

**WHEN TEENAGERS BECOME MOTHERS:  
TEENAGERS' EXPERIENCES  
OF  
PREGNANCY AND MOTHERHOOD**

**ANNE-MARIE JOUBERT**

**Thesis presented in partial fulfillment of the requirements for the degree of  
Master of Arts (Psychology) at the University of Stellenbosch.**



**Supervisor: Prof L-M Kruger**

**December 2007**

## STATEMENT

I, the undersigned, hereby declare that the work contained in this thesis is my own original work and, that I have not previously in its entirety or in part submitted it at any university for a degree.

Signature

Date

## **ABSTRACT**

Most portrayals in the media, research and clinical literature of teenage pregnancy and motherhood concentrate on the negative consequences for the teenager, the baby and society. Although these portrayals do capture the experience of some of the cases, they fail to grasp the complexity of these teenagers' life choices and the alternative positive impact teenage pregnancy and motherhood may have on their lives.

This qualitative study focuses on the autobiographical narrative of the teenager as she experiences pregnancy and becomes a mother. The sample consists of eight participants from a rural community outside Stellenbosch, South Africa. One pre-birth interview as well as three interviews after the birth of the baby were audio taped and transcribed. Responses showed significant data with regards to the impact of the emotional experience of teenage pregnancy and motherhood on the teenager, as well as her experience of herself, changes in her life as well as the nature of the pregnancy and motherhood experience.

To date, the literature does not account for the unique and individual nature of how teenage pregnancy and motherhood impacts the individual. In contrast, this research illustrates the changes in the thoughts, emotions and behaviours of teenagers when they become mothers.

## OPSOMMING

Die meeste uitbeeldings in die media, navorsing en kliniese literatuur met betrekking tot tiener swangerskap en moederskap fokus op die negatiewe gevolge vir die tiener, die baba en die samelewing. Alhoewel hierdie uitbeeldings tog die ervaringe van sekere van die gevalle verteenwoordig, misluk dit om die kompleksiteit van die tieners se lewenskeuses vas te vang, asook die alternatiewe positiewe impak wat tiener swangerskap en moederskap op hulle lewens kan hê.

Hierdie kwalitatiewe studie fokus op die autobiografiese narratiewe van die tieners soos hulle swangerskap en moederskap ervaar. Die deelnemers bestaan uit agt tieners vanuit 'n plaasgemeenskap buite Stellenbosch, Suid-Afrika. Een onderhoud tydens die tiener se swangerskap sowel as drie onderhoude na die geboorte van die baba is opgeneem en getranskribeer. Betekenisvolle data ten opsigte van die impak van die emosionele ervaring van tiener swangerskap en moederskap, asook die tiener se ervaring van haarself, veranderinge in haar lewensstyl en die aard van die swangerskap en moederskap ervaring het duidelik na vore gekom in die onderhoude.

Tot op hede neem die literatuur nie die unieke en individuele aard van hoe tiener swangerskap en moederskap die individu beïnvloed, in ag nie. In teenstelling illustreer hierdie navorsing die veranderinge in die denke, emosies en optrede van die tieners soos hulle moeders word.

## CONTENTS

Declaration.....	ii
Abstract.....	iii
<i>Opsomming</i> .....	iv
Contents.....	v
Acknowledgements.....	viii
 CHAPTER 1: Introduction.....	 1
1.1 Introduction	
1.2 Background and context of study	
1.3 Research problem	
1.4 Rationale for present study	
1.5 Outline of thesis	
 CHAPTER 2: Literature review.....	 4
2.1 The traditional argument: teenage pregnancy and motherhood as a social problem	
2.1.1 The negative physiological impact on the teenager	
2.1.2 The negative psychological impact on the teenager	
2.1.3 The negative impact on the education of the teenager	
2.1.4 The negative impact on society	
2.1.5 The negative impact on the baby	
2.2 The revisionist argument: teenage pregnancy and motherhood not necessarily problematic	
2.2.1 The physiological impact on the teenager not necessarily negative	
2.2.2 The psychological impact on the teenager not necessarily negative	
2.2.3 The impact on the education of the teenager not necessarily negative	
2.2.4 The impact on society not necessarily negative	
2.2.5 The impact on the baby not necessarily negative	
2.3 Socially constructed: beyond the traditional and revisionist arguments	

CHAPTER 3: Theoretical framework.....	25
3.1 Deconstructing the conceptualisation of teenage pregnancy and motherhood as a social problem	
3.2 Deconstructing the normative framework	
3.3 Deconstructing traditions of understanding	
CHAPTER 4: Methodology.....	32
4.1 Research question	
4.2 Design	
4.3 Participants	
4.4 Data collection	
4.4.1 Measurement	
4.4.2 Interviews	
4.5 Data management	
4.6 Data analysis	
4.7 Validation	
4.8 Ethical considerations	
CHAPTER 5: Results and discussion.....	40
5.1 The emotional experience	
5.1.1 Nature of the emotional experience	
5.1.2 Types of emotions	
(i) Fear/anxiety	
(ii) Excitement about the baby	
(iii) Acceptance of responsibility	
5.2 Experience of the self	
5.2.1 As the same: a child	
5.2.2 As changing	
(i) Difficulty	
(ii) Passage to adulthood	
5.2.3 As different: a mother	

5.3 Experience of changes	
5.3.1 Sexual behaviour	
5.3.2 Going back to school	
5.3.3 Leaving school for employment	
5.3.4 Being a full-time mother	
5.4 The nature of the pregnancy and motherhood experience	

CHAPTER 6: Conclusion.....	71
----------------------------	----

REFERENCES.....	74
-----------------	----

## ADDENDA

Addendum A: Profile of Participants	
Addendum B: Interview Schedule	
Addendum C: Guidelines Interview One	
Addendum D: Guidelines Interview Two	
Addendum E: Guidelines Interview Three	
Addendum F: Guidelines Interview Four	
Addendum G: Transcription Guidelines	
Addendum H: Transcription Example	
Addendum I: Coding Example	
Addendum J: Informed Consent Form	

## ACKNOWLEDGEMENTS

This thesis is dedicated to:

The One who gifted me with “The Spirit of Love and Power and a Sound Mind” –

Love for every teenage girl

Power to persist through this intense academic journey

and a Sound Mind to write this piece of work.

To my family, fiancée and friends: your support and belief in me

made me believe in myself.

Thank you for unconditional motivation, prayers and faith.

To Selene, my tutor: your time, patience, wisdom and humor!

To my supervisor Prof LM Kruger: your priceless knowledge and guidance.

You were right...

“You don’t finish a thesis. You abandon a thesis.”

To the theories, discourses and literature which inspired me

to learn more, understand more, construct more.

I applaud the authors who have done research in this field,

not only with their heads but also with their hearts.

And last but not least -

To every participant: I am forever changed by your stories

Thank you for your trust and willingness to share your experiences.



## INTRODUCTION

In many cultures, over many centuries, teenage pregnancy and childbirth have been a normal reproductive pattern. Over the past several decades, however, that pattern has increasingly been presented as a social problem. Much of the problem arises from lack of consensus about what the problem actually is. Is the primary issue morality, fertility, or poverty? (Rhode & Lawson, 1993, p. 2)

### 1.1 Introduction

Research has been conducted in various areas related to teenage pregnancy and motherhood. Within this research, different discourses can be discerned. Three prominent discourses can be identified: the traditional or mainstream perspective (quoted in Macleod & Durrheim, 2003); the revisionist perspective (Preston-Whyte quoted in Macleod, 1999); and a perspective posing the argument that the teenager is a social construct (Flanagan, 1998; Head & Esdaile; 2004).

### 1.2 Background and context of the study

Following the research of Macleod (1999a; 1999b; 2001; 2003) and Macleod and Durrheim (2002; 2003) the present research aims at deconstructing the assumptions and generalisations underlying previous depictions of teenage pregnancy and motherhood. This will on the one hand entail a thorough review and critique of the existing literature (Macleod & Durrheim, 2003), but the focus here will be on how teenagers themselves make sense of pregnancy and motherhood. As such there will be an attempt to determine whether there are any assumptions and generalisations that emerge when the teenagers themselves talk about pregnancy and motherhood.

### 1.3 Research problem

The current research has two basic points of departures. Firstly, it is argued that teenage pregnancy and motherhood have been typically understood in very simplistic ways. Little attention has been paid to the complex ways in which teenagers themselves make sense of pregnancy and motherhood. Secondly, the assumption is that any research is informed by certain discourses and that it is of crucial importance for the researcher to be aware of the discourses shaping her work. In the current study the researcher will therefore attempt to delineate not only the dominant discourses in existing research about teenage

pregnancy and motherhood, but will also highlight how particular discourses have shaped her own work.

