United States: incidence and disparities 2006. *Contraception*, 84(5), 478-485.
- Finkler, K., 1984. The nonsharing of medical knowledge among spiritualist healers and their patients: A contribution to the study of intra-cultural diversity and practitioner-patient relationship. *Medical Anthropology*, 8(3), pp.195-209.
- Gélis, J. 1991. *History of childbirth: fertility, pregnancy and birth in early modern Europe*. University of Paris VIII.
- Gipson, J. D. and Upchurch, D. M. 2017. Do the status and empowerment of mothers predict their daughters' reproductive outcomes? *BMC pregnancy and childbirth*, 17(2), 1-10.
- Gregson, S., Terceira, N., Kakowa, M., Mason, P.R., Anderson, R.M., Chandiwana, S.K. and Caraël, M. 2002. Study of bias in antenatal clinic HIV-1 surveillance data in a high contraceptive prevalence population in sub-Saharan Africa. *Aids*, 16(4), 643-652.
- Grover, L. K. and Kaur, P. 2012. Ratio type exponential estimators of population mean under linear transformation of auxiliary variable, *South African Statistical Journal*, 45(2), 205-230.
- Hall, J. 2003. Finding the spiritual side of birth. *Birth issues*, 12(3-4), 61-62.

- Hindin, M.J., McGough, L.J. and Adanu, R.M., 2014. Misperceptions, misinformation and myths about modern contraceptive use in Ghana. *Journal of Family Planning and Reproductive Health Care*, 40(1), pp.30-35.
- Hodes, R. 2017. *Too many rights? Reproductive freedom in post-apartheid South Africa*. University of Cape Town: Centre for Social Science Research.
- Hosegood, V. and Timæus, I.M. 2005. 'Household composition and dynamics in KwaZulu Natal, South Africa: Mirroring social reality in longitudinal data collection', in van der Walle, E. (ed.), *African households. Census data*, New York: M.E Sharpe Inc, 58-77.
- Inazu, J.K. and Fox, G.L., 1980. Maternal influence on the sexual behavior of teen-age daughters: Direct and indirect sources. *Journal of Family issues*, 1(1), pp.81-102.
- Jessor, S. L. and Jessor, R. 1974. "Maternal ideology and adolescent problem behaviour." *Developmental Psychology* 10. 2: 246-254.
- Jones, K.H. 2007. Adolescent pregnancy in America: Causes and responses. *Journal for Vocational Special Needs Education*, 30(1), 4-12.
- Kahriman, I. 2007. *Regarding the babysitting of mothers with 6-12 months of children in Trabzon city centre traditional applications*. (Undergraduate Thesis. Karadeniz Technical University Institute of Health Sciences).
- Kaphle, S., Hancock, H. and Newman, L. A. 2013. Childbirth traditions and cultural perceptions of safety in Nepal: critical spaces to ensure the survival of mothers and new-borns in remote mountain villages. *Midwifery*, 29(10), 1173-1181.
- Kendall, C., Afable-Munsuz, A., Speizer, I., Avery, A., Schmidt, N. and Santelli, J. 2005. Understanding pregnancy in a population of inner-city women in New Orleans-results of qualitative research. *Social science & medicine*, 60(2), 297-311.
- Kerpelman, J. L. and Pittman, J. F. 2018. Erikson and the relational context of identity: Strengthening connections with attachment theory. *Identity*, 18(4), 306-314.
- Kerr, R.B., Dakishoni, L., Shumba, L., Msachi, R. and Chirwa, M., 2008. "We grandmothers know plenty": breastfeeding, complementary feeding and the multifaceted role of grandmothers in Malawi. *Social science & medicine*, 66(5), pp.1095-1105.

Kim, J. 2016. *Female education and its impact on fertility*. IZA World of Labour. [Online] Available: <https://wol.iza.org/articles/female-education-and-its-impact-on-fertility> (Accessed 10 October 2022).

Kim, M. K., Lee, S. M., Bae, S. H., Kim, H. J., Lim, N. G., Yoon, S. J., Yong L.J. and Jo, M. W. 2018. Socioeconomic status can affect pregnancy outcomes and complications, even with a universal healthcare system. *International journal for equity in health*, 17(1), 1-8.

King, K. E., Kane, J. B., Scarbrough, P., Hoyo, C. and Murphy, S. K. 2016. Neighbourhood and family environment of expectant mothers may influence prenatal programming of adult cancer risk: discussion and an illustrative DNA methylation example. *Biodemography and social biology*, 62(1), 87-104.

