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PARENTING THEIR CHILDREN: THE EXPERIENCES OF YOUNG WOMEN AT KWA-MAKHUTHA TOWNSHIP IN KWAZULU-NATAL

By

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Abstract

Globally, studies have shown higher fertility rate amongst young women compared to other age groups. The challenges of early parenthood often have negative consequences for young women, including disappointment from parents, financial challenges and having to negotiate life tasks with a young dependent. The aim of this study was to understand the factors influencing parenting among young women in KwaMakhutha Township. The study used a social constructivism approach to understand the meaning participants attach to their experiences of early motherhood. This qualitative study included 21 young mothers selected through a snowball sampling technique. Data were collected through individual interviews, and permission was obtained from participants to record these interviews, which were later transcribed and translated from IsiZulu into English. I used thematic data analysis and the findings of the study showed that young mothers face many challenges, but these also helped the participants to grow and be responsible for their children. Some participants reported undesirable experiences including financial challenges, rejection by family and fathers of the children and the need to earn a living in order to support themselves and their children. Those who had some positive experience expressed personal growth and an increased sense of responsibility. The absence of fathers in the care of children was a conspicuous outcome as these young fathers either reported to have denied responsibility for the parenting or being incapable of financially supporting their children. As a result, young mothers were left to take full responsibility for the financial, physical and emotional needs of their children. None of the participants would recommend early motherhood to other young women.

This insight can be considered by government and other relevant stakeholders to develop youth-friendly healthcare facilities, specifically in the provision of reproductive health and rights services to adolescent girls and young women. This study therefore concludes that it is challenging for young women to raise their child without full support of their partners or primary care givers. Although the child support grant is financially helpful, this study identified a great need for psychosocial support services in the prevention of early parenthood amongst adolescent girls and young women, support to young mothers and their families, and the implementation of policies and programs that support young mothers who bear the burden of raising the children alone.

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Chapter 1: Introduction

1.1.   Background of the study

The study examined the experiences and challenges of young women in parenting. The World Health Organization (WHO) refers to persons aged 15-24 years as youth (WHO, 2012). The definition of young women adopted in this study is relevant to the definition of youth in the South African National Youth Policy (2015-2020) which defines youth as any person between the ages of 14 and 35 years. Correspondingly, the White Paper on Social Welfare (1997) defines a young person as a woman or man aged between 16 to 30 years. This study used the term young women and young mothers to refer to females aged 18-24 years. Early parenthood among adolescent girls and young women is predominant in developed and developing countries. Most countries report a declined total fertility rate, yet the rates of childbearing among young women has risen. It is projected that 11% of childbirths worldwide occur to adolescent girls and young women aged 15-19 years, which results to 16 million young women in this age group giving birth each year (Kaufman,Wet, & Stadler, 2001; WHO, 2008). From 2000 to 2005, the universal adolescent's fertility rate was 55.3 per 1000 adolescents. This means that an average of approximately 5.5 %young women had given birth yearly (WHO, 2008). Globally, the projected adolescent birth rate in 2018 is 44 per 1000 adolescent girls aged 15–19 years (WHO, 2018). In developed countries, Australia is the sixth country with high teenage pregnancy rate globally and the third with high termination of pregnancy rate (Miller-Lewis, Wade, & Lee, 2005). The World Health Organization (2018) reveals that the global adolescent birth rate declined from 65 births per 1000 women in 1990 to 47 births per 1000 women in 2015. Despite this, it is estimated that the number of adolescent pregnancies will increase globally by 2030, with the greatest relative increases in West and Central Africa and Eastern and Southern Africa. This trend is associated with the increase in global adolescent population (UNPFA, 2013). Young girls birth rates range from as high as 115 births per 1000 women in West Africa, compared with 64 births per 1000 women in Latin America and the Caribbean, 45 births per 1000 women in South-Eastern Asia, and 7 births per 1000 women in Eastern Asia respectively, this is very high (UNDESA, 2017). There are also up to three times younger women pregnancies in rural and native populations than in urban populations (Every Women Every Child, 2015).

1.2.   Problem Statement

Young mothers are perceived as incapable of nurturing their children (Schofield, 1994). In addition, they are perceived as an at-risk group and unfit mothers within the society (Mitchell & Green, 2002; Macleod, 2001; Ichou, 2006). Characterisation of young mothers as unfit is irrational because it overlooks the environmental and structural determinants of early parenthood. In the society, young women are often expected to be at school until they reach socially accepted age for possible parenting. Even though young mothers are accepted to return to school after childbirth, in most instances, only few young mothers return to school (Grant & Hallman, 2008). Lower educational accomplishments often lead to financial instability and difficulties to break the cycle of poverty (McDevitt, Adlakha, Fowler & Harris-Bourne; 1996). This instance is accordingly evidenced in the study conducted by Panday, Makiwane, Ranchod, & Letsoalo, (2009) which suggest that early parenthood has negative impact on educational attainments and economic advancement.

The absence of a father in early parenting contributes to some of the social and economic challenges that young mothers face such as the sole responsibility of children care, for instance the provision of emotional and financial support for their children. Because young fathers are likely to have similar socio-economic backgrounds as the young mothers, low educational successes and often no financial income to support the child and mother (Panday, Makiwane, Ranchod & Letsoalo, 2009), it is common for them to abdicate this responsibility to the mothers (Kaufman, Wet & Stadler, 2001). As demonstrated in the literature, parenthood requires full commitment and expertise which young mothers usually do not possess, as they are also growing. The resulting rejection and sometimes lack of support from family members may make parenting more difficult. Their families are often disappointed by their early childbearing and this study will highlight some of the current challenges faced by young mothers living in Kwa-Makhutha township.

1.3. Rationale of the study

Interest in the study was spurred by my work with young women who have become mothers at a young age. Some young mothers have more than one child while still in school, and I was intrigued by the rapidly rising number of young women who are parents. I was particularly interested on how these young women parent their children while they are still young and depend on their parents or guardians for support. However, being parents alters their lives and

of those around them. Therefore, I was interested in how they make sense of motherhood and how these experiences shape their parenting practices.

The rising number of young mothers has put South Africa under the spotlight. In their response, the South African government and PEPFAR (Presidential Emergency Plan For AIDS Relief) have collaborated to disseminate best practice and innovative ways of assisting adolescent girls and young women in terms of sexual reproductive health and rights (SRH&R). In my current employment, I meet young women who often do not understand their parental rights and responsibilities as stated in the Children's Act no 38 of 2005. Section 18 of this Act states that parental responsibilities and rights include care for the child, contact, guardianship and contribution towards the child's maintenance. It may be challenging for young mothers to fulfil these responsibilities because of their age, unemployment and dependence on family support. The stigma attached to early parenthood also makes motherhood difficult (Macleod, 2001). This study is intended to make positive contribution to the literature on the current parenthood experiences of young women living at KwaMakhutha township in KwaZulu-Natal. It is also fundamental to understand that context, socio-political and cultural factors often have the potential to influence youth with regards to the manner in which they construct meaning in their lives.

1.4. Research context

The research site is KwaMakhutha township located in eThekwini metropolitan municipality, ward 94 with 4% population of eThekwini metropolitan of which 2.8 % are women and children (eThekwini District Health Plan, 2015/16). The motive for electing KwaMakhutha Township was based on the consideration that there is high rate of pregnancy in the area with 54% of antenatal visits and 254 deliveries of babies quarterly (eThekwini District Health Plan, 2015/16). Such pregnancy rate is higher compared to other eThekwini Townships such as Umlazi and KwaMashu Townships. The increasing number of young women with children in high schools that I have been working in for the past 24 months is one of the major drivers for the selection of KwaMakhutha Township as the study area. Therefore, in summary, such factor motivated me to undertake the study in KwaMakhutha: the low socio-economic situation in this township, high rates of early motherhood and a dearth of research on early motherhood in this specific area.

1.5.   Aim of the study

The aim of the study was to gain insight into the experiences of young women on how they parent their children.

1.5.1.   The objectives of the study were:

- To find out the causes of early motherhood.
- To establish the meaning of motherhood to participants.
- To understand the experiences of participants in parenting their children.

1.5.2. Research questions:

- What are the causes early motherhood?
- What does motherhood mean to the participants?
- How do participants experience parenting?

1.6.   Theoretical Framework

This study used a social constructivism theory to understand the meanings of motherhood from the perceptions of the participants. This theory also opened a platform for participants to share their experiences with me as a practitioner and researcher. The study focused on making sense and listening to the stories of young women who have experienced early motherhood. Christie (2005) assert that constructivism is a learning theory in which learning is both an active process and a personal representation of the world. In this theory, narratives of young mothers were understood from their experiences. Social constructivism theory is appropriate in qualitative research since it probes into the complexities of the human experiences and life stories (Roller & Lavrakas, 2015). It emphasises that people continuously create and modify narratives that they created and are modified by these narratives. This theory emphasises that the way in which life is perceived at any given point in time is determined by the status given to that specific knowledge and experience within that specific time and perspective (Burr, 1995).

Social constructivism was employed to deeply understand the experiences encountered by young women in everyday life and how they construct meaning of their life, and to understand processes in which meanings and understandings grow out of social encounters (Cooperstein & Kocevar-Weidinger 2004). For Vosniadou (1996), social constructivism suggests that people

are involved in diverse activities and processes in mutual learning through social and cultural interaction.

The study explored young women's experiences in raising their children, and it was done through individual interviews. Narratives provide a background of meaning in which human experience is organised (Epston, White & Murray, 1992), and these experiences are interpreted through the existing prevailing narratives which are meaningful to individuals. This study, therefore, suggests that the constructivist theory can help to understand young women's experiences in parenting.

1.7. Structure of dissertation

This dissertation is divided into five chapters as summarised below:

Chapter 1 provides a background and rationale of the study in detail and also outlines the conceptual framework. In this chapter, I also discussed the problem statement, the theoretical approach was clarified, I presented the aims and objectives and the rationale for the study.

Chapter 2 presents a review of relevant literature on young motherhood and the implications for young mothers, and I concluded this chapter with a brief summary.

Chapter 3 discusses the research design and methodology that were used in the study, including data collection and analysis. It also covers ethical considerations and limitations of the study and presents how rigour was ensured.

Chapter 4 presents an analysis of the data and a discussion of the findings which are in line with the relevant literature in the field of parenting.

Chapter 5 summarises the major findings and draw conclusions from the study, and also makes recommendations.

1.8. Definition of concepts

Family - A societal group related by blood (kinship), adoption, foster care or the ties of marriage (civil, customary or religious), civil union or cohabitation, and go beyond a particular physical residence (The White Paper on Families, 2012).

Young women - The National Youth Policy (2015-2020) defines youth as any person between the ages of 14 and 35 years. The White Paper on Social Welfare (1997) also defines a young

person as a woman or man aged between 16 to 30 years. For the purposes of this study, young mothers were aged between 18 – 25 years of age.

Early childbearing is defined as giving birth at 15 years or younger (Am J Public Health 2002). Early childbearing is also defined as giving birth to a first child before age 18 and a second birth before age 20 (Kasen, Cohen & Brook 1998).

1.9.   Conclusion

This chapter introduced the research study, problem statement, rationale of the study, location of the study, research objectives, research questions, theoretical framework and research methodology. This chapter also provided a structure of the dissertation. The next chapter presents a review of the literature.