#### **1.4 Rationale for the present study**

Teenagers who become mothers have been the subject of much age and gender related generalisation (Head & Esdaile, 2004). More recently, social constructionists have argued that teenage pregnancy and motherhood is not necessarily negative or positive and that the ways in which teenage pregnancy and motherhood are socially constructed and perceived by the teenager herself, should be the focus of research. It is argued that “many of the fundamental issues related to teenage pregnancy and childbearing do not lend themselves to simplistic notions of cause and effect” (Bissell, 2000, p. 191). Smithbattle (2000) argues that assumptions regarding teenage mothers need to be challenged and that the self needs to be contextualised, as should any given person in any given situation or circumstance. Instead of becoming involved in a debate regarding the positive and negative impact of teenage pregnancy and motherhood, it is important to explore the experiences of the teenagers themselves:

Disadvantaged teen mothers do not escape the legacies of their pasts or overcome their social circumstances by sheer will, motivation, or rational thought, as our views of the atomistic self would suggest. Their stories demonstrate how the gains and difficulties they experience as mothers reflect the opportunities, constraints, resources, and contradictions of their social worlds. (Smithbattle, 2000, p. 36)

The current research takes a closer look at the low-income teenagers' experience of pregnancy and motherhood within a South African context. The main goal is to gain an understanding of the psychological experience of pregnancy and motherhood of teenage mothers in one low-income South African community. Further, the teenager will not be viewed as the object carrying the child or the mother trying to raise the child, but as a person whose subjective experience of pregnancy and motherhood is of central importance.

The ideal is to give a voice and a name to “the pregnant teenager” or “the teenage mother”. In other words, the aim is to describe the complexity of the experience of teenage pregnancy and motherhood and to examine how pregnancy and motherhood is understood by the young mothers themselves. With social constructionism as a basic point of departure, the focus will be on the themes that emerge when teenagers themselves, in conversation with a researcher, attempt to make sense of their experiences (Charmaz, 1995).

### **1.5 Outline of thesis**

In the next chapter, the psychological literature on teenage pregnancy and motherhood will be reviewed. Chapter three will provide a theoretical framework for the study, while Chapter four will describe the methodology. In the results and discussion chapter, the experience of teenage pregnancy and motherhood will be discussed by focusing specifically on how the teenager experienced her emotions, the changes in herself, the changes in her life and how she experienced her baby. The data were gathered through conducting semi-structured interviews with eight participants.

## LITERATURE REVIEW

Because of the perceived fragility and structurally age-specific nature of contemporary adolescence, most parents, educators, politicians and social welfare agencies view teenage pregnancy as a disaster. (Harari & Vinovskis, 1993, p. 23)

In the existing literature, research and reviews seem to show two prominent discourses regarding teenage pregnancy and motherhood. The traditional perspective holds that teenage pregnancy and motherhood result in negative consequences, and that the teenager, the baby and society are impacted in negative ways. The revisionist argument considers that the impact is not necessarily negative. Beyond these two opposing perspectives, there exists another discourse, which is less considered and researched: social constructionists have argued that the occurrence of teenage pregnancy and motherhood should be regarded for what it is – an individual and subjective experience unique to every teenager.

In order to understand the existing ideas regarding the topic, the literature with regards to the prominent discourses are reviewed. In the present chapter the focus is on specific aspects of the teenage pregnancy and motherhood experience such as the physiological impact on the teenager, the psychological impact, the impact on the education of the teenager, the impact on society and the impact on the baby. The main arguments within the traditional and revisionist approaches are taken into consideration. These arguments are, however, not monolithic and discussed in a distinguishable manner only for the sake of clarity.

In conclusion, some reports within the social constructionist school of thought are reviewed.

### **2.1 The traditional argument: teenage pregnancy as a social problem**

Teen mothers pushing their scarlet letters in fancy strollers are seen as having made a mistake. They are unmarried. They are poor. They are underage. They are seen as 'bad'. They have chosen the wrong road out of so many options and resources being put in front of them by the rest of us. (Flanagan, 1998, p. 242)

Teenage mothers have been considered to be a social problem (Macleod, 1999) and even called a catastrophe (De Villiers quoted in Macleod, 1999). According to Phoenix (1993), in comparison with older mothers, women who become mothers in their teenage years have

been reported to suffer from complications during pregnancy, to be depressed after birth, to gain few educational qualifications and to be reliant on state provision for housing and money. Teenage pregnancy and motherhood are thus thought to affect the physiological and psychological health, circumstances (both financial and emotional) and education of the teenager. Young, Martin, Young and Ling Ting (2001), when researching the grade eight population of the United States of America, concluded that adolescent childbearing has negative effects on the teenager and on her life in general.

### **2.1.1 The negative physiological impact on the teenager**

The traditionalist perspective considers childbearing, especially at an early age, to be dangerous to the health of both mother and child. Some studies indicate that pregnancy-related complications are among the main cause of death for 15 to 19-year-old women worldwide (Dickson-Tetteh, 2000). These figures are partly related to the risks involved in abortion (Calves, 2002; De Lange & Geldenhuys, 2001a; De Lange & Geldenhuys, 2001b; Olivier, 2000). According to national statistics, 17.4% of women requesting an abortion are below the age of 18 years (Barometer quoted in Olivier, Myburgh & Poggenpoel, 2000). In the United States an estimated 50% of teenage pregnancies end in abortion. This was found by the Sexuality Information and Education Council of the United States (SIECUS, 1998).

In cases where the teenager decides to keep the baby, the health of the unborn child is thought to be at risk. It is claimed that adherence to antenatal care is usually absent or late, because of the unplanned and unexpected nature of many of the pregnancies. This poses more problems as it exposes the young women and their babies to associated health problems (Vundule, Maforah, Jewkes & Jordaan, 2001). Childbearing at an early age is considered to be dangerous to the physical health of both mother and child (Berry, Shillington, Peak & Hohman, 2000; Calves, 2002; Dickson-Tetteh, 2000; Kissman, 1998). The less developed a teenager is gynecologically, the higher the risk of pregnancy complications and poor birth outcome (MacFarlane, 1995). Consequences may include gestational proteinuric hypertension, anemia, spontaneous premature labour or giving birth to a low birth-mass baby (Cunningham & Boulton, 1996). These risks can be interrelated with psychological factors.

To some extent the physiological make-up of the teenager is believed to impact on her psychological state. Therefore, as her body may not be optimally developed for the often drastic changes pregnancy implies, teenagers are considered to seldom be ready for the so-called adult experience of having a child. Regarding their study with black



teenagers in South Africa Cunningham and Boulton (1996) interpreted their findings to mean that adolescents are in fact too young to assume the psychological as well as physical burden of pregnancy, giving birth and, eventually, parenthood.

With reference to the choice regarding the keeping of the baby, research conducted by the SIECUS (1998) showed that 50% of teenage pregnancies ended in abortion. In addition to these findings, a higher proportion of pregnancies are terminated in the under 20 age group than in any other age group (Phoenix, 1993). Lajoie's (2003) research conducted with teenagers from Montreal in Canada suggests the same – the younger the adolescent, the more often abortion will be chosen. Teenage pregnancies are therefore thought to be more likely to lead to abortion and, as with pregnancy, the younger the woman, the greater the health risks associated with abortion (Dickson-Tetteh, 2000; MacFarlane, 1995).

### **2.1.2 The negative psychological impact on the teenager**

Teenage pregnancy and motherhood are thought to affect the teenager psychologically. The teenage years are seen as important since the teenager needs to master certain developmental tasks such as developing a separate identity, achieving autonomy and becoming a rational thinker (Coley & Chase Lansdale, 1998). According to research conducted with American teenagers, pregnancy, in turn, is a time of dramatic transition, changing the status of a woman to that of a mother (Trad, 1999). Developmentalists refer to the pregnancy period as a time of crisis during which the woman undergoes a revision of her sense of self and identity. While these changes are noteworthy for the adult woman's experience of pregnancy, their effects are frequently magnified when the expectant mother is an adolescent (Trad, 1999). Teenage pregnancy and motherhood can thus cause the usual progression of pregnancy to be compromised.

Being a teenage mother can interfere with the processes of developing identity, leaving little time and opportunity for exploration and appropriate individuation (Coley & Chase Lansdale, 1998). According to Phoenix (1993), emotional concern for "children having children" is stressed by the belief that motherhood may disrupt the psychological dynamics of adolescence, a period when identity comes sharply into focus. This might cause the teenage mother to immediately accept or develop the identity of being a parent, even though the level of emotional maturity might not be sufficient to envelope and digest this role in order to grow "normally" (Trad, 1999).

When investigating the psychological impact of teenage pregnancy and motherhood on the teenager (Smithbattle, 2000), the combining of the development during

adolescence with the tasks of mothering is considered to be too complex as the teenager typically has not yet achieved autonomy. By not allowing the teenager to grow accustomed to the usual changes of adolescence, pregnancy might hinder the development of individuality and as a result the ability to relate to other people (Trad, 1999).

In addition, the process of becoming a rational thinker is considered to be an important stage in the development of the teenager (Smithbattle, 2000). When a teenager falls pregnant, one of the psychological implications might be emotional confusion causing her to blur the boundaries between, for example, self and other (Trad, 1999). Her predominantly emotional reactions to the pregnancy and motherhood experience might influence her thought processes and she might struggle to discern between being emotionally or rationally driven. These confused ways of thinking are thought to prevent the teenage mother from developing rational thinking ability (Trad, 1999).