Kirmeyer, S. E. and Hamilton, B. E. 2011. Transitions between childlessness and first birth: three generations of US women. *Vital and Health Statistics. Series 2, Data Evaluation and Methods Research*, 153, 1-18.

Kitzinger, S. 1989. *The new pregnancy and childbirth*. New York: Doubleday.

Konkel, L. 2019. All in the family: What multigenerational cohorts are revealing about potential environmental impacts on neurodevelopment. *Environmental health perspectives*, 127(7).

Kumchulesi, G., Palamuleni, M. and Kalule-Sabiti, I. 2011. *Factors affecting age at first marriage in Malawi*. Sixth African Population Conference, Ouagadougou-Burkina Faso, 5-9.

Larson, C. P. 2007. Poverty during pregnancy: Its effects on child health outcomes. *Paediatrics and child health*, 12(8), 673-677.

Lundgren, I. and Dahlberg, K. 2002. Midwives' experience of the encounter with women and their pain during childbirth. *Midwifery*, 18(2), 155-164.

Lundgren, I. and Wahlberg, V. 1999. The experience of pregnancy: a hermeneutical/phenomenological study. *The Journal of Perinatal Education*, 8(3), 12-20.

Macleod, C. 2014. Adolescent pregnancy: A feminist issue. In *International handbook of adolescent pregnancy*, Boston: Springer 129-145.

Makiwane, M. 2010. The child support grant and teenage childbearing in South Africa. *Development Southern Africa*, 27(2), 193-204.

Maluleke, M. J. 2012. Culture, tradition, custom, law and gender equality. *Potchefstroom Electronic Law Journal/Potchefstroomse Elektroniese Regsblad*, 15(1).

Mangeli, M., Rayyani, M., Cheraghi, M. A. and Tirgari, B. 2017. Exploring the challenges of adolescent mothers from their life experiences in the transition to motherhood: a qualitative study. *Journal of family and reproductive health*, 11(3), 165.

Matlala, S. F. 2015. " It is not good for a pregnant person, and it has never been, and it will never be": experiences of parents whose daughters became pregnant while attending secondary schools in Limpopo Province, South Africa: sexual and reproductive health. *African Journal for Physical Health Education, Recreation and Dance*, 21(1), 22-36.

Maxfield, M. G. and Babbie, E. R. 2014. *Research methods for criminal justice and criminology*. Wardsworth: Cengage Learning.

Mellan, O and Piskaldo, K. 1999. Men, Women, and Money: Money is a hidden-but loaded-issue in most relationships. [Online] Available: <https://www.psychologytoday.com/za/articles/199901/men-women-and-money> (Accessed 15 October 2022)

Mjwara, N.P., 2014. *A qualitative study of early childbearing: experiences of Black woman in a South African township* (Doctoral dissertation).

Mjwara, N. and Maharaj, P. 2018. Becoming a mother: perspectives and experiences of young women in a South African Township. *Culture, Health and Sexuality*, 20(2), 129-140.

Modh, C., Lundgren, I. and Bergbom, I. 2011. First time pregnant women's experiences in early pregnancy. *International journal of qualitative studies on health and well-being*, 6(2). [Online] Available: <https://doi.org/10.3402/qhw.v6i2.5600> (Accessed 25 July 2020).

Mollborn, S., James-Hawkins, L., Lawrence, E. and Fomby, P. 2014. Health lifestyles in early childhood. *Journal of Health and Social behaviour*, 55(4), 386-402.

Nomaguchi, KM., and Milkie, MA. 2003. Costs and rewards of children: the effects of becoming a parent on adults' lives. *Journal of Marriage and Family*, 65(2).

Nomaguchi, K. M. 2006. Maternal Employment, Nonparental Care, Mother-Child Interactions, and Child Outcomes During Preschool Years. *Journal of Marriage and Family*, 68(5), 1341-1369.

O'Neill, P., 2007. The curatorial turn: From practice to discourse. *Issues in curating contemporary art and performance*, pp.13-28.

Oakley, A., 2016. The sociology of childbirth: an autobiographical journey through four decades of research. *Sociology of Health & Illness*, 38(5), pp.689-705.

Palamuleni, M., Kalule-Sabiti, I. and Makiwane, M. 2007. Fertility and childbearing in South Africa. *Families and households in post-apartheid South Africa*, 113-133.