Chapter 2: Literature Review

2.1. Introduction

This study investigated the experiences of young mothers living at KwaMakhutha Township in KwaZulu-Natal. The purpose of the study was to identify factors contributing to early parenthood, to explore how young women make meaning of motherhood, and their experiences of being young mothers. This chapter focuses on the main determinants of early motherhood, experiences of young mothers and parenting, the emphasis will be on the South African context.

2.2.   Sexual reproductive health of young people

Kowaleski-Jones & Mott, (1998) states that adolescence stage is accompanied by a countless deal of uncertainty and change. In this stage, young women usually assume new characters, roles and responsibilities; they also establish their identity in society. Consequently, they are susceptible and require stability, support and guidance. In adolescence stage, young people start to understand themselves as sexual beings due to change in their hormonal levels. Such changes often lead to sexual exploration activities which involves a high degree of risk. Sexual exploration without relevant knowledge on sexual reproductive health and rights may lead to young people's vulnerability to early pregnancy and sexually transmitted infections (STIs) including the Human Immunodeficiency Virus (HIV) (Kowaleski-Jones & Mott, 1998). Age at first sexual contact is significant since it usually indicates the beginning of exposure to the dangers of pregnancy and STIs, including HIV and AIDS (Maharaj & Munthree, 2007; Manzini, 2001). Sexual debut begins in the mid-teenage years, where young women have sexual activities with older and more sexually advanced partners (Manzini, 2001; Brown, L'Engle, Pardun, Guo, Kenneavy& Jackson, 2005; Wood & Jewkes, 1997). The age of sexual debut in South Africa is 15 years for boys and 14 years for girls (Jewkes. Morrell & Christofides, 2009; MacLoed, 1999; Manzini, 2001). Manzini (2001) asserts that despite the danger of unintended pregnancy and STIs (Martelelto, Lam, D & Ranchhood; 2008), young people continue engaging in sexual intercourse. This leads me to the issue of contraceptive use among the youth. Decisions concerning family planning and contraception may be dependent on the type of relationship women are in. Male partners may hinder contraceptive use by their female partners (Nalwadda, Mirembe, Byamugisha, & Faxelid, 2010). This may lead to women engaging in family planning secretly or without partners' knowledge (Schuler; Rottach, Mukiri, 2011). Some young women, however, were fearful that family planning could damage

their fertility and therefore did not use contraceptives (Nalwadda, *et al.*, 2010). Panday et al. (2009) found that approximately 66% of young women fell pregnant in 1996, which was due to inconsistent contraceptive use. Some were discouraged by societal attitudes, which equated contraceptive use with promiscuity (Panday et al., 2009). Likewise, young women found it difficult to negotiate safer sex or proposing condom use as this is perceived as proposing sex or an indication of promiscuity (Varga, 2003). Another important issue is that of parent-child communication, especially talking about reproductive health. Parents' unwillingness or discomfort to talk about sex with their children for fear or encouraging promiscuity or approval to participate in sexual activities (Bastien, Kajula & Muhwezi, 2011) can lead to unplanned pregnancy. Parent-child interaction about sexuality and reproductive health has been acknowledged as a way of preventing teenage pregnancies, especially in middle class families (Bastien, Kajula & Muhwezi, 2011).

2.3. Young women and parenting

Parenting practices are associated with certain beliefs and goals of how people raise their children and the outcomes thereof. Parenting involves attitudes about childrearing, and the expression of the emotional climate they develop (Hoff, Laursen, & Tardiff, 2002). The kind of environment parents create for their children may be defined by their environment, resources and the social support they have access to. Parenting can be defined along the provision of emotional support, instrumental and informational support (McNeely & Barber, 2010). Emotional support communicates care and love, while instrumental support is the provision of material and financial assistance. Informational support involves guidance and advice, and a supportive parent helps her children to thrive and grow. Responding to a child's emotional needs is as important as the provision of security and emotional well-being (Britto, Lye, Proulx, Yousafzai, Matthews, Vaivada, Perez-Escamilla, Rao, Fernald, MacMillan, Hanson, Wachs, Yao, Yoshikawa, Cerezo, Leckman,& Bhutta, 2017), and the feeling of belonging. When parents show their children affection, they are most likely to become confident and have successful relationships with others (Allen & Land, 1999).

The experiences parents provide for their children, and the physical environments they create are important for stimulation, time spent together and their participation in community activities (Parker & Buriel, 1988). Parents' socioeconomic status has an impact on their parenting styles, beliefs and practices (Hoff, Laursen & Tardiff 2002). Studies show that those

in the lower socioeconomic levels tend to be more concerned with their children's ability to conform to societal expectations and more punitive in their discipline, but those mothers in the higher socioeconomic class have better communication skills, negotiate with their children and more flexible.

McNeely and Barber (2010) state that supportive parenting is important. Children need emotional support, the provision of material support and guidance. In addition to material support, they need "comfort, attention, physical affection, companionship, help …money, and things which were both desired and needed" (McNeely & Baber, 2010, p. 622). The responsibility to provide these usually falls on the mothers and their extended family members. The ability to provide care is also measured by the extent to which a mother is able to take good care of her children. This is also constructed by the society.

2.4. Constructions of early motherhood

Considerations on motherhood in South African literature show that motherhood entails a certain level of ability or skill and the transition to maturity and skill for women (Macleod, 2001). Motherhood are usually assumed to have "abilities that remain labelled as core qualities of hegemonic femaleness", such as "the responsibilities of 'security, nurturance, training', and the willingness to react to the desires of children with 'precaution and respect'" (Malacrida, 2009: 101). They are seen as being able to parent naturally (Sewpaul, 1995), while others grow into social mothers who tend to care for others' children in women-centred networks (Collins, 2000). Although the dominant discourse is that of mother and child or defining it as a dyadic relationship exclusively between mothers and children (Burman, 1994), social mothers also feature in the care of children either as grandmothers, aunts or unrelated persons such as neighbours and friends. However, men tend to be absent from caregiving, although they may be decision-makers in the lives of children (Magwaza 2003).

Parenting is mainly women-centred and much emphasis is placed on ideal motherhood (Hays, 1996). Societal descriptions of good mothers highlight self-sacrifice on her part, and material provision for her children and the desire to put the children's needs before her own (Morell, Jewkes & Lindegger, 2012). A real mother is perceived as the one who does not only have a vision for her children's future, but also wants to see them succeed and enjoy a prosperous, peaceful life (Tettey, 2002). In many communities, there is a hierarchy with some mothers perceived as more suitable than others (O'Reilly, 2010), meaning that some mothers are seen as morally fit to parent while others are not. Young mothers are alleged to be negligent and

promiscuous and are more likely to encounter birth difficulties and live in poverty. Their age is normally equated with being incompetent and not to be trusted with child nurturing or the overall task of being a decent mother (Holgate, Evans & Francis, 2006; O'Reilly, 2010). Young mothers may not always be financially independent or ready, and some suffer stigmatization, for example, helping professionals and family members normally do not encourage young women to become mothers with the fear that they will not be capable mothers (Malacrida, 2009).

Young mothers and their children encounter greater maternal, child death as well as lower academic and financial outcomes in comparison to mature mothers (Salusky, 2013; WHO, 2013). While the part of being a young mother may be difficult, it should not assume incompetence, or unfeasible parenthood. Kiguwa (2004) and Shefer (2004) state that becoming a woman has many social and financial implications.

2.4.1. Challenges of early motherhood

The societal conditions that form women's worlds differ in momentous ways and care must be used when theorising generational changes in education for young women, and to recognize that the category 'woman' does not stand alone as one's femininity is always affected by issues of race and class (Kiguwa, 2004). Early parenthood is greatly gendered with undesirable consequences for young mothers who are often seen as perpetrators of disorder in society by bearing children at a young age (McDermott & Graham, 2005). Mkhwanazi (2010) notes that early parenthood does not only threaten social order, but it also brings financial and physical challenges on the young parent, her child and the family.

It may be difficult to balance parenting with other activities such as studying or working, and being a single parent (Parker, 1997). Education plays a dynamic role in child' growth and is often associated with delays in childbearing where young women with higher academic attainment delays childbearing (Kaufman,Wet, & Stadler, 2001; Caldwell, Orubuloye & Caldwell, 1992). Education is very important for a young people because it prepares them for the future (Govender, 2011). Dlamini, Van der Merwe & Ehlers (2003) point out that young mothers need to be educated to enable them better life with their children. With better educational levels, young mothers would be able to escape poverty and support themselves and their children. In addition, Pillow (2004) states that young mothers are usually perceived as

"disadvantaged students" or "incompetent students". They are also likely to repeat their grades or drop out of school after giving birth (Ranchhod, 2008). Although some may return to school, they need a very supportive family to enable them to complete their education (Preston-Whyte, Zondi, Mavundla & Gumede, 1990).

They may find themselves in the difficult position of being youth and adults at the same time, as motherhood is equated with adulthood (Macleod, 2001). On the one hand they are expected to parent their children naturally, on the other hand they are not trusted to care for their children and are still dependent on their parents. Because they are seen as youth, inexperienced and not ready for parenthood, young women may be monitored and given unsolicited advice by family members, health care providers and other social mothers. Although well intended, and with the aim of being supportive pre and post-natal, and home visiting programmes may be seen as intrusive (Olds, Henderson, Phelps, Kitzman & Hanks, 1993).

According to Mkhwanazi (2010), young mothers are likely to be exposed to poverty, thus incapable to meet the demands related to parenting. Young mothers encounter financial hardships (Nzama, 2004; Briggs, Bronwell & Roos, 2007). Financial constraints may add to young women's anxieties about their position to provide adequately for the children (Williams & Shames, 2004). Others may seek marriage or a marriage partner to meet their material needs. However, many young mothers depend on the Child Support grant (CSG). Contrary to the belief that the CSG would encourage young women to deliberately fall pregnant, various studies (Makiwane *et al.,* 2006; Lund, 2008; Richter & Devereux, 2009) found that the CSG does not encourage early childbearing. However, for those on the CSG, there was limited absenteeism from school and improved nutrition (Mchunu, Peltzer, Tutshana, & Seutlwadi, 2012; Richter & Devereux, 2009).

2.4.2. Early motherhood as a positive experience
Although much of the literature focuses on the negative experiences of young motherhood, some mothers speak positively about their experiences. Some young women see motherhood as a redemption (Lesser, Koniak-Griffin & Anderson, 1999) or a new sense to life, which carries a new sense of purpose and sense that offers future (Smith, 2000). Others find life more meaningful by having a person to live for and to nurture, which encouraged them to do well for the baby's sake (Spear, 2001). It is an incentive providing courage of a healthier life for the

child and a manner for the mother to move on (Lesser *et al*., 1999). Being parents at a young age can also be perceived as a way of uplifting their social status (Noria, Weed & Keogh, 2007), and may symbolise positive new start for the mother and show her resilience. Resilience is seen during difficulties and signifies the capacity of persons to bounce back from hardship (Luthar & Cicchetti, 2000). Resilient motherhood relates to their ability to cope with the demands of parenting and this is usually dependent on family support. Families offer different kinds of economic, practical and emotional support on an on-going basis. They also respond to the here-and-now needs of both the mother and child, and may act as a buffer between the young mother and the stigma or blame by the outside world (McDermott & Graham, 2005)

2.5. Family support and early parenthood

The role of the family can never be overemphasised. The White Paper on Families (2012, p. 3) defines a family as "a societal group that related by blood (kinship), adoption, foster care or the ties of marriage (civil, customary or religious), civil union or cohabitation, and go beyond a particular physical residence". The structure of the family has changed and with a shift from the heterosexual, male-headed nuclear family as a norm towards different forms of families, such as single parent families, youth- or child-headed families and extended families (Anderson, 2003). Extended families are a norm in Africa and parenting is customarily a duty of all women in the extended family and the community (Magwaza 2003; Oyewumi, 2003; Sudarkasa 2004). Young mothers may be able to cope with the demands of parenting when they have support, which may also improve their self-esteem, and the feeling that they can care for their children, adopt new expertise, find emotional growth and have confidence for the future (Samuels, Stockdale & Crase, 1994; Smith & Leonard, 1998).