As a result of the impact of the teenage pregnancy and motherhood experience on the adolescent, the teenagers can find themselves dealing with intense negative emotions. These emotions may include regret, guilt, feeling like a failure, dissatisfaction, depression, low self-esteem, loneliness and alienation (Dobson, 2003). With regards to being a teenage mother, Makiwane's (1998) research showed that 97% of all the teenagers in her sample, who had born children, said they wished they did not have them when they did. These feelings of regret contribute to the so-called "syndrome of failure" leaving the teenager in need of assistance to overcome its impact (Tanga & Uys, 1996).

Additionally, these teenage mothers might experience lower levels of life satisfaction (Coley & Chase Lansdale, 1998) and an exaggerated sensitivity to stressful life events (Coley & Chase-Lansdale, 1998). The level of psychological disturbance among adolescent mothers is also considered to be higher than the level that would be expected among adult mothers (MacFarlane, 1995). Teenage mothers also seem to have greater levels of depressive symptomatology in the year following childbirth (Wasserman quoted in Coley & Chase-Lansdale, 1998) and according to Gabrielson (quoted in Trad, 1999) an estimated 13% of teenage mothers attempt suicide.

Macleod (1999) further refers to the changes likely to occur within the family relationships. The majority of parents react negatively, with anger or disappointment, to the news of the pregnancy. The reasons for anger and disappointment can vary from embarrassment to concern about economic resources. These negative reactions from the teenager's parents are likely to intensify her emotional responses, and her problems might evolve to include social alienation by means of rejection by her family and peer group (Cunningham & Boulton, 1996; Trad, 1999).

According to some traditional arguments, teenage pregnancy and motherhood are, therefore, thought to interfere with the psychological development of the teenager.

### **2.1.3 The negative impact on the education of the teenager**

When teenagers become mothers the traditionalists argue that the education and schooling of the teenager are affected in negative ways. Some studies seem to support this argument (Coley & Chase-Lansdale, 1998; MacFarlane, 1995). Studying teenage pregnancy and motherhood in Africa, Cunningham and Boulton (1996) found that about 50% of teenage mothers were unlikely to return to school. These findings corroborate other research findings in Africa (Oppong quoted in Cunningham & Boulton, 1996) as well as the United States (Clarke & Height, quoted in Cunningham & Boulton, 1996). According to Macleod's review of South African research (1999), the average percentage of teenagers intending to return to school after the birth of the baby were 66%. A survey conducted by Repke (quoted in Trad, 1999) in the United States determined that more than two-thirds of teenagers who have their first child before age 15, and more than half of those who give birth between the ages of 15 and 17, do not complete high school. This may give rise to further problems such as disruption of education and, therefore, contribution to unemployment statistics (Cunningham & Boulton, 1996). The disruption of schooling is also argued to be a negative outcome of teenagers becoming mothers (Mokgalabone, 1999) possibly resulting in certain negative behaviours and academic performance of their offspring (Levine, Pollack & Comfort, 2001). The Department of Education (quoted in Govender, 2006) also implemented compulsory maternity leave of six weeks for pregnant teenagers. This might worsen the matter, since teenagers are now officially allowed to interrupt their schooling. According to the Department of Education (quoted in Govender, 2006), teenage pregnancies escalated and in 2005 statistics suggested that over 72 000 teenagers between the ages of 13 and 19 dropped out of school because they were pregnant.

When the education of the teenager is discontinued various negative consequences can result which may seriously affect her life. Teenage pregnancy and motherhood can limit the teenager's future career prospects by limiting her job opportunities to mostly non-professional occupations (Bissell, 2000). According to Bissell's (2000) research, conducted in Canada, this is due to the lower levels of education and lack of work-related experience. Miller and Moore (quoted in Berry et al., 2000) also found that parents with less education themselves are more likely to have children who have teenage pregnancies, births and achieve less education.



The disruption of schooling might further contribute to a lower socio-economic status for the teenage mother and her child, as research reported by Macleod (1999) in South Africa has shown. Tanga and Uys (1996) refer to teenage pregnancy and motherhood as a “syndrome of failure” (p. 50). This syndrome is characterised by incomplete education, resulting in poor job opportunities, low income, poverty and dependency due to the associated psychological and developmental problems (Tanga & Uys, 1996).

When teenage mothers are forced to return to school there can also be consequences (Pearce, 1993). Sending a teenager back to school denies teenage parents the right to determine what they and their children need, thus reinforcing their child status. Schools do not provide care-taking facilities for the children of teenage mothers forcing them to take care of the child themselves or leave the baby with a family member or day-care (for which they seldom have finances). Forcing the teenager to go back to school can impact on her parenting and her ability to decide what is best for her and her child. The implication is that any childcare is better than her own parenting. Also, by staying a scholar, she is still treated like a child and remains in an environment where her child status is being enforced. The assumption is made that a high school education or employment of some kind will be the answer for all teenage parents. As children, they are thus incapable by definition of taking on the adult role of “parents”. Substitute parents are, therefore, seen as desirable and necessary (Pearce, 1993).

The above-mentioned arguments contribute to the ways in which teenage pregnancy and motherhood can be regarded as negative. The interruption or disruption of schooling can have a series of consequences such as resulting in poor job opportunities and economic status or interfering with the parenting patterns.

#### **2.1.4 The negative impact on society**

Within the traditional or mainstream perspective the most prominent argument is that teenage pregnancy can be classified as a social problem (Macintyre & Cunningham-Burley, 1993; Phoenix, 1993) and often an “abnormal life event” (Martyn & Hutchinson, 2001, p. 238). Not only is teenage pregnancy and motherhood considered to negatively affect the lives of the teenagers, it is also thought that teenage pregnancy and motherhood create problems for society (Dickson-Tetteh, 2000).

Society tends to see teenage mothers as economic problems and long-term welfare dependants “undeserving of public support” (Smithbattle, 2000, p. 36). McRobbie (quoted in Rhode & Lawson, 1993) uses the term “subdued moral panic” to summarise the societal response to teenage pregnancy. Assumed problems include increased levels of sexual

activity, especially extra-marital relationships; more unplanned pregnancies, resulting in more abortions; higher rates of non-marital childbirths and single parenting, particularly among people of colour. Greater numbers of young female-headed families living in poverty are also considered to be a problem, as they are dependent on social welfare. Additional problems, that have been identified, include educational failure, lack of vocational opportunities and low self-esteem (McRobbie quoted in Rhode & Lawson, 1993).

To further the argument that teenage pregnancy is deleterious, the traditionalist perspective is largely influenced by the perceived high prevalence of the teenage pregnancy and motherhood phenomenon. In South Africa specifically, the incidence of adolescent pregnancy is reported to be among the highest in the world (Makiwane, 1998; South African Provincial Education Department quoted in Investor Relations Information Network, 2007). According to recent figures those are still increasing (Dommissie, 2007; Govender, 2006). The Demographic and Health Survey, conducted in 1998 (quoted in Department of Health, 2002) in South Africa, showed that 13.2% of all teenagers were mothers at the time of the survey, with 16.4% having been pregnant in the past. This figure has increased with 1.8% since 1991, when 14.6% of all teenagers were found to have been pregnant. The survey also showed that, by the age of 19, 35% of all teenagers in South Africa have been pregnant or had a child (Department of Health, 2002). This figure increased to 39% in 2006 (Department of Health, 2006). These figures are similar to figures from the United States where it is estimated that 40% of all females will experience at least one pregnancy before the age of 20 (Kirby quoted in Barnett, 2004). Figures from America also suggest that 1 in 3 teenagers become pregnant (Connolly, 2005; De La Torre, 2005), compared to South Africa's statistics of 1 out of 2 (North Western Province Social Welfare Department, 1999) or in later years, 1 out of 3<sup>1</sup> (South African Provincial Education Department quoted in IRIN, 2007).

Internationally, birth rates among teenagers also appear to be high. A study conducted by Hughes (1997) proposed that, in South Carolina, a teenager falls pregnant every 48 seconds. In 1996 500 teenagers gave birth in Australia, accounting for 5.6% of all births. The birth rate among teenagers in 1995 in Australia was 1 in 47, compared with 1 in 30 in the United Kingdom, and 1 in 16 in the United States (Kirkman, Harrison, Hillier &

---

<sup>1</sup> These figures seem to be inconsistent. However, the accuracy of the statistics, or the question whether the prevalence of teenage pregnancy and motherhood increases or decreases, is not the focus and will not influence the argument posed by the present research. In fact, the seemingly inconsistent nature of the quantitative accounts may contribute to the social constructionist point of view as applied in this study: the generalisation of the cases and high or low prevalence are not the focus, but instead the social construction of the teenager within her own personal context.

Pyett, 2001). Cunningham (1996) estimates a teenage pregnancy rate of between 12 and 25% for all American states.

The findings of Makiwane and Udjo (2006), however, indicated that teenage pregnancy rates in South Africa have declined since 1998, but that the fertility rates increased. Statistics in England also seemed to indicate fewer pregnancies, showing a decline of 11.8% for conceptions of under eighteens, and a 12.1% decrease for conceptions of the under sixteen age group (Office for National Statistics and Teenage Pregnancy Unit, 2007).