Panday, S., Makiwane, M., Ranchod, C. and Letsoala, T. 2009. *Teenage pregnancy in South Africa: with a specific focus on school-going learners*. HSRC Press.

Perak, A. M., Lancki, N., Kuang, A., Labarthe, D. R., Allen, N. B., Shah, S. H., ... and Lowe Jr, W. L. 2021. Associations of gestational cardiovascular health with pregnancy outcomes: the hyperglycaemia and adverse pregnancy outcome study. *American journal of obstetrics and gynecology*, 224(2), 1-17.

Pouta, A., Järvelin, M.R., Hemminki, E., Sovio, U. and Hartikainen, A.L. 2005. Mothers and daughters: intergenerational patterns of reproduction. *The European Journal of Public Health*, 15(2)

Presler-Marshall, E. and Jones, N. 2012. *Empowering girls to prevent early pregnancy*. Overseas Development Institute, Save the children.

Rabier, R., Lesobre, L. and Robert, A. 2021. Reproductive performance in houbara bustard is affected by the combined effects of age, inbreeding and number of generations in captivity. *Scientific reports*, 11(1), 1-13.

Raphael-Leff, J., 2018. *The psychological processes of childbearing*. Routledge.

Rayment-Jones, H., Harris, J., Harden, A., Silverio, S.A., Turienzo, C.F. and Sandall, J., 2021. Project20: interpreter services for pregnant women with social risk factors in England: what works, for whom, in what circumstances, and how?. *International Journal for Equity in health*, 20(1), pp.1-11.

Roostin, E. 2018. Family influence on the development of children. *PrimaryEdu: Journal of Primary Education*, 2(1), 1-12.

Rubin, R. 1984. Maternal identity and the maternal experience. *AJN The American Journal of Nursing*, 84(12), 1480.

- Sahin, E. and Sahin, H. N. 2018. Cultural practices before and during pregnancy: example of Turkey. *New Trends and Issues Proceedings on Advances in Pure and Applied Sciences*. 10, 97-103.
- Santrock, J. 2006. *Cognitive and language development*. Educational Psychology, McGraw Hill Higher Education.
- Sayakhot, P. and Carolan-Olah, M. 2016. Internet use by pregnant women seeking pregnancy-related information: a systematic review. *BMC pregnancy and childbirth*, 16(1), 1-10.
- Sedlander, E., Bingenheimer, J. B., Thiongo, M., Gichangi, P., Rimal, R. N., Edberg, M., and Munar, W. 2018. "They destroy the reproductive system": exploring the belief that modern contraceptive use causes infertility. *Studies in family planning*, 49(4), 345-365.
- Silverman, D. 2015. *Interpreting qualitative data*. Los Angeles: Sage Publications.
- Simkin P. 1991. Just another day in a woman's life? Part I: Women's long-term perceptions of their first birth experience. *Birth (Berkeley, California)*, 18(4), 203–210.
- South African History. 2011. *Census in South Africa*. [Online] Available: <http://www.sahistory.org.za/print/social-histories/census-south-africa>. (Accessed 26 August 2022).
- Starbird, E., Norton, M. and Marcus, R. 2016. Investing in family planning: key to achieving the sustainable development goals. *Global health: science and practice*, 4(2), 191-210.
- Statistics South Africa. 2011. *General household survey 2010*, Statistical release PO318. Pretoria: Statistics South Africa.
- Statistics South Africa. 2012. *Census 2011 statistical release*. Pretoria, South Africa: Statistics South Africa.
- Statistics South Africa. 2020. *Improving Live Through Data Ecosystems*. Pretoria: Statistics South Africa. [Online] available: [https://www.statssa.gov.za/?page\\_id=3839](https://www.statssa.gov.za/?page_id=3839) (Accessed 27 October 2022).
- Statistics South Africa. 2022. *eThekweni Municipality*. Pretoria: Statistics South Africa. [Online] available: [http://www.statssa.gov.za/?page\\_id=1021&id=ethekweni-municipality](http://www.statssa.gov.za/?page_id=1021&id=ethekweni-municipality) (Accessed 27 October 2022).

Swartz, A., Colvin, C. and Harrison, A. 2018. The problem or the solution? Early fertility and parenthood in the transition to adulthood in Khayelitsha, South Africa. *Reproductive Health Matters*, 26(54), 145-154.