2.6. Young men and fatherhood

The gendered division of labour leads to mothers playing a disproportionally active role in parenting, they are usually hands on in the care of children while men play a marginal role. Fatherhood needs to feature strongly in childcare. Although fatherhood is commonly defined along biological terms, a father is more than just one "whose gamete has contributed to the conceiving of a child as a result of a sexual relationship with the mother of the child" (Morrell *et al.*, 2008, p. 74). Fatherhood does not occur "in a vacuum it is a socio-moral process informed by the dominant discourses of what it means to be a man in one's society" (Mkhize, 2006: 186). Fatherhood is a socially sanctioned role that men play in families and society (Morrel & Richter, 2006). Lamb, Pleck, Charnov & Levine's (1985) research on fatherhood found three

aspects of parenting which are father accessibility, engagement and responsibility. Being engaged positively affects a child's life prospects, academic achievement, physical and emotional health and linguistic, literary and cognitive development (Redpath, Morrel, Jewkes & Peacock., 2008). The aspect of responsibility referring to the extent that a father ensures the welfare and well-being of a child, which become the dominant construction of fatherhood. Good fatherhood is normally seen in terms of men as providers, even though it involves much more than just financial support (Mavungu, Thomson-de Boor & Mphaka, 2013). Not all men are suitable to be fathers despite being able to procreate. Some men are not ready to be fathers or are reluctant to play this role, and for other, their socioeconomic and cultural positions may preclude them from active parenting. In the case of young fathers in South Africa, the admission to impregnating a woman has sociocultural implications. There are issues of damages to be paid when a man impregnates a girl it implies social and financial commitment to the child (Varga, 2003). Not all young men will deny paternity and accountability related with parenting (Panday et al., 2009). Some feel a sense of accountability and are eager to be engaged and responsible fathers (Mavungu, Thomson-de Boor & Mphaka, 2013). Nonetheless, their requisite to afford financial needs for the child hinders their capacity to offer hands on care. The great unemployment and poverty compel young fathers to become alienated from their children (Panday et al., 2009). Likewise, Zwang & Garenne (2008) point out that young fathers have limited finances and are consequently incapable of paying damages or getting married or taking care of their children. These social pressures compel young fathers to migrate and live away from their families.

Young people live with their own parents and this implies that grandparents' step in to perform the main role of catering for the child's needs and caring for the children. When a child is born out of wedlock, a father's role is normally restricted, and the maternal family become primary caregivers. Swartz, Bhana, Richter and Versfeld (2013) postulate that young fathers have influence in the choices concerning the child and that may weaken his capacity to carry a fatherly role. Although they may be encouraged by their own mothers to take a more active role in their child's life, the grandmothers normally assume a caregiver role.

A variety of factors comes into play in parenting. The involvement of men has a bearing on the how young mothers are able to parent, social and emotional support from the children's fathers seem to support mothers (Cox & Bithoney, 1995; Samuels *et al*, 1994). The length and permanency of the relationship, the father's participation in preparing for the child's arrival

and his presence at the birth foretell future involvement (Elsters, Lamb & Kimmerly, 1989). A positive relationship between the father and mother has also been shown to improve parenting (Amato, Meyers & Emery, 2009; Tach, Mincy & Edin, 2010). Emotional support comprising encouragement, feelings of belonging and connection to other people, knowledge and experience also assist in problem solving, and practical, hand-on support with childcare is valued. Paternal support, both emotional and financial leads to decreased risk of postnatal depression in a group of teenagers (Barnet, Joffe, Duggan, Wilson & Repke (1996). This may be the result of stress protecting role of social support which increases wellbeing (Cohen & Willa, 1985; Norbeck & Anderson, 1989). For women with unintentional pregnancies, partner's attitude towards the pregnancy can regulate a mother's feelings about the pregnancy. A better level of support from the partner encourages woman's desire to carry on with the pregnancy (Kroelinger & Oths, 2000). Emotional and financial support from a partner are important parts of received support which arouse positive feelings of a young mother towards the children.

Separately from its role in the enhancement of parental welfare, partner support can also lead to better childbirth results. Shah, Gee and Theall (2014) discovered that pregnancy harm and low birth weight were decreased in young mothers who received more partner support. Support from a partner contributed to healthy prenatal practices that eventually increased positive birth results. One of these positive pregnancy practices is early beginning of prenatal care. Women who have partner's support have been likely to start prenatal care earlier than women who do not have support (Martinez, Copen & Abma, 2011). Adaptation of these pregnancy practices has positive results on child's health (Karacam, Onel & Gercek, 2011).

Male partner involvement has been shown to improve approval of prenatal clinic programmes for pregnant mothers as well as programmes that advance new-born care (Peltzer *et al*., 2010). Male partner participation advances the improvement of health programmes such as the prevention of mother to child transmission of HIV (PMTCT) (Peltzer *et al.*, 2011). This is more helpful where men are decision-makers in relationships. The participation of men in prenatal and postpartum health programmes has a positive bearing on pregnancy and the health of new-borns and their mothers. Conversely, apparent lack of partner support has undesirable consequences on maternal new-born & child's health. It has been shown that little partner support amongst pregnant women is related with depressive symptoms (Hildingsson, Tingvall & Rurbetsson 2008; Dudas, Csatordai, Devosa, Toreki, Ando, Barabas Pal & Kozinszky,

2012). Hildingsson, Tingvall & Rurbetsson (2008) argued that women who stated partner's lack of support in pregnancy were more likely to opt for a termination of the pregnancy. Therefore, the quality of a relationship between the mother and the father is important (Bradbury & Fincham 1992) so is engagement, accessibility and responsibility.

2.6.1. Father absence

Father absence has been intensely studied in South Africa (Richter, Desmond, Hosegood, Madhavan, Makiwane, Makusha, Morrell, & Swartz, 2012; Mavungu, Thomson-De Boor, & Mphaka 2013; Padi, Tidimalo, Nduna, Mzilikazi, Khonou, Grace, Kholopane & Paseka., 2014). Repudiated paternity has been well-defined as the uncertain, denied or disputed pregnancy by men (Nduna, Kasese-Hara, Ndebele & Pillay, 2011). The matter of denied paternity signify the subject of problematical father figures and reckless sexual partnerships. Nduna & Jewkes (2011), in their study conducted in the Eastern Cape, reported on the undesirable effect felt by the affected adolescent that comprises of nervousness, uncertainty, insights of marginalisation by family members, and feeling neglected by the absent father. However, amongst the experienced undesirable effect, some studies report that affected children still openly expressed a need to know their fathers (Langa, 2010; Nduna, 2014; Morrell, 2006).

2.7. Conclusion

The ideology of early motherhood continues to posit that the roles of young women involves meeting the needs of their children at the expense of their own needs outside motherhood. The literature presents the various challenges faced by young mothers and the impact of these motherhood ideologies on them creating feelings of role strain and depression. The following chapter discuss research methodology.

Chapter 3: Research Methodology

3.1.   Introduction

Terre Blanche, Durrheim and Painter (2006) assert that research methodology emphasizes the research procedure and how the study was conducted. This chapter discusses the research paradigm, design and sampling method used in this study, including the data collection and analysis method applied to explain data behavior. It also specifies the trustworthiness of the data, limitations and the ethical issues reflected through the study.

3.2.   Research approach

This study used a qualitative approach to gather in-depth data essential in understanding the experiences of young women in parenting their children (Babbie & Mouton, 2001). In qualitative research, non-numerical information is clarified and provides a more reflective explanation and clarification of events (Welman & Kruger, 2003). Qualitative design was chosen to permit participants to share their life experiences and insights. The purpose was to collect detailed information about the interpretations of young mothers and to gain ideas of experiences of parenthood. Qualitative approach is particularly field-based and collaborative. Normally, qualitative research methods reveal micro level individual, group, and society practices which are neglected by less demanding approaches (Furstenberg & Hughes, 1997).

Qualitative approaches are valuable when the researcher pursues to comprehend human actions from the reality described by participants. Myers & Levy (2006) proclaim that a way to reality is only through societal structures such as language, awareness and communal meanings. Such interpretative research emphasises the full ability of human sense making meaning as the situation develops

3.3.   Research design

Terre Blanche *et al.* (2006) explain that a research design is a deliberate context for action that serves as a bridge between research questions and application of the study. It is a plan of how one proposes to carry out research without forgetting questions and objectives that underline the study. I used descriptive research design to generate in depth descriptions of the life stories and events by understanding and detecting intentions that exist as well as their insinuations (Babbie & Mouton, 2001). Descriptive research permits the researcher to witness and describe what he/she has observed (Babbie & Mouton, 2001). This study was descriptive so that I could

describe the experiences of young women in parenting their children. The examination and illustration of findings rely on the verbal words, and feelings of young mothers that I captured when each was narrating her stories and uttering her personal views. As young mothers shared real life events and experiences, the descriptive design enabled me to understand the experiences of the participants from their own point of view (Patton, 2002).

3.4.   Sampling

Sampling is defined as a procedure utilized to select the portion of the participants for the research study (Terre Blanche & Durrheim, 1999). I used non-probability sampling, known as snowballing in this study. Snowball sampling is a chain referral method which was utilized to gain access to young mothers. Babbie (2015) stated that snowball sampling is helpful where participants may be hard to find. This process is then followed by requesting participants to locate and refer others to the study. I used the snowball sampling technique by initially approaching one participant, Tholakele whom I know. She was on her way from a local clinic with her child, and I invited her to the study. We held all interviews at the Bobby Bear office next to the SAPS station where I had arranged for interviews to take place.

Tholakele introduced me to two of her neighbours who were also young mothers. I had an introduction gathering with the two young mothers who also brought up other young mothers. Participants were rather firstly sceptical and cautious of participation after reading and interpreting the interview questions they were at ease to talk to me about this topic. When assured them of confidentiality and discretion, their faces and actions indicated relief and an enthusiasm to participate.

In order to find participants, I also advertised the study at the local supermarket and other public spaces near the clinic and library. Tholakele was of assistance in recruiting other participants at the clinic and in the community. With her help I was able to find more participants who then referred others to the study. In total, 21 young mothers with children over one year old participated in the study.

3.5. Data collection methods

Individual, in-depth interviews were used to collect data. By interviewing them individually, participants were able to share their feelings, beliefs and experiences openly. Interviews allow researchers to get to individuals' life experiences and events, multiple engagements also allow

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deeper insight and understanding of the clients' experiences (Myers & Levy, 2006). Participants were able to narrate their individual stories.