Apart from the question as to whether the rates are increasing or decreasing, poverty is frequently associated with teenagers bringing a pregnancy to term. It is also often considered to be the outcome of teenage pregnancy and parenthood (Connolly, 2005; Lajoie, 2003). This can be attributed to the fact that the teenage mother is what Lajoie (2003) calls “economically vulnerable” (p. 2).

Teenage pregnancy and motherhood have financial implications for the teenager and is thought to lead to poverty. Income limitation, overall, is associated more with having children (Bissell, 2000). According to the Sexuality Information and Education Council of the United States (1998) there is a direct relation between poverty level, education of teenage parents and pregnancy rates. Smithbattle (2000) suggests that many politicians and policy makers conclude that the downward course regarding the connection between teenage pregnancy and poverty could be avoided by delaying teenage sex or sanctioning teenage mothers with reduced welfare assistance and employment opportunities.

Within the South African context, the high rate of teenage pregnancies is perceived to have far reaching consequences, especially for the Africans<sup>2</sup> and Coloureds<sup>3</sup> who are the poorest and most disadvantaged groups in the country. According to the South African Demographic and Health Survey conducted in 1998, 10.5% of teenagers in urban residences were mothers, and 12.5% were pregnant. In comparison, 16.3% of rural teenagers were mothers and 20.9% were pregnant. The South African Demographic and Health Survey (2006) reports the ratio to still be the same and that these figures jointly increased with 4% over the last 6 years.

---

<sup>2</sup> ‘Africans’: here referring to persons of African origin living in rural communities in South Africa. Although being aware of the politically loaded implications of the term, ‘Africans’ in this context also implicate specifically black citizens of South Africa.

<sup>3</sup> ‘Coloureds’: term used in the (now repealed) South African Population Registration Act (1950) to describe persons of mixed origin. Although there is continuing controversy about the political problems surrounding use of the term, it remains descriptive of a wide range of South Africans of diverse origins who speak either English or Afrikaans as home language (Rumble, Swartz, Parry & Zwarenstein, 1996).

Research conducted by Repke (quoted in Trad, 1999) in the United States showed that teenage mothers earn approximately half as much as their peers who are not mothers. Among women younger than 30 years of age who receive welfare, 80% of them had their first child as a teenager. Bissell (2000), studying teenage motherhood in Canada, found that teenage mothers have a 43% lower income-to-needs ratio, are 2.8 times more likely to be poor and 1.4 times more likely to receive welfare benefits than non-teen mothers. Generally, teenagers with children are more likely to be victims of poverty. In turn, the low income status of a family has been identified as a risk factor for their offspring to be teenage parents (Yampolskaya, Brown & Greenbaum, 2002).

Early childbearing is believed to result in negative economic consequences because of the perceived negative impact on the income level and labour market participation of the teenage mothers (Bissell, 2000). Teenage mothers are also mostly dependant on welfare (Bissell, 2000; Coley & Chase-Lansdale, 1998; MacFarlane, 1995). According to Coley and Chase-Lansdale (1998) more than half of welfare funding in the United States is spent on families formed by teenage births. After researching adolescent reproductive health, Varga (2003) also concluded that, despite massive funding and intervention effort, teenage mothers remain obstacles to the health and welfare of South Africa.

With regards to the family unit, teenagers who give birth are more likely to stay in their parents' home and are, therefore, more likely to have the child care and support they need to remain in school (MacFarlane, 1995). This may create a burden to the parents and other family members. In turn, the disruption of schooling of the teenage mother results in longer periods of unemployment (Bissell, 2000; MacFarlane, 1995).

The traditionalists argue that teenage pregnancy and childbearing affect the social contexts in which they occur, such as disrupting family functioning and resources, when the teenage mother rely on her family for accommodation and financial support (Bissell, 2000; Tanga & Uys, 1996). Further, the teenage mother may contribute to unhealthy reproductive behaviours such as setting the example of early childbearing for other members of the family and society (Makiwane, 1998). Teenage mothers are also largely viewed as being too immature, irresponsible (Pearce, 1993) and emotionally impoverished to raise children (Young et al., 2001).

When considering the apparently high prevalence and impact of teenage pregnancy and parenting on the economical and familial contexts of a country, one might understand the motivation behind the mainstream way of viewing teenage pregnancy and motherhood.



### 2.1.5 The negative impact on the baby

In the traditional arguments various aspects of the impact of teenage pregnancy and motherhood on the child are considered. The possible negative impact may include physical and psychological health risks.

Cunningham and Boulton (1996) found that the pregnant teenager is already at risk, as is her unborn infant. According to some research, pregnant teenagers tend to neglect proper health precautions. Adolescents omit prenatal care (Coley & Chase-Lansdale, 1998) or tend to seek it late in pregnancy and are less likely to keep regular clinic appointments (MacFarlane, 1995). This can result in low birth-mass infants with serious physical and neurological problems of development. The younger the teenager, the more likely the chances of a premature baby (Lajoie, 2003).

Attendance to antenatal care has also been found to be late or absent, which exposes the babies to health problems such as undiagnosed hypertension, as well as the complications of sexually transmitted diseases such as syphilis (Vundule et al., 2001).

Additionally, teenagers are more likely than adults to have poor eating habits (MacFarlane, 1995) and they are also prone to experimentation with substances such as alcohol and drugs, leaving their babies at risk for foetal alcohol and/or drugs syndromes as well as developmental disabilities, and cognitive deficits, later compounding low school achievement (Coley & Chase-Lansdale, 1998; Kissman, 1998; Levine, Pollack & Comfort, 2001; Macfarlane, 1995).

With regards to psychological and emotional implications, a large portion of the literature portrays teenage mothers as inadequate parents. Stirtzinger, McDermid, Grusec, Bernardini, Quinlan and Marshall's research (2002) shows that pregnancy and child-rearing in adolescence represent a departure from the normal developmental course, and thus, the adolescent mother is often physically, cognitively, and emotionally immature. Teenage mothers have also been found to be less verbal, less sensitive and less responsive to their infants than older mothers (Coley & Chase-Lansdale, 1998; MacFarlane, 1995; Macleod, 1999).

Some teenage mothers show a lack of emotional ability to be parents (Pearce, 1993). It is argued in the literature that they do not provide opportunities for affectionate exchange, or share emotions inconsistently, leading to increased risk of psychopathology in the child (Macleod, 1999). In her review of the literature, Macleod (1999) refers to studies that found teenage mothers' knowledge concerning the babies' emotional needs and their acceptance of parental possibilities to be limited. It has also been found that

children of teenage mothers are more likely to be placed in foster care than are children of older mothers (Coley & Chase-Lansdale, 1998).

Bryant (quoted in Pearce, 1993) states that teenagers have no ability to make rational and mature decisions, or even appropriate choices – they have absolutely “no idea” (p. 46). The argument thus is that the baby of the teenage mother will be compromised because of an upbringing possibly lacking physical, cognitive and emotional stability. Stritzinger et al. (2002) found that teenage mothers tend to have inaccurate perceptions of infant development and have unrealistic expectations of their infant in terms of developmental ability. Cunningham and Boulton (1996) agree with the viewpoint that the younger teenagers are, the more likely it is that they will not have an appropriate conceptualisation of the needs of their fetus or child.

Teenage mothers' children might also suffer other psychological consequences: for example, not knowing who their father is, a lack of a father figure as role model, and the trauma of guilt for the mother's 'ill-fortune' and subsequent poverty (Cunningham & Boulton, 1996, p. 694).

In some instances, there is no relationship with the mother at all. The infants of teenage mothers would potentially become “football” children, being passed from one relative to another without the opportunity of bonding with any one individual (Loening quoted in Macleod, 1999).

According to the above-mentioned arguments and studies, it may become clear why teenage pregnancy and motherhood have been evaluated as negatively impacting the physical and psychological health of the baby. It has also been argued that the impact can negatively affect the educational and personal development of the child.

As evident from the above research and arguments, teenage pregnancy and motherhood have traditionally been assessed as resulting in negative consequences for the teenager herself, her education and future, the society and the baby. There exists, however, a second discourse entailing arguments contradictory to the ones made by traditionalists.

## **2.2. The revisionist argument: teenage pregnancy not necessarily problematic**

A mother is someone with a job, a role, and a clear, solid identity. A mother has great responsibility and authority. Mothering gives a clear purpose to life. (Flanagan, 1998, p. 244)

Producing a child may thus have been perceived as a desirable alternative to a life that seemed to otherwise lack purpose and meaning. (Young et al., 2001, p. 301)

Some research found that childbearing by teenagers may not be as damaging to the young mother as previously thought. Phoenix (1993) challenges the negative perception of teenage mothering. The argument is that the negative outcomes are not as common as generally believed. The inappropriateness of teenagers having children should not overshadow the possibility, and often reality, of the fact that these mothers could be as successful at raising their children as any mother could. De La Rey and Parekh (1996) found, after conducting interviews with about 100 teenagers, that for them, pregnancy is rarely as simple or even as clearly problematic as it appears to be for most of the older generation. Teenage pregnancy and motherhood should, therefore, not be labeled since the experiences of the teenagers consist of a range of factors which differ significantly.