Terre-Blanche, M, Durkheim, K. and Painter, D. 2008. *Research in Practice*. Cape Town: University of Cape Town Press

Techasrivichien, T., Darawuttimaprakorn, N., Punpuing, S., Musumari, P.M., Lukhele, B.W., El-Saaidi, C., Suguimoto, S.P., Feldman, M.D., Ono-Kihara, M. and Kihara, M., 2016. Changes in sexual behavior and attitudes across generations and gender among a population-based probability sample from an urbanizing province in Thailand. *Archives of sexual behavior*, 45(2), pp.367-382.

Townsend, T.G., Neilands, T.B., Thomas, A.J. and Jackson, T.R., 2010. I'm no Jezebel; I am young, gifted, and Black: Identity, sexuality, and Black girls. *Psychology of Women Quarterly*, 34(3), pp.273-285.

UN Women. 2017. *Women's Empowerment Principles*. [Online] Available: <http://www.unwomen.org/en/partnerships/businesses-and-foundations/womens-empowermentprinciples>. (Accessed 22 May 2022)

UN Women. 2014. *Economic empowerment*. [Online] Available: <https://www.unwomen.org/en/what-we-do/economic-empowerment> (Accessed 15 June 2022)

UN Women. 2017. *Understanding masculinities: Results from the International Men and Gender Equality Study in the Middle East and North Africa*. [Online] Available: <https://www.unwomen.org/en/digital-library/publications/2017/5/understanding-masculinities-results-from-the-images-in-the-middle-east-and-north-africa> (Accessed 15 June 2022)

UNICEF., 2008. *The state of the world's children 2009: maternal and newborn health* (Vol. 9). UNICEF.

Wabiri, N., Chersich, M., Shisana, O., Blaauw, D., Rees, H. and Dwane, N. 2016. Growing inequities in maternal health in South Africa: a comparison of serial national household surveys. *BMC pregnancy and childbirth*, 16(1), 1-12.

Waldenström U. 2003. Women's memory of childbirth at two months and one year after the birth. *Birth*. 30, 248-254.



Wall-Wieler, E., Roos, L. L. and Nickel, N. C. 2016. Teenage pregnancy: the impact of maternal adolescent childbearing and older sister's teenage pregnancy on a younger sister. *BMC pregnancy and childbirth*, 16(1), 1-12.

World Health Organization. 2016. *WHO recommendations on antenatal care for a positive pregnancy experience*. World Health Organization.

World Health Organization, 2017. *Family planning evidence brief: reducing early and unintended pregnancies among adolescents* (No. WHO/RHR/17.10 Rev. 1). World Health Organization.

Yates, J. 2011. *South African adolescent mothers' experiences of parenting and representations of their infants and the relationship between them*, (Doctoral dissertation, University of the Witwatersrand)

Zucker, A. N., Ostrove, J. M. and Stewart, A. J. 2002. College-educated women's personality development in adulthood: Perceptions and age differences. *Psychology and Aging*, 17(2), 236-244.

## APPENDIX 1: ETHICAL CLEARANCE



Miss Thobeka S'Busisiwe Blose (216057265)  
School Of Built Env & Dev Stud  
Howard College

Dear Miss Thobeka S'Busisiwe Blose,

**Protocol reference number:** 00008870

**Project title:** Perspectives and experiences of pregnancy among three generations of women in KwaZulu-Natal

### Exemption from Ethics Review

In response to your application received on [redacted], your school has indicated that the protocol has been granted **EXEMPTION FROM ETHICS REVIEW.**

Any alteration/s to the exempted research protocol, e.g., Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through an amendment/modification prior to its implementation. The original exemption number must be cited.

For any changes that could result in potential risk, an ethics application including the proposed amendments must be submitted to the relevant UKZN Research Ethics Committee. The original exemption number must be cited.

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.

I take this opportunity of wishing you everything of the best with your study.

Yours sincerely,

Prof Oliver Mtapuri  
Academic Leader Research  
School Of Built Env & Dev Stud

UKZN Research Ethics Office  
Westville Campus, Govan Mbeki Building  
Postal Address: Private Bag X54001, Durban 4000  
Website: <http://research.ukzn.ac.za/Research-Ethics/>

Founding Campuses: ■ Edgewood ■ Howard College ■ Medical School ■ Pietermaritzburg ■ Westville

INSPIRING GREATNESS

## APPENDIX 2: QUESTIONS FOR INTERVIEW



### **‘PERSPECTIVE AND EXPERIENCES OF PREGNANCY AMONG THREE GENERATIONS OF WOMEN.’**

#### **PART I: SOCIO-DEMOGRAPHIC INFORMATION**

1. **How old are you?**
2. **Race?**
3. **Relationship status? Are you in currently in a relationship? What is the nature of your relationship?**
4. **Highest Educational level?**