3.5.1. Data collection tool

I used a semi-structured interview guide (see appendix I) which "indicates the topics and their sequence in the interview" (Kvale, 1996, p. 129). The guide outlines the topics and issues to be discussed and it allowed me to rephrase some of the questions (Rubin & Babbie, 2011). The advantage of using an interview guide is that it helps to cover all aspects and keep the researcher focused on the topic under discussion. This tool also gave participants sufficient time and opportunity to speak about their thoughts on a specific theme (Patton, 2002).

I conducted this by having one-on-one interviews with participants to listen to their experiences about motherhood. The interviews permitted for thicker descriptions. Non-verbal emotions were carefully noted throughout the interviews; some participants were open about their emotions. Mouton (2012) highlights that in qualitative interviews, the significance of offering participants time to talk should always be extremely emphasised. Therefore, the individual in-depth interviews made use of open-ended questions to gain descriptive data about participants' parenting experiences and perspectives.

All interviews were audio-recorded to yield rich data in the analysis and participants were asked to give consent before the interviews were conducted. The recordings and interview notes were transcribed and analysed using the thematic steps of analysing data. Nzuza (2012) states that language can be an obstruction between the researcher and participants. Appropriately, all my study participants spoke isiZulu which is a language I am fluent in. this was an advantage because it created a safe atmosphere for participants and enabled them to express themselves well. Throughout the interviews, I was able to recognize non-verbal signals that are used by Zulu people which non-isiZulu speakers might have misunderstood.

3.5.2. Data analysis

Thematic analysis was used to analyse the data. Thematic analysis is a qualitative analytic technique for categorizing, analysing and selecting themes in data. Guest, MacQueen & Namey (2011) state that thematic analysis emphasises findings and describes unseen concepts. I coded the data from the themes that emerged from the interviews. I started with familiarisation and

immersion into the data, followed by induction of themes, coding, elaboration, and lastly interpreting and checking the data.

In familiarisation and immersion it is imperative that the researcher engages the data completely and uses all the information including field notes and interview transcriptions (Terre Blanche *et al.,* 2006). It helped me to know my data sufficiently to interpret the data. I them transcribed the interviews and made follow ups telephonically, to clarify information. In the analyses of t transcripts, I highlighted repeated issues raised by participants, and this helped to guide me in developing the emerging themes. I kept the literature on young motherhood and the theoretical framework guiding the study, in mind. As suggested by Terre Blanche & Durrheim (1999), I utilized simple English language in classification of the themes and began the process of coding.

Coding is utilized to spot dissimilar segments of information as being appropriate to one or more themes (Babbie & Mouton, 2001). I coded expressions, sentences and paragraphs in recognizing written bits that carried data that was appropriate to the themes under deliberation. I used dissimilar shades of colours for the themes emerged. For example, I would colour red next to a sentence or paragraph that was convincing that the participant is concerned by the experience being shared. I categorized meaningful fragments to gather bits of coded material together and the emerged themes. King & Horrocks (2010) posit that this phase is about categorizing the transcript data that is expected to be useful in elaborating the themes.

To elaborate is to select the finer hints of meaning not captured by the original coding system (Babbie & Mouton, 2001). This phase provided me a new sight on the data and permitted me to relate segments of transcripts that seemed to be organized which permitted me to discover themes (Terre Blanche *et al.*, 2006). I ensured that expressions and sections that appeared were put together into one theme. Elaboration was followed by interpretation and checking the accuracy of the data.

The last phase of data collection required making sense of the findings. At this phase, the researcher returns to the data collected and checks for the last time whether any information such as important statements or explanations are not left out. Terre Blanche and Durrheim (1999) recommend that the researcher goes through the clarification with a fine-tooth comb

and try to fix weak points. This stage is important to find instances that oppose at some point or additional interpretation.

3.6.   Rigour and trustworthiness

Qualitative research should be able to show rigour in term of its credibility, transferability, confirmability and dependability (Lincoln & Guba, 1999; Morse, Barrett, Mayan, Olson & Spiers, 2002). Rigour refers to the trustworthiness of the data and I show how I ensured rigour in this study.

3.6.1. Credibility

Terre Blanche & Durrheim (1999) posits that credibility of the research can be attained if the research results are undoubted. Credibility refers to the degree to which the findings are believable (King & Horrocks, 2010). The findings presented by the researcher must adequately reflect the participant's experiences and information, or it has a truth value. By having more than one interview and telephonic contact with the participants, we established rapport and I repeatedly reminded them of the confidentiality of the sessions. By establishing a relationship, participants were able to develop some trust in me and opened up about issues that they would not have spoken about had our interaction been superficial.

3.6.2. Transferability

Terre Blanche *et al* (2006) refer to transferability as the procedure to construct profound descriptions of the phenomenon. King & Horrocks (2010) refer to thick descriptions as the concept that qualitative research seeks to deliver, that is, comprehensive descriptions of the phenomena they study. Transferability is based on the researcher's aptitude to offer satisfactory and thorough explanations that another person could access to a point to which the results can be drawn from one context and transferred to another. I guaranteed transferability of data by first relating to the knowledge and interviewing skills that are deliberated as greatly imperative to create an atmosphere of honesty, confidence and trust which enable participants to express themselves freely (Terre Blanche & Durrheim, 1999). I established rapport which enabled me to gain trust from the participants and permitted authentic communication and sharing. The follow up telephonic interviews permitted for additional authentication of data and thicker descriptions, which can be transferable. This offered rich descriptions of the occurrence under study, its perspective and the methodology applied to carry the study.

I created an environment for participants to feel at ease and share their experiences. The discussion was not formal and what enabled thick descriptions were my probed to find more descriptions from participants. The self-awareness and positive criticism made me careful in my recurrence interviews with the participants. With the utilization of reliable literature and theoretical philosophy guiding the study, the research results can be transferred or utilized in diverse perspectives of other research studies pursuing the similar phenomena of young motherhood. I invited women who fit the inclusion criteria in that they had to be between 18-25 years, with a child over one year old as they would have experienced motherhood. Participants present useful data when they have personally experienced and know the situation very well, making the findings credible (Nkani,2012).

3.6.3. Dependability

Dependability refers to whether the findings will be consistent if the research were to be conducted with the same people or in a similar context (Terre Blanche & Durrheim,1999; King & Horrocks, 2010). I ensured dependability by conducting individual one on one interviews as a technique of gathering data. Because reality is constantly constructed, it is not possible for a qualitative study to be replicated to produce the same results. For the study to be dependable, I made sure that the study could be auditable. I also used an interview guides to direct the in-depth interviews and ensure consistency.

3.6.4. Confirmability

Shenton (2004) states that the notion of confirmability is the qualitative researcher's comparable apprehension to objectivity. King & Horrock (2010) propose that researchers should adequately validate details of the technique of their data analysis and gathering so that it transfers reasonable conclusions to the reader. To protect against subjectivity, I kept notes over the course of my data gathering which permitted me to reflect on and be alert of my own prejudices. I kept all audiotaped data, field notes and records and I also utilized different sources of literature such as academic articles, books, journals which helped to analyse and interpret the data.

3.7. Ethical issues

Ethics guarantees that participants are protected from hurtful events, and ensure that the research is conducted responsibly (Miller et al., 2012). This study was approved by the Higher Degrees Ethics Committee of the University of KwaZulu-Natal (See Appendix IV), and the researcher assured that the proposed ethical standards were adhered to.

3.7.1. Informed consent

Participants were given the consent forms prior to the arranged interviews, and they were verbally explained. They were between 18 – 25 years of age. With each interviews, participants were requested to sign the form indicating agreement to participate in the study (Marshal & Rossman, 2010). They were also offered the chance to enquire and raise any concerns. To safeguard the autonomy of participants, the informed consent form was written in both English and IsiZulu (see appendix II). Each participant was given a chance to speak in isiZulu and the consent form stated the nature of the study, aims and objectives and what was expected from participants.

3.7.2. Voluntary participation

Participation in the study was voluntary, and participants were alerted that they could opt out of the study at any time without any harmful or undesirable consequences. Throughout the interviews, when participants displayed discomfort in responding in some questions, I continuously reminded them about their rights and support them.

3.7.3. Doing no harm

This study explored a sensitive phenomenon, so participants had questions which came across as traumatic or hurtful. Participants narrated their life experiences, which in some instances led to discomfort and I used my expertise as a social worker to provide immediate support and counselling when required. Additionally, I had also arranged with a social worker who was accessible to participants for further and ongoing counselling, should the need arise. None of the participants took up this offer.

3.7.4. Confidentiality and anonymity

According to de Vos et al. (2011:114), "every individual has the right to privacy and it is his or her right to decide what will be revealed". In this study, the participants were reminded that they could choose not to answer any question, or to stop the interviews at any time with no

negative consequences. The interviews also took place in a safe space which was the Bobby Bear clinic in a private room. Participants were also assured of anonymity, which refers to not identifying the participants in any way (Babbie, 2007). I used pseudonyms to refer to participants and I also removed other information that might inadvertently identify the participants. To protect the participants, I will keep the raw data in a locked cupboard at the UKZN social work department, and this data will be discarded after a period of 5 years. The records attained from the interviews were erased from the recording device.

4. Conclusion

In this Chapter I discussed the research methodology and the design used to carry out the study. This chapter also explains data analysis process, data collection method, trustworthiness and ethical considerations. I comprehensively discussed the entire research process and some of the complexities that were characteristic in the study. The following chapter contains the findings of this study.

Chapter 4: Presentation and discussion of findings

4.1.   Introduction

The aim of this study was to shed light on experiences of young women in parenting their children. The findings were drawn from the in-depth interviews with 21 young women who are mothers. The study aimed to explore issues of early parenting from the perspective of participants and obtain a deep understanding of the factors influencing early parenting among young women. This chapter presents the findings of the study.

4.2. Demographic profile of participants

The table below shows the profiles of the participants. Pseudonyms are used in order to protect the participants. The participants were all from KwaMakhutha township and none of them were married, and some had more than one child.

Table 4.1: Demographic details of participants

Name	Age	No of children	Age of children	Employment status	Highest level of Education
1. Ntombi	25	2	11 & 8 years	Employed: cleaner	Matric
2. Thandi	24	2	12 years & 9 months	Employed: clerk	Studying at UNISA
3. Mpume	22	1	6 years	Employed: packer	Matric
4. Wandile	23	1	9 years	Employed Security guard	Matric
5. Masisi	25	1	9 years	Employed: petrol attendant	Matric
6. Sthuthukile	25	2	11 & 5 years	Employed: cleaner	Matric
7. Nonto	21	1	6 years	Employed	Certificate in Nursing
8. Zoliswa	25	3	10, 6 & 4 years	Employed: cleaner	Matric

9. Mafuthi	23	1	9 years	Employed: cashier	Matric
10. Sthoko	20	1	4 years	Unemployed – CSG	Matric
11. Thobile	25	2	9 & 6 years	Employed: domestic worker	Grade 11
12. Phumzile	25	2	5 years & 7 months	Employed: support group facilitator	Social Auxiliary Worker Certificate
13. Zomusa	20	1	5years	Unemployed - CSG	Matric
14. Londi	24	2	5 & 3 years	Unemployed - CSG	Grade 10
15. Zandile	19	1	4 years	Unemployed - CSG	2nd year at tertiary
16. Hloni	20	2	7 & 2 years	Unemployed - CSG	Matric
17. Zama	19	2	4 & 1 years	Unemployed - CSG	Matric
18. Zinhle	22	1	8 years	Employed: community care giver	Matric
19. Nomusa	25	1	10 years	Unemployed - CSG	Matric
20. Nosipho	24	1	6 years	Unemployed - CSG	Studying at UNISA
21. Mbali	25	1	3 years	Unemployed - CSG	Matric

Ntombi (25) had two children, a girl and a boy with different fathers. She gave birth to her first child whilst she was still in school doing Grade 9, but she managed to go back to school and

complete her matric. She wanted to study further in an institution of higher learning. Ntombi and her children were living with her two siblings and cousins, mother and aunt. She was employed at a nearby health facility as a cleaner.