Instead of making the assumption that the teenager is always solely responsible for her pregnant status, a more socially orientated argument could be considered. Certain factors often contribute to the conditions placing teenagers at risk for becoming pregnant. These factors include peer influence, dysfunctional family systems, poor health services, poor socio-economic status, the breakdown of cultural traditions, and the cultural value placed on having children (Macleod, 1999). Further factors, such as social isolation and specific cultural beliefs regarding gender roles and expectations, can also be important factors explaining the occurrence of teenage pregnancy and motherhood (Taylor-Seehafer & Rew, 2000).

If there are considerations regarding the positive experiences of teenage pregnancy and motherhood, one should consider the revisionist arguments taking into account that teenage pregnancy and motherhood as individual case studies cannot be simplified into statistics or negative expectations. Teenage pregnancy and motherhood can also result in narratives of pleasurable and successful parenting.

### **2.2.1 The physiological impact on the teenager not necessarily negative**

As opposed to literature reports showing pregnancy and birth during teenage years to be deleterious to the physical health of the teenager, revisionists' research and arguments pose that the contrary is also possible. They also contextualise the teenager's position within the period of adolescence.

Bahadur (2000) argues that a variety of interpretations of childhood are accepted. The general understanding is that the teenage years are from age 13 to age 19. One would be allowed to assume that there will be a difference between the pregnancy and childbearing experiences of a 13 and 19-year old teenager. According to legal definition, in some societies, the age of 16 is the boundary after which childhood ceases. Researchers

should, therefore, discern between early adolescence and late adolescence, early being 13 to 15 years and late 16 to 19 years (Bahadur, 2000). When using specific ages to explain phases and developmental processes of adolescence, one might be susceptible to generalisation and making normative assumptions. Therefore, the unique development of every individual will be the only norm from which one might draw physiological conclusions.

Bahadur (2000) further argues that the transition to reproductive maturity and puberty is a significant process of development of the human body and, therefore, changes are not relative. If reproductive maturity is reached the teenager is thought to be as physically ready for childbearing as she would have been at any later stage. Gubhaju (2002) also found, when researching adolescent reproductive health in Asia, that sexual maturity shows the teenager's body to be ready for childbearing. Since physical maturity and the complete development of the reproductive organs are reached during adolescence, a teenager can, in fact, be biologically just as ready for childbearing as any adult woman (Cunningham, 1996). In comparison with older mothers, Coley and Chase-Lansdale (1998) found it less notable in research that teenage mothers experience more pregnancy and delivery problems or have less healthy babies.

Riley (1994), in turn, argues that the concept of sexual maturity is, in any case, relative. Therefore, if the changes are not relative, but the age of reaching complete physical development is, one can understand how problematic it can be to determine adolescence with regards to age. This is why revisionists argue that the teenager cannot be condemned because of her age.

### **2.2.2 The psychological impact on the teenager not necessarily negative**

The revisionist arguments consider the positive psychological impact of teenage pregnancy and motherhood on the teenager. Some researchers (Davies, McKinnon, & Rains, 2001) found that teenage mothers describe their experience as "just like a fairytale" (p. 90) and "the most beautiful thing" (p. 90). Early childbearing may represent the conscious choice of a stratum of disadvantaged adolescents for whom there is little advantage in delaying pregnancy. To these teenagers, the timing of pregnancy might be functional in a variety of ways: for example, greater access to familial child care when the family provides for the teenage mother and her baby financially.

With regards to the traditional argument that teenagers are psychologically less equipped to be mothers, Macleod's (1999) review of the literature shows that mothers in all age groups may, in fact, experience ambivalent feelings towards their children. They may



also find mothering difficult, be unclear as to what their children's emotional needs are, and sometimes have irrational thoughts and feelings.

Another argument within the revisionist perspective is that teenagers' pregnancies might result from reasons to have a child (MacFarlane, 1995). Certain ideas or hopes regarding motherhood might serve as motivation to become pregnant. Love, empowerment and tradition are such examples. For many, especially from disadvantaged backgrounds, having a child is one of the few routes available to satisfy needs to love and be loved (Flanagan, 1998; Schultz, 2001). Coley and Chase-Lansdale (1998) contribute with findings which indicate that adolescents who lack adequate emotional support and stability may look to early sex and motherhood to provide emotional closeness. Motivations to bear a child can be both conscious and unconscious and frequently respond to deep-seated needs for independence, identity, and love. Such needs are usually not easily deferred (Lawson, Adler & Tschann, 1993). Findings from Rhode and Lawson (1993) show that the desire to love and be loved motivated teenagers to fall pregnant, especially since they are able to make such a choice.

Rhode and Lawson (1993) state, "many teenagers are unlikely to 'just say no' to early sex or childbirth unless they have more opportunities for saying yes to something else" (p. 12). If disadvantaged youths do not perceive that doors are open to them, it might be difficult for them to see teenage pregnancy as closing any doors (Young et al., 2001). The often naïve perspective of some teenagers can entail that teenage pregnancy and motherhood do not require money, work, an educational background or proof of a good and happy life. A child is merely an accessible accessory acquirable through choice. The disadvantaged position of some of the teenagers often entails a life empty of recognition and pride but the presence of a child and a position of respect can sometimes change the perceived negativity of their position. The misconceptions and negative judgments by society prevent the acknowledgement of the positive experiences of teenage pregnancy and motherhood. It is possible that the lives of teenage mothers are enriched, and not restricted, by motherhood. For example, young mothers will be free in the future when others are tied to children. Furthermore, the child is often a source of pride and pleasure to the extended family as well as a means of bringing the family closer together (Kirkman et al., 2001).

Kirkman et al. (2001) found that some teenage mothers considered themselves as doing "a good job" and others explained their positive functioning as individuals, or even scholars, as successful because of their mother-status (Schultz, 2001). According to the revisionist argument, the life of the teenager can, indeed, be enriched by motherhood

(Kirkman et al., 2001) and the teenage mother can be seen as a potentially capable caretaker with the child only adding meaning to her life.

According to Pearce (1993), “children having children” is a phrase that – whether intended or not – excludes perspectives that view pregnant and parenting teenagers as adults. Such perspectives tend to ignore the kinds of solutions that affirm and empower young women to control their own lives and overcome the barriers they face. As Smithbattle (2000) states, by treating teenage pregnancy as an individual and personal ‘decision’, clinicians and policy makers fail to appreciate how mothering for many teenage mothers is not so much a failure of planning and rational choice but a failed recognition of the limited possibilities available to them: for example, limited education or career possibilities, financial dependence and insignificant status in the community. Furthermore, the revisionists argue that if motherhood is a choice, the factors that affect the decisions of adolescent women to conceive are as complex as those that influence the decisions of adult women (Bissell, 2000, p. 200).

Becoming a mother can imply a significant and more recognised position in society. Teenagers may be motivated to become mothers by hopes of achieving adult status, prestige, or autonomy (Adler & Tschann, 1993). The title of “mother” is often associated with a position of respect. The teenager is now acknowledged as someone with a distinguished role and specific status (Smithbattle, 2000). Davies, McKinnon & Rains (2001) suggest that the need for respect may serve as motivation to become a mother during adolescence.

Within the revisionist discourse the traditionalists argue that teenage pregnancy and motherhood can be acceptable or even desirable in some cultures. For example, having a child assures continuity and the idea of knowing that you will leave something behind (Smithbattle, 2000).

### **2.2.3 The impact on the education of the teenager not necessarily negative**

Although many pregnant teenagers discontinue high school after conceiving, large numbers leave even before conceiving (MacFarlane, 1995). Some teenagers leave because it is more meaningful to have a child than to attend school. Macleod (1999) argues that, in certain instances at least, the disruption of schooling is not a result of pregnancy but rather of the structural constraints under which many teenagers live. Such structural constraints include financial difficulty and tradition. The teenager’s awareness of the limited educational and employment opportunities that awaits her causes her to see

mothering as an opportunity that can offer an unambiguous rite of passage into adulthood (Smithbattle, 2000).

Some teenagers are more motivated and, to them, pregnancy and childbearing involve a rational decision when considering education. According to Kaufman, De Wet and Stadler (2001), this decision often entails that many young mothers do return to school after the birth of the child. Schultz (2001) found that teenage mothers, in fact, explain their success or persistence in school as due, in part, to their children. Research conducted by Coley and Chase-Lansdale (1998) provided evidence that, if teenage mothers stay in school, they are almost as likely to graduate from high school (73%) as are their non-parent peers (77%).

According to these revisionist arguments, it is apparent that teenage pregnancy and motherhood do not necessarily impact the education of the teenager in negative ways.

## **2.4 The impact on society not necessarily negative**

This revisionist argument suggests that the occurrence of teenage pregnancy and motherhood is, to a great extent, impacted on by the teenager's circumstances. This implies that the teenager might be a victim of her circumstances. Bickel, Weaver, Williams, and Lange (quoted in Young et al., 2001) found that a limited sense of life options contributed to teenage pregnancy in the first place, and that those raised in poverty tended to value short-term gratification over long-term planning. This suggests that the less ideal nature of these teenagers' life circumstances increases the probability of and gives rise to the occurrence of teenage pregnancy and motherhood.