#### **PART II: INTERVIEW QUESTIONS**

1. How old were you when you became pregnant? Was your pregnancy planned or unplanned? Why/ why not? How did you feel when you found out you were pregnant? How did your mother and react when they found out you were pregnant? What about your grandmother? How did she react? How old were they when they fell pregnant? Do you think this influenced their attitude to pregnancy? What influence did they have on your pregnancy? Explain.
2. Do you think the present generation view pregnancy differently from the previous generation? How has your pregnancy journey shaped or changed your perspective on pregnancy? Did your mother or grandmother have any influence on your attitudes to pregnancy?
3. How did your mother react when she found out that you were pregnant? How did your grandmother react? Why do you think they reacted this way?

#### **(For mothers and grandmothers)**

- Did you discuss sexual intercourse and pregnancy with your daughter/granddaughter? What outcome did you hope for your daughter? Why so?
- How would you describe your pregnancy experience as compared to your mothers?

- How has the change of time and customs changed your perspective on pregnancy?
- Did your mother influence your pregnancy in any way? In what way?
- How does the knowledge of contraceptives and abortion influence pregnancy outcome?
- Do you think there are similarities or differences in the way all generations perceive pregnancy?
- What do all three generations have in common when it comes to the way they view pregnancy and their experiences of pregnancy?
- Do you think the experience of pregnancy has changed? How so?
- What are some of the challenges that you faced when you were pregnant that your child/ grandchild does not face now? Explain.

THANK YOU...

## IMBUZO NGESIZULU



### ISAHLUKO I: IMINININGWANE

1. Uneminyaka emingaki?
2. Uhlanga lwakho?
3. Isimo sobudlelwano? Ingabe njengamanje usebudlelwani? Buyini ubudlelwano bakho?
4. Izinga Eliphakeme Kakhulu Lezemfundo?

### INGXENYE II: IMIBUZO YENGXOXO

1. Wawuneminyaka emingaki ngenkathi ukhulelwa? Ngabe ukukhulelwa kwakho bekhuleliwe noma bekungahlelwanga? Kungani / kungani kungenjalo? Wazizwa kanjani lapho uthola ukuthi ukhulelwe? Wenzenjani umamawakho futhi wakuthatha kanjani lapho bethola ukuthi ukhulelwe? Wayeneminyaka emingaki ngenkathi ekhulelwa? Ngabe ucabanga ukuthi lokhu kwaba nomthelela esimweni sabo sengqondo sokukhulelwa? Babenomthelela muni ekukhulelweni kwakho? Chaza.

2. Ngabe ucabanga ukuthi isizukulwane samanje sibheka ukukhulelwa ngokwehlukile kunesizukulwane esedlule? Uhambo lwakho lokukhulelwa lumise kanjani noma lushintshe kanjani umbono wakho ngokukhulelwa? Ngabe umamawakho waba nomthelela endleleni yokucabanga kwakho ngokukhulelwa?

3. Wenzenjani umama wakho lapho ethola ukuthi ukhulelwe? Ucabanga ukuthi kungani wangale ndlela

**(Komama nogogo)**

- Ngabe nixoxe ngokuya ocansini nokukhulelwa nendodakazi / indodakazi yakho enkulu? Wawuthola muphi umphumela ngendodakazi yakho? Kungani kunjalo?
- Ungasichaza kanjani isipiliyoni sakho sokukhulelwa uma uqhathanisa nomama bakho?
- Ukushintsha kwesikhathi namasiko kuwushintshe kanjani umbono wakho ngokukhulelwa?
- Ngabe umama wakho ube nomthelela ekukhulelweni kwakho nganoma iyiphi indlela? Ngayiphi indlela?
- Ulwazi lwezinto zokuvikela ukukhulelwa nokukhipha isisu lunamthelela muni emiphumeleni yokukhulelwa?
- Ngabe ucabanga ukuthi kunokufana noma umehluko ngendlela zonke izizukulwane ezibona ngayo ukukhulelwa?
- Ngabe izizukulwane ezintathu zifana ngani maqondana nendlela ezibheka ngayo ukukhulelwa kanye nokuhlangenwe nakho kwazo kokukhulelwa?
- Ngabe ucabanga ukuthi ulwazi lokukhulelwa lushintshile? Kanjani?
- Yiziphi ezinye zezinselelo owahlangabezana nazo ngenkathi ukhulelwe ingane yakho / umzukululu wakho ezingabhekani nazo manje? Chaza.