Thandi (24) had two boys with the same father. She gave birth to her first son whilst she was doing Grade 11 and returned to school as her mother took care of her child after her birth. Ilobolo had been paid for Thandi soon after she fell pregnant, but the father of her children passed on leaving her with the children. Thandi was employed in the nearby school as a clerk and pursuing her degree in education in University of South Africa (UNISA).

Mpume (22) was the mother of a 6 year old girl. She gave birth to her daughter just after her matric exams. She passed her matric with remarkable results, but she was unable to pursue her education further because she had a daughter to look after and had could not finance her studies. She lived with her mother and siblings. She broke up with the father of her child, and was working as a packer at a supermarket not so far from home.

Wandile (23) had a daughter whilst she was doing Grade 10. She dropped out of school for two years to raise her daughter because she had no one to help her with the baby. Her mother was working as domestic worker and could not leave her job since she was the breadwinner in the family. She was able to go back to school and finish her matric. She worked as a security guard in a school.

Masisi (25) had a son who was born after she completed her matric. The father of her child denied paternity and told her that he said that he was not ready for a baby, they were both 17 years at that time. She was unable to further her education and her mother was very disappointed in her. She worked at a garage as petrol attendant.

Sthuthukile (25) was a mother of two, a boy and a girl with different fathers. Sthuthukile gave birth whilst she was doing Grade 10, and she dropped out school to look after the baby. Her in-laws took care of the baby and she was able to go back to school to complete her matric. She gave birth to her second child when she completed school and worked at the police station as a cleaner.

Nonto (21) was the mother of a boy, she fell pregnant with her child when she was in nursing college doing her 2nd year. Her education was delayed by 6 months because she had to take care of her baby. When her child reached 5 months, she went back to school leaving her child in the care of her maternal grandmother. She never completed her degree in nursing, but she

completed two years of her studies which qualified her to be an enrolled nurse. She had broken up with the father of her son who was not very supportive.

Zoliswa (25) had three children, 2 boys and a girl. Two of her children shared a father and one had his own father. Zoliswa reported that the father of her first child left whist she was still pregnant and never took responsibility of the child. She gave birth to first child when she was doing Grade 9. She was 14 years old and through high school, the paternal grandmother took care of her child since her mother could not because she was working. The father of her two children takes care of the children needs. At the time of the interview, she was employed a cleaner at a nearby school.

Mafuthi (23) had her son when she was doing Grade 10, and she was able to continue with school. She completed her matric because her older sister looked after her son. Mafuthi was currently working at the nearest supermarket as a cashier.

Sthoko (20) had a daughter, she was unemployed and lived with her uncle, aunt since her mother was in prison, and she never knew her father. Sthoko gave birth to her child when she was doing Grade 12 and she wanted to further her education, but could not because of financial need.

Thobile (25) had two daughters with the same father. She dropped out of school after the birth of her first child when she was doing Grade 11. Her parents would not send her back to school and at the time of the interview, she was working as a domestic worker at Amanzimtoti township. The father of her children left her with her children; her in-laws gave financial support when they could.

Phumzile (25) was the mother of two boys who gave birth to her first child when she completed her training as a Social Auxiliary Worker. She was not employed but her father of the child supported her and the child. Phumzile was working at the Bobby Bear as a support group facilitator.

Zomusa (20) had a daughter. She gave birth to her daughter when she was 15 years old in Grade 10. She dropped out of school to look after her child since she had no one to look after her since her mother was working. She stayed at home until her daughter turned two years and she was able to send her to crèche. The father of the child supported her financially even after breaking up. Zomusa depended on her mother for survival since was unemployed.

Londi (24) was the mother of two children, a boy and a girl with different fathers. Londi gave birth to her first child while she was 16 years and doing Grade 10. She never went back to school since she was chased away from home to live with the father of her children. She was living in social housing with her two children and her new partner who is a father of her youngest child. Londi was unemployed.

Zandile (19) was the youngest participant. She gave birth to her daughter when she was 16 years old and doing her matric. She never dropped out of school because the paternal family of the child took care of her baby whilst she was writing her final exams. Zandile and her partner are still together, and he is financially responsible for his child. Zandile was doing her 2nd year at Coastal College.

Hloni (20) was the mother of two children, a boy and a girl. She gave birth to her first child when she was 13 years old and the second one when she was 18 years old. Both children have the same father. Hloni completed her matric last year after her family hired a nanny to look after her children whilst she was at school. The father of her children was supportive towards her and her children but they did not live together. She was unemployed.

Zama (19) was the mother of two boys from different fathers. She gave birth to her first child when she was 5 years old, in Grade 10. She dropped out of school to raise her child since her mother was working. Both the fathers of her children did not support the children and she was unemployed.

Zinhle (22) had a daughter after completing matric. She broke up with the father of her child and was raising her child alone. She was working as a Community Care Giver.

Nomusa (25) was the mother of a girl whom she gave birth to after her matric exams. The father of her child was supportive, but they were no longer dating. Nomusa lived with her mother who was also unemployed.

Nosipho (24) gave birth to her daughter when she was 18 years, after completing matric. The father of her child supported her child three months after her birth after that, he denied paternity. Nosipho was studying towards her degree in UNISA and her child was supported by her family.

Mbali (25) gave birth to her son when she was 22 years working at the clothing shop as a shop assistant. She was not working and depends on her family for survival. The father of the child supported the child when he could. Mbali is planning to start her business as a dressmaker.

4.3. Circumstances leading to young motherhood

Various reasons were given for the participants to become mothers at a young age, they included inadequate sexual information and knowledge and age of sexual debut.

4.3.1. Knowledge and information about safe sex

Young women spend a lot of time with peers in school and may have inadequate sexual knowledge because of inaccurate information, myths and misconceptions about sexual relations (Varga, 2003). Peer influence and pressure are often cited as one of the most influential factors affecting adolescents' sexual decisions (Nkwanyana, 2011). Some of the factors include ignorance about reproductive health, while others seemed to be teenage curiosity, for instance Zama (10) said: *"I fell pregnant because I did not have any knowledge, and no one taught me about sexuality at home. Unfortunately I got a baby."* Knowledge about safe sex was important and it was also clear that the participants fell pregnant at a young age. Fifteen participants revealed that they had not thought of the risk of pregnancy during sexual intercourse, and this implies that they did not use protection.

4.3.2. Age of sexual debut and peer pressure

Early sexual debut does not only impact the social lives of young people, but it also poses a threat to their reproductive health. Manzini (2001) found that sexual activity starts at an early age in South Africa and when sexual encounters begin at an early age it generally continues despite this carrying the risk of unplanned pregnancy or sexually transmitted infections (Martelelto, Lam, & Ranchhood, 2008). For instance 13 of the participants had their first child at age 15 or younger, and of 7 other participants, only three of them had children after their 18th birthday, that is Phumzile (at 20 years), Londi (at 19 years) and Mbali at 22 years of age. Information about sexual intercourse amongst young people is often not accurate, and thus becomes one of the leading factors to early childbearing and STIs.

Exposure to unprotected sex increases the risk of unplanned pregnancy (Biglan *et al.*, 1998). The young women felt that they wanted to have the same experiences as their peers, but they did not have adequate information about the consequences of unprotected sexual intercourse. For them, pregnancy was not even a matter for consideration because they had never thought they would fall pregnant, at least not in the first instance of unprotected sex, for example Masisi (25) said: *"I was not worried about getting pregnant when I was having sex because it was my first time having sex."* Zomusa (20) said: *"I was so shocked, I only had sex once and I he said I will not fall pregnant because it was my first encounter." (Zomusa).*

The scenarios above illustrate that lack of knowledge and age of sexual debut were risk factors for early and unplanned pregnancy. In other instances, the participants felt pressurised to have sex even when they were not ready for this, for instance: *"Peer pressure from friends; I saw them dating, I decided to date, then I fell pregnant." (Nomusa, 25).* Zoliswa (25) said: *"every girl in my class talked about having sex with their boyfriend then I also wanted to have sex." (Zoliswa).* The pressure on young people, especially young women to engage in sex is tremendous and often has negative outcomes (Nkwanyana, 2011;Panday *et al.*, 2009). Many of these participants were not talk about sex with their parents and believed that it is the reason they fell pregnant at a young age.

4.3.3. Parent- child communication about sexuality

Dlamini & Van der Merwe (2002) found that among families in Africa, issues such as sexuality, human reproduction or young motherhood are usually viewed as too sensitive to discuss with children. The subject belongs to the private domain, and therefore these issues are not addressed. Thandi (24) for instance said: *"I was 14 years old; I did not know anything about sexuality. I used to wear my tiny clothes and my neighbours noticed that I was pregnant; my mother told me nothing about sex."* Phumzile (25) believed that the lack of communication about sex with her parent could have prevented her from falling pregnant: *"I wish my mother had told me about sex and getting pregnant. I would not have fallen pregnant this early in life."*

Ten participants reported that if their parents had given them adequate information about sexuality, they would have delayed their childbearing. Sexual matters are often discussed among peers and participants reported that the knowledge of sexual practices they gained was from those discussions. These participants did not take any responsibility for their pregnancy, instead explained that they were either pressurised, ignorant about reproductive health or could not discuss with their parents.

4.4. POSITIVE EXPERIENCES OF MOTHERHOOD

While young motherhood is usually frowned upon, some of the participants grew from this experience and how they constructed the meaning of motherhood. The age at which women become mothers is contested and socially sanctioned but young motherhood should not always be problematized (Macleod, 2001; Phoenix, 1991) because each person makes sense of it their own way.

4.4.1. The meaning of motherhood to the young women

Some young women perceive motherhood as a salvation (Lesser *et al*., 1999), or a new meaning to life, which brings a new sense of purpose and meaning that provides future (Smith, 2000; Ntini & Sewpaul, 2017). Others perceive it as a reward (Lesser *et al*., 1999) which provided hope of a better life for both the mother and child, and as a way for the mother to move on. In this regard, 13 young women reported that motherhood brought new sense of purpose and meaning. Some of what the young mothers said is presented below:

"Now that I am a mother, the only thing I want is to find a job, study hard so that I can provide for my child." (Phumzile, 25)

"Even though I did not complete my matric, I still want to improve my life so that my children will see that in life they must not give up; they must push hard to better your lives." (Hloni, 20)

Some young women experience a sense of responsibility after becoming mothers and this is not seen as a negative experience (Noria et al., 2007). Motherhood seemed to give them motivation to improve their lives and to take responsibility for their children. Scenarios bellow illustrate how participants construct knowledge and meaning of motherhood from their own experiences.