Some factors have been found to correlate with teenage pregnancy and motherhood. These factors are not necessarily predictive or direct causes, but often seem to be the context and background within which the teenager is more vulnerable and might be likely to become pregnant. The occurrence of teenage pregnancy and motherhood is perceived to be more common in poor households and communities (Berry et al., 2000). Flanagan's (1998) work with teenage mothers included participants younger than 16 and all of them were inner city, poor youths. According to Flanagan (1998) the single best predictor of teenage childbearing has indeed been lower socio-economic status. This indicates that teenage motherhood does not necessarily cause poverty, for women who give birth before the age of twenty are generally already poor (Phoenix, 1993).

Popular belief still holds that by carrying a child to term, and especially by raising the child herself, a teenage mother automatically condemns both of them to a life of poverty (Harari & Vinovskis, 1993). Revisionist arguments, however, consider society and

cultural context to negatively impact on the teenager, instead of teenage pregnancy and motherhood negatively impacting on society. When society<sup>4</sup> expects the worst of the teenage mother, she might experience her situation as negative as a result of difficulty and even failure. This, in turn, might become a negative cycle: because of negative expectations, an abortion is considered or allowed, or the child is given away. In not knowing whether she would have actualised the negative expectations she lives in the comfort that her child has a better life because of her absence.

Teenage pregnancy also seems to be more pervasive in certain cultural contexts. In many societies teenage pregnancy and motherhood are considered to be quite normal. Different ethnic groups also hold distinct cultural values about pregnancy and children (Adler & Tschann, 1993). Cunningham and Boulton (1996) acknowledge the transmitting of patterns of behaviour from one generation to another. This pattern appears to be a feature of teenage pregnancy.

With regards to the context of the specific society and the functioning of families, there are some aspects of the teenager's relationship with her own parents that could contribute to the likelihood that she might fall pregnant. Macleod's (1999) review of the literature showed that familial relationships lacking warmth and security, feelings of ambivalence toward their own mothers, and passive or absent fathers are but a few of the aspects causing the vulnerability of the teenager.

There are various other external factors that are thought to impact the teenager's reproductive decision-making. Societal neglect and failure to provide knowledge regarding pregnancy and motherhood may also negatively impact on the teenager. Dickson-Tetteh (2000) claims that adolescents are at risk because society does not provide them with the information, skills, health services and support they need to make well-informed and responsible decisions regarding their sexual behaviour. In this regard, many have been critical of education campaigns that concentrate on knowledge and not on the contexts within which knowledge is transferred. To refer to the "just say no" example, social policies make the assumption that this simple answer is possible, despite societies that link masculinity with virility and femininity with sexual attractiveness.

---

<sup>4</sup> Simplistically, 'society' refers to the direct social community or larger district or country. However, within the context of the present study there is a deeper meaning. When following Macleod and Durrheim's (2003) approach, Foucault's "governmentality" in the sense of the "ensemble of institutions, procedures and analyses" through which power operates (p. 91) is also implied. Foucault describes these power relations as operating through "hierarchical observation and normalising judgement" (p. 79). Therefore, the notion that 'society' largely contributes to the pathologisation of the "pregnant teenager" or "teenage mother" can be inferred.



It is often, however, the combination of factors that affect the experience of the teenager. Luster (1998) proposes that contextual factors are likely to be intertwined.

With regards to the traditional argument that teenage pregnancy and motherhood impacts society in negative ways, the above-mentioned revisionist considerations hold that society might, in fact, be the source of this “social problem”.

## **2.5 The impact on the baby not necessarily negative**

While some would argue that early childbearing can have a negative impact on the baby, others would say that teenage pregnancy and motherhood do not necessarily result in negative consequences for the child. When considering more recent findings, it seems that negative aspects of becoming a mother early in life have been overstated. In contrast with traditional perspectives from the literature, there is evidence that the late teenage years are biologically well-suited to childbearing (Phoenix, 1993).

Some teenage mothers do show knowledge and understanding with regards to the raising of their children. Erasmus (quoted in Macleod, 1999) suggests that teenage mothers have a fair knowledge concerning the physical care of their babies.

Despite concern for the emotional capability of teenagers to function as parents, various reports from the literature suggest that teenage mothers are able to raise their children and even do so with great success (Davies, McKinnon & Rains, 2001; Flanagan, 1998; Schultz, 2001; Smithbattle, 2000). Coley and Chase-Lansdale (1998) suggest that babies born to teenagers appear no more likely to experience attachment problems than children of comparable older mothers.

With regard to how the children born to teenagers perform academically, studies that claim deleterious effects for early motherhood find that developmental test scores of children born to mothers under twenty fall within the normal standardized range of scores. The development of any child can, in any case, not be ascribed to the responsibility of the mother alone since children, like their mothers, show diversity in functioning (Coley & Chase-Lansdale, 1998).

As a final thought with regards to the revisionist arguments, Chilman (quoted in Bissell, 2000) suggests that delay in childbearing surely would not guarantee educational, financial or occupational improvements in their lives. These improvements depend far more on a series of social and economic reforms than they do on deferring childbearing until the girl is no longer a teenager. The negative consequences of teenage pregnancy are, therefore, shown to be largely dependent on race, ethnic background and income level rather than on maternal age at birth (Bissell, 2000). As an example, Kaufman, De

Wet, and Stadler (2001) found that in South Africa, specifically, various cases of teenage pregnancy occur because of the individual's need to prove her fertility to her society. Individual contexts are, therefore, significant. Hotz (quoted in Smithbattle, 2000) explains as follows:

The assertion that teenage childbearing is the cause of the poor socio-economic outcomes, implies that a teenage mother was on the same upwardly mobile life course as her counterpart who did not have a child as a teenager but, by having her first birth as a teenager, altered the remainder of her life in very detrimental ways. For these two groups of women to be comparable, teenage mothers and the women with whom they are being compared would have to have virtually identical socio-economic and background characteristics prior to the age at which teen[age] mothers had their first children. In fact, this is not the case. (p. 35)

It is, therefore, evident that there exists the conventional idea that mothering at a young age alters teenagers' lives in negative and disruptive ways. But the conventional view includes little or no appreciation and acknowledgement for how their lives and sense of future are compromised well in advance of their pregnancies (Smithbattle, 2000).

When considering the revisionist in relation to traditional perspectives, one becomes aware of the various arguments and findings. It is, however, for the purposes of the present study, necessary to refrain from measuring each perspective's merits on a scale, and to not view the arguments as monolithic.

A social constructionist approach may loosen the traditional and revisionist straps used to hold this topic in place.

### **2.3. Socially constructed: Beyond the traditional and revisionist arguments**

When reviewing the literature, one finds that only a few reports comment on the social construction of the experience of the teenager when she becomes pregnant and a mother. Luster (1998) conducted a study in which the individual differences in the care-giving behaviour of teenage mothers were investigated. He concluded that "adolescent mothers differ markedly" from one another (p. 341). Barlow and Cairns (1997), in turn, state that mothering is an active, self-directed process of psychological development for all women. If the centre of motherhood is the self and the associated processes are self-directed, the teenager should be the focus of such research.

Head and Esdaile (2004) followed a similar approach. They conducted semi-structured interviews with the focus on deriving meaning from the responses of the participants. The teenagers' experiences of pregnancy and motherhood were explored through discussions about descriptions of their day, expectations of others, their views on

mothering and how their lives changed, their plans for the present and the future, what they found pleasurable or difficult about having children, memories and thoughts. From these discussions each participant's unique experience could be constructed and interpreted. The present research shares a similar goal: to invite "passionate engagement" (Gergen, 1996, p. 9) through considering the construction of the world of the individual.

When considering both sides of the teenage pregnancy and motherhood issue, the focus should not rest on the most important, relevant, or even accurate argument. For example, both the mainstream and revisionist literatures rely on the idea of "good mothering" (Johnson quoted in Macleod, 2001). Therefore, teenage mothering is also evaluated by means of the assumptions about the "universalised 'good mother'" (Macleod, 2001, p. 3). Social constructionists argue that assumptions should not be the starting point when attempting this discussion. Neither should we rely on "facts" or conclusions in the existing literature. Instead, the focus is every independent case, and the joys and sorrows unique to every mother. The question, thus, is not whether teenage pregnancy and motherhood is primarily good or bad, but how – through self-constructed mothering (Barlow & Cairns, 1997) – these girls make sense of their experiences and eventually raise their children. Hence, the importance of this study: to accentuate the teenage mother as the primary entity and her experience of pregnancy and motherhood as the primary source of knowledge instead of projected societal assumptions.

Many of the explanations of the causes and consequences of teenage pregnancy in South Africa are what Macleod (2001) calls "reflections of hypotheses" (p. 4) as generated in the United States and Britain. One wonders how a unique and different culture can be evaluated within a context constructed by another country's research and findings. As the literature review by Macleod (2001) shows: "there exists great variability across and within historical periods and societies in terms of child-rearing practices and the relationship between mother and child" (p. 3). The generalisation of cultural contexts should, thus, not only be deconstructed, since cultures differ markedly, but one also needs to deconstruct the traditional thinking that mothering is similar for all societies. Therefore, the social constructionist approach is ideal to apply, as it favours an emphasis on cultural contexts and the original construction thereof, as well as the original and unique ways in which mothering is constructed and differs between individuals and societies.