NGIYABONGA....

## APPENDIX 3: CONSENT FORM

### UKZN HUMANITIES AND SOCIAL SCIENCES RESEARCH ETHICS COMMITTEE (HSSREC)

#### APPLICATION FOR ETHICS APPROVAL

**For research with human participants**

#### **INFORMED CONSENT RESOURCE**

##### **Information Sheet and Consent to Participate in Research**

Dear Madam

Date: 9 June 2021

My name is **Thobeka Sibusisiwe Blose**, Student number: **216057265**. I am a Master's candidate at University of KwaZulu Natal, Howard College Campus, South Africa. Supervised by **Prof. Pranitha Maharaj** from the department of Built environment and Development Studies. Her contact details are: [Tel:031-260-2243](tel:031-260-2243), email address: [maharajp7@ukzn.ac.za](mailto:maharajp7@ukzn.ac.za)

**My study is titled:**

**Perspectives and experiences of pregnancy among three generations of women in Durban, KwaZulu-Natal**

You are being invited to consider participating in a study that involves research. I am interested in acquiring information about the different pregnancy experiences across all three generations and also the influence mothers have on their daughter's pregnancy outcomes. The aim and purpose of this research is to investigate explore the intergenerational pregnancy amongst women.

Your confidentiality is very much guaranteed. Interviews will be conducted telephonically, and interview will take up 40 minutes- 45 minutes. Participating in this study is voluntary and you are allowed to withdraw in the middle of the interview if you feel uncomfortable or do not want to continue. Any information given by you cannot be used against you, and the collected data will be used for purposes of this research only. When the researcher writes the report, your real name will not be used. Your participation is purely for academic purposes only and there are no financial benefits involved.

##### **Request for an audio recording**

The researcher requests to use an audio recorder during phone call interview for the purpose of ensuring trustworthiness of the study. The recording will be confidential and will not be used against you.

This study has been ethically reviewed and approved by the UKZN Humanities and Social Sciences Research Ethics Committee (approval number\_\_\_\_\_).

In the event of any problems or concerns/questions you may contact the researcher at (provide contact details) or the UKZN Humanities & Social Sciences Research Ethics Committee, contact details as follows:

## **HUMANITIES & SOCIAL SCIENCES RESEARCH ETHICS ADMINISTRATION**

Research Office, Westville Campus

Govan Mbeki Building

Private Bag X 54001

Durban

4000

KwaZulu-Natal, SOUTH AFRICA

Tel: 27 31 2604557- Fax: 27 31 2604609

Email: [HSSREC@ukzn.ac.za](mailto:HSSREC@ukzn.ac.za)

-----

### **CONSENT (Edit as required)**

I (Name) have been informed about the study entitled (provide details) by (provide name of researcher/fieldworker).

I understand the purpose and procedures of the study (add these again if appropriate).

I have been given an opportunity to answer questions about the study and have had answers to my satisfaction.

I declare that my participation in this study is entirely voluntary and that I may withdraw at any time without affecting any of the benefits to which I usually am entitled.

I have been informed about any available compensation or medical treatment if injury occurs to me as a result of study-related procedures.

If I have any further questions/concerns or queries related to the study, I understand that I may contact the researcher at 0736476213 or 216057265@stu.ukzn.ac.za.



If I have any questions or concerns about my rights as a study participant, or if I am concerned about an aspect of the study or the researchers then I may contact:

**HUMANITIES & SOCIAL SCIENCES RESEARCH ETHICS ADMINISTRATION**

Research Office, Westville Campus

Govan Mbeki Building

Private Bag X 54001

Durban

4000

KwaZulu-Natal, SOUTH AFRICA

Tel: 27 31 2604557 - Fax: 27 31 2604609

Email: [HSSREC@ukzn.ac.za](mailto:HSSREC@ukzn.ac.za)

Additional consent, where applicable

I hereby provide consent to:

Audio-record my interview / focus group discussion YES / NO

Video-record my interview / focus group discussion YES / NO

Use of my photographs for research purposes YES / NO

\_\_\_\_\_  
**Signature of Participant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Witness**  
**(Where applicable)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Translator**  
**(Where applicable)**

\_\_\_\_\_  
**Date**