"As much as it has its own challenges, it feels good to see your child growing up, it also matures you." (Mpume, 22)

"It means raising my children in a proper way so that they can grow up in a right way not because my parents failed to raise me the way they were supposed to and be what they want me to be; I will try to raise my children the rightful way, guide them and send them to school." (Sthuthukile, 25)

"To me, it means love; I love it. It has brought meaning to my life; I leave for my children now, I do not know how life will be without them." (Zama, 19)

"Motherhood means a lot of things, but what I love the most is that you get unconditional love from your children. They do not judge me when they see me, it is like they are seeing heaven." (Wandile, 23)

For some young mothers, becoming a parent marks a positive new beginning both for themselves and their children. However, some mothers consider that task and responsibility of

motherhood may clash with typical adolescent behaviour related to spontaneity and freedom compromising development adaption for both a young woman and her child (Marsiglio, 2004).

Parenthood could offer young mothers a chance to change their lives for the better (Cater & Coleman, 2006). Noticeably, motherhood seemed to increase optimism about future endeavours rather than regret, a wake up call and a stepping stone to a better life and a process of learning about life. Their experiences could lead to personal growth and the development of a sense of purpose and hope.

4.4.2. Sense of purpose and hope

Many young mothers become more determined to complete school for the sake of their babies (Chigona & Chetty, 2008). In the findings from this study, all young mothers reported being motivated to turn their lives around to provide for their children and be better parents than they were at that stage. Speaking about their aspirations for themselves and their children, participants shared that:

" …. do all the things you wish to do properly would have finish my studies so that I can support my parent and my children." (Hloni, 20). Mafuthi (23) said: *"Plans for future must not change but be able to work around your situation, always think about you and your child."*

The participants clearly wanted to succeed, and they showed resilience and personal agency (Dominelli, 2002; Mullally, 2010). They also aspired towards a better education and secure employment as indicated below:

"After I gave birth to my child, I immediately went to school with my breast swollen and painful stitches in my private part; I had to finish school." (Zinhle, 22)

"I wish a good future for my child more especially and accomplish a lot of things myself like furthering my studies" (Nosipho)

"I am doing my first year in Bachelor of Education at UNISA." (Nosipho, 24)

The participants had strong aspirations for a better future and were determined to pursue careers and study further, often highlighting the importance of education. Clearly young motherhood does not always result in the end of a young woman's life.

4.5. THE UNDESIRABLE CONSEQUENCES OF EARLY MOTHERHOOD

Being mothers at a young age has the potential to disrupt a young woman's life and present negative outcomes. The participants in the study encountered challenges and foe many, it meant that they had to cease pursuing their dreams and handle the responsibilities of motherhood at a young age. For instance Zama (19) said: *Life changes drastically when you have child; a child delays lot of things in life, you drop out from school; you even loose friends because you do not have time to go out with your friends to have fun, now you have a responsibility to look after your child."*

"hhhey its hard; it is very hard. Every cent you get you think of your children and when there is no food at home you think of what your children are going to eat. Whatever you have, you sacrifice it for children; you do not afford even to buy clothes for yourself the way it is hard to raise a child. I do not wish it for any other person." (Hloni).

Early motherhood placed a great deal of pressure on young women because they were forced to take on several responsibilities as a result of their positon as mothers.

4.5.1. The burden of care on young women

Caregiving is predominantly the role of women and the discourses of motherhood usually include "qualities that are stereotyped as core attributes of hegemonic femininity", such as "the tasks of 'protection, nurturance, training', and a readiness to respond to the needs of children with 'care and respect'" (Malacrida, 2009: 101). In the following scenarios, the participants shared their life experiences on caring for their children:

"When my child was hit by a car, I was the only one who took care of him. I was sending him to the clinic once a week to change bandages." (Sthoko, 20). Mafuthi (23) also found parenting overwhelmingly challenging: *"I raised my son all alone; no one helped, my mother was missing, and my father was in jail. No one helped, I use to stay up all night when he was born. He used to cry; I do not even know what was wrong with him."*

Participants shared how caring for their children had burden them. Three participants reported that they did not receive any support during hard times of caring for their children, and seemed overwhelmed by this responsibility.

4.5.2. Regrets and loss of freedom as young women

Regret is both a feeling and a pattern of thinking where one dwells on or constantly replays and thinks about an event, reactions or other actions that could have been taken and feelings of regret include: sadness, remorse, anger, shame, and anxiety (East, 2012). There was regret on the part of about 10 participants who had to mature at a young age. They regretted being mothers at a young age and felt that they had also lost out on their childhood:

"When I found out that I was pregnant, I felt so lost and discouraged in life. I was so ashamed and disappointed in myself. I thought of so many things. I wanted to terminate pregnancy, but I also feared that if I abort the baby, I would lose my life. It was so hard." (Nosipho, 24).

"I was disappointed in myself. There was so much I wanted to accomplish. Pregnancy and a baby was not an option, I kept asking myself why I had a child at such a young age." (Londi, 24).

These were young women who had to care for their children from a young age, and participants seemed disappointed in themselves and the loss of their freedom as adolescents. In addition to these feelings, they also faced, rejection by family, stigma and felt like a burden on their families.

4.5.3. Rejection by family

Sometimes parents reject young mothers due to shame, stigma and disappointment (Chigona & Chetty, 2008). Early motherhood is often not accepted by family and in the case of four participants, the family chased them out of their homes, Mbali and Stholo said: *"My father chased me out of the house when he found out that I was pregnant. At that point, I did not know where to go. I went to stay with my paternal grandmother until I gave birth and then his (father of the child) family paid damages." (Mbali25).*

"They were so furious. My uncle disowned me. He wanted nothing to do with me." (Sthoko, 20).

Most women were living with their parents when they fell pregnant. However, by having children out of wedlock they were chased out of the family home. They were also rejected by friends and it seemed that the "discourse of contamination" played a significant part in their experience. The stigma was based on the perception that the immorality of the young mother would set a bad example to other young girls, hence contaminating them, in their words:

"When I went to visit my friend Zokulunga, her mother looked at me with an evil eye and she said she does not want me near her because I was promiscuous, I would influence her child." *(Ntombi, 25)*

"I went to church 6 months after my child's birth. When I arrived at church, the youth leader asked me not to enter the church because I needed inhlambuluko (meaning, I needed cleansing) before I entered the church because I was dirty, I was not supposed to come back to church." *(Wandile,23)*

"When I arrived in my uncles' home with my child, I was asked to sit separately to other children because I am no longer a child and I was asked not to associate with them because I am going to influence them with my bad behaviour" *(Londi, 24)*

"I could not talk to my cousin or ask her to carry a baby while I was busy with something because my aunt would slap her since she was told to stay away from me or else she fall will pregnant." *(Thobile, 25).*

4.5.4. Financial challenges faced by young mothers

In addition to the stigma and rejection young mothers faced financial challenges. Providing material needs of a baby require financial resources and almost all the young mothers in this study reported financial challenges:

"What is hard is that all the time you must think of your child even when you get money you have to think of your child needs". *(Nonto, 21).*

"When I gave birth to my son, I did not have a penny to buy my child needs. I struggled a lot. It was so hard, I even sold my clothes to my neighbours so that I can buy him clothes and lotion." *(mafuthi, 23).*

"I depend on child support grant mostly. It is not enough, so I go household by household looking for job to do washing and ironing and my grandma also help me if she has money that's how I survive." *(Sthoko, 20)*

Sthoko, like many of the participants, depended on the financial and material support of their families. Although some of the participants were employed, they needed practical support from

their families, and similar to Schatz & Ogunmefun (2007) grandmothers generally took over the responsibility of childcare. It was noted that while the pregnancy was rejected, families tended to welcome the baby. The participants reported that their parents accepted their children and were very supportive, for instance Zinhle (22) said, *"My mother is the one who provides for my child's every need."* Masisi (25) also had support: *"Now that I have a child, my mother no longer buys me clothes. She buys them for my child. I do not even get money to carry at school sometimes she says that she uses that money for my child's wellbeing."* Mbali (25) explained: "*As from I gave birth to a child I do not remember my mother buying me cosmetics or sanitary pads. She is not the same person that I knew. She shifted all her focus to my child. It seems like I do not matter anymore. She only caters for my child's needs."* Quotations above illustrate how families shifted their focus from the mothers to the grandchildren.

As the participants experienced negative consequences due to their status as young mothers, they also had to deal with issues related to the fathers of their children. The findings of the study indicated high incidences of denial of paternity, and lack of the payment of inhlawulo.

4.5.5. Paternity denial

As stated above, parenting has become a predominantly feminised space. Women tend to be caregivers while men play a marginal role. The glaring absence of men in parenting were noted in this study. In line with the dominant fatherhood discourse in South Africa (Richter & Morrell, 2006; Nduna & Jewkes, 2011), father absence was noted. For those participants whose partners denied paternity, it was a painful experience:

"He disappeared after 3 months the child was born. He said that the child does not look like any member of his family." (Masisi, 25)

"He was not ready for the responsibility of being a father." (Sthuthukile, 25)

None of the participants was married, but ilobolo had been paid for Thandi (24) whose partner had been shot dead. These young women were raising their children alone and it seems that young women become single mothers who carry the responsibility of child-rearing alone (Ntini & Sewpaul, 2017). Some of them had i*nhlawulo* paid and it seems that this somehow improved their relationships with family:

"My mother did not have any problems with my pregnancy after the father of my child paid damages. His family was supporting the child and meeting his every need." (Wandile, 23)

"They sent me to report pregnancy and ask for the one who broke my virginity. His family paid damages so my family was happy." (Sthoko, 20)

In African societies, particularly the Zulu culture, "when a man impregnates a girl it implies social and financial commitment to the child" (Varga, 2003:166) by financially supporting the child. The paternal family determines whether damages for impregnating the girl, called '*inhlawulo*,' a way of acknowledging and respecting the girl's family (Preston-Whyte *et al.*, 1990) should be paid. For those whom '*inhlawulo*' had been paid, their families seemed to be mollified. This seemed to fit into the discourse of men as financial and material providers. Even though the fathers were not hands-on in parenting, once damages were paid or financial support was given, then they were regarded as supportive.

4.6. Conclusion

The findings revealed that young mothers experienced emotions and feelings towards early motherhoods they needed support. They experienced distorted interpersonal relationships with families and friends related to motherhood as well as challenges of nurturing their children. However young mothers also had future ambitions on education, support, relationships and job attainment. The following chapter discuss recommendations and conclusions.

Chapter 5: Summary, recommendations and conclusions

5.1. Introduction

This chapter provides an overall summary of the study, draws overall conclusions and makes recommendations. Young motherhood is considered a social problem but the social environment in which young women live often being ignored. The overall aim of this study was to draw attention to early parenting among young women. The research attempted to

explain factors contributing to young motherhood, the causes and experiences of young mothers living in KwaMakhutha Township.