It seems that South Africa has not engaged in the complexity of the argument which has been pursued in the American and British literature (Macleod, 1999a). Not only is South Africa lacking in research in this field, but the available research is also limited. A literature review (of the available seventy-seven South African reports) showed that from

1970 to 1997 no or little reference has been made with regards to coloured teenagers (Macleod & Durrheim, 2002). The focus has been on black and white teenagers and comparisons cannot be made as the cultural contexts are too different.

In conclusion, the concern about teenage and pregnancy and motherhood has in recent years been expressed in comments from parents, sex educators, the government and religious leaders (Francome quoted in Macintyre & Cunningham-Burley, 1993). It appears as if the preconceived ideas and expectations regarding teenage pregnancy and motherhood have governed the ways of thinking about the topic. In the present research there will be an attempt to pay attention to the complex ways in which teenagers themselves understand pregnancy and motherhood.



## THEORETICAL FRAMEWORK

There is no such thing as a bare fact; facts always come clothed in the wardrobe of social assumptions. (Ferguson quoted in Bjarnason, 2003, p. 1)

On a meta-theoretical level at least two broader approaches to research can be discerned in the social sciences. On the one hand a topic such as teenage pregnancy and motherhood can be approached by focusing on the facts and trying to establish what the objective reality regarding teenage pregnancy and motherhood is. On the other hand, the approach can be to focus on how teenage pregnancy is subjectively experienced in specific contexts. Both approaches are discussed to provide an overview of the theoretical approaches and their different outcomes.

The basic idea of empiricism is that knowledge can be derived through careful observation and the cataloguing of phenomena that leads to laws or principles (Hooker, 1996). The focus is primarily on the causes and courses of phenomena and the assumption is that all explanations can be derived from observation. Social construction describes subjective, rather than objective, reality, implying how we perceive it rather than as it is.

Before construction can take place, deconstruction is often the first step in the process of establishing the appropriate theoretical framework. In the words of Hepburn (1999), "if deconstruction can help us to identify the horizons of thinking which produce demarcations about 'reality' or what it is to be a person, then we have a powerful resource for challenging such essentialist constructions" (p. 663). Within deconstruction there is not an emphasis on truth or origins as in positivism. Rather, the focus is on both sides of the binary, subverting the entire principle of the organisation of texts through hierarchical oppositions (Hepburn, 1999). The process of deconstruction will reveal the taken-for-granted assumptions concerning pregnant teenagers and teenage mothers. As explained by Gergen (2001), "if our descriptions and explanations of the world are not demanded by the nature of the world itself, then we are released from the shackles of the taken-for-granted" (p. 814). In order to create an understanding of the social construction of the teenagers' experiences of pregnancy and motherhood certain putative ideas and concepts regarding the traditional views on the topic need to be deconstructed. Within the present research the following concepts or ways of thinking about teenage pregnancy and motherhood will be deconstructed: firstly, the conceptualisation of teenage pregnancy and

motherhood as a problem; secondly, the normative framework; and thirdly, the traditions of understanding.

### **3.1 Deconstructing the conceptualisation of teenage pregnancy and motherhood as a social problem**

The more conventional or “realist” orientations insist that there are objective realities to “social problems” such as teenage pregnancy and motherhood (Holstein & Miller, 1993). According to Merton (quoted in Holstein & Miller, 1993) a social problem exists when there is a sizeable discrepancy between what is and what people think ought to be. Social constructionism breaks with the conventional conceptions of “social problems” by analyzing them as “social processes of definition” (Holstein & Miller, 1993, p. 5). Therefore, the perceptions of what ought to be are deconstructed and replaced with an understanding of the issues beyond society’s assumptions.

Social constructionism is not assertional in its approach but rather directed at dismantling taken-for-granted assumptions (Hepburn, 1999). Deconstructing the term “social problem” as well as dissolving associated meanings and stigmatised ideas is part of the process of creating the appropriate theoretical framework for this study. “Social problems” are not objective conditions to be studied and corrected but rather the interpretive processes that constitute what come to be seen as oppressive, intolerable, or unjust conditions such as crime, poverty, homelessness, and teenage pregnancy (Holstein & Miller, 1993). From this point of view, “social problems” are not distinctive and inherently immoral conditions but definitions of and orientations to putative conditions that are argued to be inherently immoral or unjust (Spector & Kitsuse quoted in Holstein & Miller, 1993). Therefore, the constructionist position emphasizes that the activities through which “social problems” are constructed are both implicitly and intentionally rhetorical. Foster (1999) specifically describes social constructionism as “an appeal to relational, dialogical or rhetorical constitution of subjectivities” (p. 341).

When the pregnant teenager or teenage mother is released from the context of being a “social problem” her experiences and issues can be considered as socially constructed and not a condition to which positive or negative values should be attached.

### **3.2 Deconstructing the normative framework**

Social constructionism entails a school of thought interested in discovering the ways in which social reality and social phenomena are constructed. Therefore, the sociological method of social constructionism is used to look at the ways social phenomena are

created and institutionalized. Traditional and empirical views, however, hold that causes and courses of phenomena lead to conclusions and objective reality (Hooker, 1996). Through this so-called objective reality, a normative framework is created through which the assumptions and taken-for-granted context for teenage pregnancy and motherhood is established. Therefore, the existing normative framework needs to be deconstructed before the social reality of the occurrence can be constructed.

Macleod (2003) applies Foucault's concept of governmentality and explains that the teenager is traditionally, through psycho-medical discourses, constructed as a "subject of government" (p. 91). This government is generally respected as a dominant source of knowledge and, therefore, the powerful ways in which the population can be affected by its "constructions of truth" (Foucault quoted in Macleod, 2003) should not be naively accepted but questioned and deconstructed instead. Instead of the assumed reality, or "stamp of truth", the goal should be to engage in a cultural practice of sense-making (Gergen, 2001). Macleod (2003) continues:

The teenager is not only an object of scientific investigation and professional practice, but also a subject, an individual who labours to understand herself, to become a certain type of person, to behave in certain ways, to control her sexual urges, to patrol access to her body...and to achieve particular educational, career and social goals. (p. 92)

The above-mentioned ways in which the teenager constructs her own social reality should be considered without the boundaries of the normal versus deviant distinctions. The teenager should not be evaluated according to the various, mostly unstated norms, such as the optimal reproductive body, the timing of reproduction, the perfect mother, the developing adolescent or the self-actualised, fulfilled, economically active individual (Macleod, 2003).

When deconstructing the normative framework, one unravels the contexts of cultural differences as well. The boundaries of the normative framework imply that cultural differences are left out of account. As Parker and Burman (quoted in Lofts, 2002) state, "different cultural systems entail different psychologies" (p. 160). The constructed is not separate from history, culture and relationships but instead constitutive of them (Gergen, 1999). It is exactly these histories, cultures and relationships that influence the teenage girl's experience and shape the context in which her pregnancy and motherhood is constructed.

Apart from the normative framework society and governmentality creates, the teenager is also normalised within the group and classification of "pregnant teenager" or "teenage mother". Normalising or generalising the pregnant teenager or teenage mother in

terms of her deviancy or resilience may appear as a revisionist solution for re-evaluating the traditional generalised perspective of focusing on the negative consequences. However, normalising teenagers who fall pregnant or become mothers leaves out of account the individual qualities unique to every teenager. When researching and engaging in the teenage pregnancy and motherhood experience, social constructionists will allow for more points of gradation, and a more intricate and in-depth knowledge of the teenager's nature (Macleod, 2003).

### 3.3 Deconstructing traditions of understanding<sup>5</sup>

Social constructionism values the importance of discourse in generating discursive meaning (Gergen, 1999). Various factors influence the discourse which has been used in describing and contextualising teenage pregnancy and motherhood. One of the most prominent factors is the language chosen and used to describe and give meaning to the accounts, creating traditions of understanding (Gergen, 2001). Terms traditionally associated with teenage pregnancy and motherhood include “social problem”, “consequences”, “risk behaviour”, “deviant behaviour”, “pathologised” and “disruption of schooling”. These terms contribute to the creation of a semantically loaded context which establishes the tradition of the discourse of teenage pregnancy and motherhood. Such traditions of understanding can be deconstructed through the use and application of semantically more neutral terms, such as “outcomes” (Gergen, 2001) instead of “consequences”.