I used a qualitative research method to establish the meaning of motherhood to young women, and their experiences in raising their children. Even though there are limitations to a qualitative approach, its advantage is that it offers space for in-depth information. The study also benefited from drawing on social constructionism theory to explore young women's early parenting experiences. Social constructionism theory and qualitative research are linked by a mutual respect for the complexities of the human experiences and life stories. I used a semi-structured interview guide and the interviews were audio-recorded, and I made detailed notes following each interview, my field notes and observations were also useful. After transcribing the data I analysed it using thematic analysis. All the participants were living in KwaMakhutha township.

5.2.   Overall summary

Young motherhood is usually frowned upon, often seen as lacking skills of taking care of themselves or their children. This study was meant to gain insight and further understand how young mothers experience parenting at a young age. The findings indicate that the context in which they live has a bearing on their experiences. This study also investigated ways in which these young women give meaning to motherhood under specific social contexts of their life experiences raising their children in the KwaMakhutha Township in KwaZulu-Natal. The findings in chapter four provide details regarding thier experiences. In relation to a review of the literature as discussed in chapter two, the findings indicate the complexity in understanding early parenting among young women. I realised that young motherhood may not be the root of the problem, but a branch of a bigger problem stemming from various biases such as on the basis of gender, age, socio-economic status, and culture. Some of the causes discussed included lack of parent-child communication about sex, early age of sexual debut, poverty and lack of use contraceptives. Social constructivism theory was relevant to this study because I wanted to understand how these young women make sense of their lives.

In social constructivism, meaning is produced through a reflexive process (Durrheim, 1997). It is a recognition that people constantly create and change narratives that they themselves create and are changed by these narratives. In addition, social constructionists argue that the way in which reality is understood at any given point in time is determined by the 'status' given to that knowledge within that particular time and context (Burr, 1995). Literature review informed

about constructions of early motherhood, which reproduce generational power relations, and oppressive behaviour between men and women. The dominant ideologies attached to genders are discriminatory (Sewpaul, 2013). Although there is some awareness about this domination, it is possible that it will have not reached the vast majority that need it most, particularly the uneducated and those residing in the rural areas. Though attempts have been made to alter these conceptualisations through literature, research and policies, in the best interests of equality, changing perceptions and dominant ideologies still proves to be challenging. The issue of early motherhood is rather complex and controversial.

5.3. Main conclusions: Summary of findings and Recommendations

5.3.1. Factors leading to participants' early motherhood

I heard the reasons given by the young women for bearing children at a young. There were many similarities among young women's experiences such as parent-child interaction, lack of reproductive health information, peer pressure and age of sexual debut. It is clear from the study that the earlier they became sexually active, the higher the propensity to become young mothers.

5.3.2. Parent-child communication about sex

The findings of the study revealed that discussions between parents and children were limited. The young women tended to avoid the subject of sex with their parents and depended on peers for this information. There was limited, or no information shared in their households with regard to reproduction. It was also expected that the girls would be responsible for preventing pregnancy, which could be the reason they were also blamed for falling pregnant. Parent's sexual values, together with communication with children have an important effect on adolescents' experience of sexual intercourse. Blake et al. (2001) found that children whose parents talk with them about sexual matters or provide reproductive health education at home are more likely than others to delay sexual activity. These youth then turn to friends and peers for information which may not always be accurate. The findings of the study reflect that parents are not the only important source of information, but young women rarely discuss sexual matters with their parents. Parent-child connectedness, that is, parental support, closeness and warmth are related to lower adolescent pregnancy risk, delaying and reducing sexual intercourse among young people (Miller, 2002).

5.3.3. Age of sexual debut and peer pressure

Parental authority and supervision also lower early sexual debut and risky sexual behaviours among the youth (Maseko, 2003). The thirteen participants became mothers before their 16th birthday and some, it was the first time they had sex. When sexual encounters begin at an early age; it generally continues, and when an unprotected first sexual encounter begins, it carries the risk of early motherhood.

The findings of the study reflect that peers appear to have an influence on the behaviour of young women. Since young people do not have sufficient information about the risks associated with sexual behaviour, peers are an important source of information. Almost all the participants indicated that they obtained information on sex from their peers at school and in the community. Although peers might not pressure them to engage in sexual activity, however young people feel pressure to be accepted by their peers. Some participants reported that when they started having sex, their friends had already been sexually active.

5.4. Positive experience of motherhood

Understanding that being a mother demands an added responsibility to young women, I also wanted to understand how young women make sense of motherhood based on their own life experiences. The findings revealed that young mothers embraced motherhood and its challenges. They were not only motivated but also felt pressure to achieve and have clear goals for the future, personal growth and sense of purpose and hope. They were motivated to turn their lives around to provide for their children and be good parents. The findings revealed that the young mothers valued education, which is why they returned to school after child birth. For them, furthering their education was the only way to a better life for them and their children. Even though young mothers encountered great challenges in early parenting, they loved their children who brought meaning in their lives. Despite these positives with regards to their experiences of parenthood, all of them talked about difficulties of parenting brought into their lives, and would not recommend early motherhood.

5.5. Undesirable consequences of early motherhood

Young mothers had to cease pursuing their dreams, and focus on caring for their babies. They felt the loss of freedom as young mothers. Although they shared how young motherhood changed their lives, they also regretted having a child at a young age due to the time spent on caregiving. All the unemployed participants depended on the child support grant. The few who were employed used this money to meet the needs of their children. Early motherhood is

associated with poorer socio-economic outcomes, and the participants also had challenging financial statuses. The participants found it hard to raise their children with the limited funds that they had and constantly worried about money, this induced stress and anxiety mothers, which linked to the second part of the objective as it concerned economic challenges. Unemployment and job opportunities were a challenge among the young women in the study. Even those who were employed, worked in low income jobs such as cleaning, cashiers or packers. The few who had support, could further their education but this depended on the resources at their disposal and supportive family members who could either pay for their studies or help with babysitting. Briggs, Brownell & Roos (2007) states that young parents are more likely to come from economically disadvantaged families as majority of the participants strongly reflected on finances to have been a major concern, which highlighted the relationship between poverty and early motherhood.

5.5.1. The burden of care in young motherhood

Father absence was noted in this study. The men were not actively involved in the care of their children and most of the participants did not receive practical or material support from the fathers or paternal relatives. The participants lived with their children, and were primarily responsible for taking care of their needs. They carried caregiver role and also became sole providers with no support from the fathers of the children. Some participants revealed that their relationship with friends has changed due to their pregnancy and their parental responsibilities.

Of the 21 participants, almost half (10) were rejected by family when they revealed that they were pregnant. Their family members were disappointed and angry when they found out that they were pregnant. They felt alienated from other family members and stripped of their privileges. Four participants reported that were chased out of their home to stay with their relatives or families of the boyfriends. Young motherhood is now encouraged and is often stigmatized by the family and society. Friends were also discouraged from associating with them, because there is a belief that they may influence their daughters negatively for instance the four participants who were not allowed to have contact or either make friends with other young women.

Although families rejected the pregnancy, they welcomed the baby. Most of the children's grandparents took care of the babies once they were born. Their focus shifted from the mother to the baby and six participants reported that their parents accepted their children and took on the responsibility to raise them. Although they felt side-lined, they appreciated the support from

their family members. Some of the participants had some support from the fathers of their children, it was often haphazard and seemed to be when they demanded assistance, for instance clothes or the payment of school fees.

5.6. Recommendations

Early motherhood is a multifaceted, and controversial. Therefore, multidimensional methods are desirable in attempting to deal with early motherhood. Various interventions include school-based sex education, peer reproductive health education programmes, adolescent friendly clinic initiatives, mass media interventions as well as community level programmes. Based on findings discussed in this study I therefore, recommend the following:

5.6.1. Policy implications

A main concern was the financial challenges facing young mothers. These related to wider socio-economic issues of the young mothers, their relatives and community. The high levels of poverty in KwaMakhutha are also noted. All the participants who were unemployed received the child support grant (CSG) and this social security measure was a lifeline for them. Proudlock (2016, p. 96) proposed a comprehensive social security reform in South Africa, which would include the introduction of a pregnancy and maternal benefit for women thus "providing income support, combined with incentives to promote use of health services, for pregnant women during pregnancy and until the child is two years old." In addition to the Child Support Grant (CSG), this would alleviate the burden of care for women and help them to realise their goals, such as completing basic and further education.

The South African Basic Education Law Amendment Act 15 of 2011 on teenage pregnancy policy states that a young mother has the choice to be registered at an alternative school provided there is space available. Regardless of such enlightened policies and laws, this does not guarantee that pregnant young women will continue with schooling or encounter as little disruption in their education as possible (Bhana et al., 2010). In South Africa, the Basic Education Amendment Act forbids the dismissal of pregnant young women from school. In this way, these young mothers are given another chance of finishing their high school education which eventually facilitates their employability. This policy that permits pregnant young women to return to school, is still inadequate in that it does not ensure supportive strategies after childbearing, for example a pupil who has missed a test must provide a medical certificate but she may have missed school to care a child and thus have no medical certificate. Given the high propensity for young mothers to drop out of school as the education structure is not

prepared for young mothers, a supportive strategy needs to be put in place for young women who miss school due to parental duties. School policies must accommodate young mothers so that they complete their schooling.

When young mother leave school, an organized process is mandatory to re-enrol them in school or in other structures of education. There is a need to increase the number of young mothers enrolled in other pathways such as Further Education and Training (FET) or Adult Basic Education and Training (ABET). These programmes should be sufficiently resourced, deliver excellent education services, and be reframed as genuine and reliable structures.

Likewise, there must be wide availability of the National Adolescent Friendly Clinic Initiative (NAFCI) in all provinces of SA. Young women are still faced with the undesirable and defaming attitudes of health staff. This means that young women would have to depend on peers for information pertaining to the use of contraceptives or become mothers at a young age. Healthcare workers need to be supportive of young women and ensure that adolescent-friendly amenities are open to young people as they discover their sexuality and to young women who fall pregnant.

Lastly, the policy on parenting has to emphasize involvement and presence, in addition to financial responsibility towards children. The discourse on fatherhood in South Africa needs to change from that of absence, to immersion in the life of a child especially when the mother wants the father to be involved. Caregiving should be a man's responsibility and a right of every child, not only when the father wants to but because he realises that he is equally responsible for childcare.

5.6.2. Recommendations

As the main socialising representatives of children, parents are a reliable foundation of information on sexuality for youth. A lack of communication with their children about sex is a missed opportunity. The realisation that their input will empower them, could motivate them to break the taboo in relation to talking about sexual matters with their children.

The implications for social workers are noteworthy. They play a significant role in society by conscientizing communities, developing and implementing programmes for the improvement of society. Young mothers need to negotiate stigma, disappointment and anger while they raise their children. They need to have coping strategies and the community needs to support them.

In raising consciousness about pregnancy prevention approaches, we must be willing to engage young mothers in discussions with their peers about their own lived experiences. The positive experiences of young motherhood could provide courage and instil hope to young women facing similar conditions. Young mothers can become mentors to young women who do not have children by sharing the undesirable factors of early childbearing and negative consequences to their livelihoods.

Appreciating young mother's resilience and their endurance can be empowering for themselves, their children, families and community. The focus should not only be on young women, but also on men. Willingness to engage in protected sex, and use of contraceptives is important for men to understand. Those who impregnate women have to take the responsibility to raise them. This involves financial support and hands-on parenting, which is not meant to assist the mother, but to care for their own children as parents too.

5.7. Conclusion

The study provided insight into the lived experiences of young women. Major issues raised in the study mainly point to socio- economic difficulties experienced by young mothers in raising their children. The study discourages the decisions and preventive labels associated with early motherhood and endeavoured to describe the difficulties of early parenthood with constant replication on their stories. Furthermore, the conclusion from this study agreed with the idea that mothers who communicate with their daughters about sex can affect their daughters' sexual behaviours in positive ways.

Chapter 1 provided a background and rationale of the study in detail and also outlined the conceptual framework. I discussed the problem statement, aim and objectives of the study and presented an outline of the dissertation. In chapter 2 I presented a review of the literature on the experiences of young mothers, the social perceptions and implications for their education and economic positions. Chapter 3 was on the research methodology and how the study was undertaken, including a discussion on the rigour and ethical considerations. In chapter 4 I presented the themes that emerged from the data, both challenges and opportunities for growth as a result of young motherhood. Finally, in this chapter I summarised the study, drew from the major findings and made recommendations.

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Appendix I: Interview Schedule (In English and isiZulu)

Section 1

Background: demographic information

1.1 Pseudonym Name: *(igama)*

1.2 Current age (*iminyaka)*

1.3 Year you gave birth a child (wateta umuphi unyaka)

1.4 Age at given birth *(wawuneminyaka engaku uteta umntwana)*

1.5 Marital Status of the participant (*ushadile yini)*

1.6 Year completed school (*unyaka owaqeda ngawo esikoleni)*

SECTION 2:

2.1 What led to early child bearing?

(Yini unobangela wokuthi usheshe uthole umntwana)

2.2. How many children do you have and how old are they?

(unabantwana abangaki futhi baneminyaka engaki bezelwe?)

2.3. How was your life like before you had your child/ren?

 (ibinjani impilo ungaka batholi abantwana noma umntwana?)

2.4.How is your life like after you had your child/ren

(isinjani manje impilo ngoba usunomntwana)

And at home? (Ekhaya?)

2.5. Overall experience?

(Nje? Kukho konke)

2.6. How has the experience of being a mother changed your life?

(ukuthola umntwana noma abantwana kuyishintshe kanjani impilo yakho?)

2.7. How has this affected your relationship with the father of your child?

(Ubudlelwani bakho nababa womntwana wakho kubenjani emva kokuthi uthole umntwana?)

2.8. How did you feel when you found out you were going to a mother?

(Wazizwa kanjani usuthola ukuthi uzoba umama?)

What does motherhood mean to you?

(kusho ukuthini ukuba umama kuwe?)

2.9. How would you define a good mother?

(Ungamchaza kanjani umama oqotho)

2.10. What would you do differently, if so, if you had your time over again?

(Yini ongayenza ngokuhlukile uma unganikwa elinye ithuba mayelana ngokukhulelwa kwakho?)

2.11. What makes it easier/difficult to parent your child/ren?

(yini eyenza kube nzima noma lula ukuba umzali kuba ntwana bakho)?

Appendix II: Copy of Informed Consent form (English and Isizulu)

Information Sheet and Consent to Participate in Research

Date:

Greetings

My name is Sibonelo Mavundla a student at UKZN, from the School of Applied Human Sciences under the discipline of Social Work. I am supervised by Ms Boitumelo Seepamore. I can be contacted on 073 8025 481 and my supervisor on 0312607640 via email at seepamoreb@ukzn.ac.za.

I am inviting you to take part in a research study that involves young women to understand their experiences in parenting their children. The aim of this research is to find out what led to your falling pregnant while you were still in school. I am also interested in the views of young women such as yourself living in KwaMakhutha township, to understand how your experiences of being parent. I want to understand how you make sense of being a mother and how you manage to raise your child or children.

You are one of fifteen young ladies I wish to interview, and each interview may take about 45 minutes to one hour. If you choose to take part, I will ask you to answer some questions and if you feel uncomfortable at any point, please tell me. You may choose not to answer any questions or to leave the study at any point, nothing will happen to you.

I am also a registered social worker so please feel free to talk to me. If there is a need, I will refer you for counselling at the Bobby Bear clinic. This study has been ethically reviewed and approved by the UKZN Humanities and Social Sciences Research Ethics Committee (approval number_____).

If you have any questions please contact me or my supervisor or the UKZN Humanities & Social Sciences Research Ethics Committee, **Ms Phumelele Ximba, on 031 260 3587.**

--- (tear here)

CONSENT OF A PARTICIPANT

I …………………………………………………………………….have been told about the study entitled "experiences of young women in parenting their children" by Ms Sibonelo Mavundla.

I understand the aim of the study and what is expected of me. I also understand that the study aims to understand what leads young women to falling pregnant while they are still in school. I was given an opportunity to ask questions about the study and all questions were answered to my satisfaction.

I declare that I was not pressurized to participate in this study, and that I may stop or leave at any time without affecting any of the benefits that I usually get.

Additional consent:

I hereby provide consent to:

Audio-record my interview   YES / NO

If I have any questions or concerns about my rights as a study participant, or if I am concerned about any aspect of the study or the researcher then I may contact: **Ms Phumelele Ximba, Research Office, UKZN, on 031 260 3587.**

_____   _____

Signature of Participant   **Date**

Appendix III: Incwadi ulwazi nesivulwane sokuba nxenye yocwaningo
Usuku:

Sawubona

Igama lami Sibonelo Mavundla ngingumfundi wase UKZN, esikoleni se Applied Human Sciences ngaphansi komkhakha weZenhlalakahle. Ngifunda ngaphansi kuka Boitumelo Seepamore. Ungaxhumana nami kule nombolo 073 8025 481 ugxumane nomphathi wami kulenombolo o 0312607640 noma nge email seepamoreb@ukzn.ac.za.

Ngiyakumema ukuba ube yinxenye yocwaningo olumayelana nezimo zabantu besifazane abasebancane ekhuliseni abantwana babo. Inhloso yalolu cwaningo ukuthola okuholela ekutholeni kwabo abantwana besesebancane, ukuthola umuzwa nokuzwa imibono yakho yokuba umama osemncane, kusho ukuthini ukuba umama kuwena nokuthi ukhona kanjani ukukhulisa umntwana noma abantwana bakho.

Ungomunye wabesifazane abayishumi nanhlanu (15) abayinxenye yalolu cwaningo olungatha imizuzu engama shumi amane nanhlanu (45 minutes) kuye ehoreni (1 hour). Uma uvuma ukuba yinxenye yaloluwaningo ngizocela uphendule imibuzo, uma kukhona okukuphatha kabi ungangazisa. Awuphoqelekile ukuphendula yonke imibuzo yocwaningo futhi ungashiya kuloluwaningo noma ngabe isiphi isikhathi ayikho into embi engenzeka kuwe.

NginguNonhlalakahle ngokusemthethweni ngicela ukhululeke ukukhuluma nami noma yini okushilo kuyogcineka njenge mfihlo phakathi kwethu.

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Lolucwaningo luhlolwe laphumeleliswa isigungu sase Nyuvesu yakwaZulu sezemithetho yocwaningo. (This study has been ethically reviewed and approved by the UKZN Humanities and Social Sciences Research Ethics Committee (approval number_____).

Uma unemibuzo xhumana nomphathi wami Ms Boitumelo Seepamore. Ms Boitumelo Seepamore noma nesgungu UKZN Humanities & Social Sciences Research Ethics Committee, **Nkszn Phumelele Ximba, on 031 260 3587**

Incwadi yesivumelwane

I …………………………………………………………………………….Ngazisiwe ngocwaningo olumayelana nabesifazane abasebancane ekukhuliseni abantwana babo olwenziwa uSibonelo Mavundla. Ngiqonda inhloso ucwaningo nokulindelekile kimi njengenxenye yocwaningo. Ngiyaziqonda ukuthi ucwaningo luhlose ukuthola ulwazi ngembangela yokuthi abantu besifazane bethole abantwana besebancane , kunjani ukuba umama kubona.

Ngiphiwe ithuba lokubuza ngalolucwaningo ngathola nezimpendulo ezifanelekile ezigculisayo, ngingayeka noma inini mase ngingasathandi ngaphandle kokuphoqwa noma ngithenjiswe inzuzo ngokuqhubeka. Ngiyavuma ukuthi ngiqoshwe ngesikhathi ngiphendula imibuzo. Uma nginemibuzo ngamalungelo ami kulolucwaningo noma uvo nokukhathazelo ngomcwaningi ngingaxhumana no **Ms Phumelele Ximba, Research Office, UKZN, kule nombolo 031 260 3587.**

_____   _____

iSignature   **Usuku**

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Appendix IV: Ethical Clearance Approval

12 February 2018

Miss Penelop Sibonelo Mavundla 217079768
School of Applied Human Sciences
Howard College Campus

Dear Miss Mavundla

Protocol reference number: HSS/0071/018H
Project title: Parenting their children: The experiences of young women in at KwaMakhutha Township in KwaZulu-Natal

Full Approval – Expedited Application
In response to your application received 31 January 2018, the Humanities & Social Sciences Research Ethics Committee has considered the abovementioned application and the protocol has been granted **FULL APPROVAL.**

Any alteration/s to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through the amendment /modification prior to its implementation. In case you have further queries, please quote the above reference number.

PLEASE NOTE: Research data should be securely stored in the discipline/department for a period of 5 years.

The ethical clearance certificate is only valid for a period of 3 years from the date of issue. Thereafter Recertification must be applied for on an annual basis.

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

Yours faithfully

....
Dr Shamila Naidoo (Deputy Chair)
Humanities & Social Sciences Research Ethics Committee

/pm

cc Supervisor: Boitumelo Seepamore
cc Academic Leader Research: Professor Jean Steyn
cc. School Administrator: Ms Ayanda Ntuli

Humanities & Social Sciences Research Ethics Committee
Professor Shenuka Singh (Chair)
Westville Campus, Govan Mbeki Building
Postal Address: Private Bag X54001, Durban 4000
Telephone: +27 (0) 31 260 3587/8350/4557 Facsimile: +27 (0) 31 260 4609   Email: ximbap@ukzn.ac.za / snymanm@ukzn.ac.za / mohunp@ukzn.ac.za
Website: www.ukzn.ac.za

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CONSENT FOR PROVIDING THERAPUTIC SERVICES FOR PARTICIPANTS

I Syabonga Mthiyane Practice no: 0585572 been requested to offer therapeutic services to participants of the study. I have been informed about the study entitled experiences of young women in parenting their children by Sibonelo Mavundla.

I understand the purpose and procedures of the study to establish causes early pregnancy in young women at KwaMakhutha, to explore how they balance being a child and being parent, to establish how they make sense of motherhood and to establish their experiences in parenting their children.

I am accepting the opportunity to offer therapeutic services such as counseling and support for participants of the study where necessary. I will also be responsible for keeping records of counseling sessions confidentially and safe. Please contact me on 084 680 0070 or on email mthiyanebhopo@gmail.com

If I have any further questions/concerns or queries related to the study I understand that I may contact Ms Boitumelo Seepamore who will gladly take any enquires when kindly contacted on 0312607640 via email at seepamoreb@ukzn.ac.za.

17/02/2017