When deconstructing the traditions of understanding with regards to the semantics of language the implied meanings will be deconstructed as well. “Text already contains within it the seeds of its own subversion” (Hepburn, 1999, p. 641). For example, if teenage pregnancy is indicative of deviant behaviour (Macleod, 2003) one might question whether the absence of pregnancy necessarily indicates behaviour that is not deviant. Also, teenagers who have sex and do not fall pregnant, or those who choose to have abortions, are left out of the equation as their behaviour is not visible or obvious. According to Gergen (2001) we should engage in the kinds of dialogue from which new and more viable constellations of meaning may emerge. Deconstruction allows this development of discourses which are more reflexive about their own manners of writing and, therefore, deconstruction is an important contributor to the development of discursive and critical psychologies (Hepburn, 1999). Even though the issue of language is problematic, as the

---

<sup>5</sup> The phrase “traditions of understanding” is taken from Gergen (2001).



construction of the teenager's experiences is dependant on her linguistic representation and then the interviewer's interpretation, the constitutive quality of language can be derived from the opening of multiple perspectives (Foster, 1999; Lofts, 2002). In turn, this leaves room for the subjectivity of social constructionism and the generating of new narratives instead of the discovery of hidden truths (Lofts, 2002).

Instead of condemning or curing the stigmatised, social constructionists analyse the process of labeling and the claims-making activities of both the stigmatised and their labelers. This implies taking an "appreciative" rather than condemnatory stance (Holstein & Miller, 1993). The focus is thus on the description of the institutions, the girls' actions, and so forth, and not on analysing causes and effects. In any case, many of the fundamental issues in connection with teenage pregnancy and motherhood do not lend themselves to simplistic notions of cause and effect (Bissell, 2000). This, exactly, is not the aim of this research: the causes and effects of the pregnancies of the teenagers are not the issues at hand (Head & Esdaile, 2004; Macleod 1999a, 1999b, 2002, 2003). Instead, the impact and interpretation of the experience of the pregnancy and motherhood is researched. Social constructionism is specifically aimed at the production of meaningful descriptions and evaluations of social reality (Holstein & Miller, 1993), in this case, the teenager's social reality. The aim of this study is, through "personal end functional reflexivity" (Tindall quoted in Lofts, 2002), to show how the pregnant teenager evolve into the teenage mother. Teenage pregnancy and motherhood are not seen as abstract contexts or frameworks to which the teenagers happen to resort themselves. Instead, the contexts are unique and constitute each one's subjective reality. The theoretical framework of social constructionism will, therefore, generate meaning through the interpretation and conveying of the teenager's experiences.

Certain other concepts are frequently referred to and need to be clarified. These include "adolescent" and "teenager". However, taking into account that these terms are also constructs, for the purposes of this study they have to be defined as such. Certain implications should be considered, especially that the similarity in language and its definition still does not imply "the pathologised pregnant teenager" (Macleod, 2003). Hence, terms merely resemble the concepts which need to be conveyed.

The concept "adolescence" is derived from the Latin word *adolescere* which literally means "to grow into" adulthood. It refers to the physical and mental transition from childhood to adulthood (Olivier et al., 2000) and is used in this study when discussing physiological aspects of teenage pregnancy and motherhood, or when it is used within a quote. Due to individual and cultural differences the exact period of adolescence, which

varies from person to person, falls approximately between the ages 12 and 20 and encompasses both physiological and psychological changes. Physiological changes lead to sexual maturity and usually occur during the first several years of the period. This process of physical changes is known as puberty and generally takes place in girls between the ages of 8 and 14 (Hine, 1999). The changes occurring during puberty include that the pituitary gland increases its production of gonadotropins which, in turn, stimulate the production of, predominantly, estrogen in teenagers. Estrogen is responsible for breast development and hair growth on the body. These physical changes signal a range of psychological changes that manifest themselves through adolescence varying significantly from person to person and from one culture to another. Psychological changes generally include questioning of identity as well as achievement of an appropriate sex role; movement toward personal independence; and social changes in which peer group relations is an important factor (Hine, 1999). A high degree of emotional turmoil is also likely to be encountered during adolescence (Trad, 1999).

According to Hine (1999), many psychologists regard adolescence as a byproduct of social pressures specific to given societies and not as a unique period of biological turmoil. In fact, the classification of a period of life as “adolescence” is a relatively recent development in many Western societies and one that is not recognised as a distinct phase of life in many other cultures. The concept of adolescence is especially problematic in the context of the present study. Adolescence has been identified as problematic because of its “undecidability” (Macleod, 2001, p. 6). It is argued that age does not necessarily define or determine maturity or physical readiness to have a child. With regards to so-called measurable aspects, the question is now raised whether a certain age can be considered to be the beginning of adulthood and whether being an adult automatically implies being responsible. Pearce (1993) states that adults – just as adolescents – are able to engage in irresponsible sexual behaviour. Therefore, simplistic notions of “appropriate” age-related behaviours, including the causes and consequences of these behaviours, are problematic.

A “teenager” or “teen” is a person whose age is a number ending in “-teen” in the English language: therefore, someone from the age of 13 to the age of 19 (Lajoie, 2003). This term is specifically applicable to this study as all the participants fall within this age-range.

When considering physiological terms, the definition of “adolescent” or “teenager” would depend on the age of menarche of the girl. This would further depend on a definition of the time lapse between the age of menarche and gestational age (age of conception) (Cunningham & Boulton, 1996). Medically, the optimum time lapse between the two should

be two years to prevent the physiological problems that could arise as a consequence of lack of physical readiness. The practical implication entails that, should a girl begin to menstruate at age 9, statistically after the age of eleven she should not encounter medical problems during her pregnancy.

## METHODOLOGY

There is a need in human sciences research to be sensitive to people's own understandings as seen from their local frames of reference, or from inside their own socially situated phenomenal worlds. (Henwood & Pidgeon, 1995)

### 4.1 Research question

The current research takes a closer look at the low-income teenager's experience of pregnancy and motherhood within a South African context. The main goal is to gain an understanding of the psychological experience of pregnancy and motherhood of teenage mothers in one low-income South African community. As such, the teenager will not be viewed as the object carrying the child or the mother trying to raise the child, but as a person whose subjective experience of pregnancy and motherhood is of central importance.

The ideal is to give a voice and a name to "the pregnant teenager" or "the teenage mother". The wish is to not engage in simplistic discourses that highlight either the negative or the positive aspects of the occurrence, but to describe the complexity of the experience of teenage pregnancy and motherhood. The intention is to examine how pregnancy and motherhood is interpreted by young mothers themselves.

### 4.2 Design

The current research is situated within a larger project. The larger research project was aimed at gaining a preliminary understanding of the psychological distress and resilience of mothers of colour, living in a semi-rural, poor community in the Western Cape. As the Women's Mental Health Research Project (WMHRP) intended to be an in-depth investigation of how these women interpret and articulate their experiences, a qualitative research design was considered as the most appropriate measure in order to capture the unique and intricate nature of these narratives. The larger study was informed by social constructionism, with the focus on how is on how individual construct meaning within specific contexts.

### 4.3 Participants

Within the larger study, the WMHRP, the sampling method was as follows: all women visiting the local clinic for prenatal and/or postnatal visits from March 2002 to March 2006 were asked to participate in the study. In agreement with the clinic staff, the names and



contact details of the pregnant women were made available to the project coordinator and assistant/s. Women were given the choice to participate or not. The study had 93 participants, of which 22 were teenagers. In general there were a few dropouts due to miscarriages or stillbirths.

At the time when the present study commenced (January 2004), all the pregnant teenage participants from the larger study were taken. This sampling method was required for theory construction and not for the representativeness of a given population (Charmaz, 1995). For practical reasons regarding the cut-off point for commencement of this particular study, only those teenage participants recruited in the first two years of the larger project could be included.

When the present study commenced, ten teenagers between ages 14 and 18 were recruited. One of them refused because of lack of interest. When interviewing her the first time, she appeared to be embarrassed about the pregnancy as well as reclusive and shy of character. From the group of 9 remaining teenagers, one dropped out after her second interview, since her mother and other family members felt that she was sharing confidential information they preferred to remain private. She was also busy with school activities and academic work after her pregnancy leave and the birth of the baby. She seemed reluctant to drop out and did not respond negatively to any questions regarding her personal experience of the interviews.

The final group consisted of eight teenagers. The participants are all members of the community, being coloured, low-income youths, and being pregnant while in the teenage years. The final study consisted of eight teenagers between the ages of 14 and 18 years, with the average age 16,5 years (For a complete profile of the participants, please see Addendum A).

#### **4.4 Data collection**

Within the larger research project (WMHRP) the research is based on extensive semi-structured interviews. Between 2002 and 2006, Psychology Honours students conducted 93 sets of interviews. A total of 215 one-hour interviews were conducted. Each woman was interviewed on four occasions (one pre-birth and three post-birth) by a trained interviewer.

In this particular study the same method of semi-structured interviews was used. Each participant was interviewed by usually the same interviewer, once before and three times after the birth of the child. Each interview lasted approximately an hour and covered

a range of topics on the experiences of pregnancy and motherhood (please see Addendum C).

As in the larger study, interviewers were asked to document their own experience of the interview in a journal. All interviews were conducted in Afrikaans, the first language of the participants. The interviews took place at a venue of the participants' choice. Venues chosen include their own homes, a consultation room at the local community clinic, the local school, and the Department of Psychology in Stellenbosch.

#### **4.4.1 Measurement**

The first interview (Addendum C) consisted of questions researching the experience of pregnancy. The second interview (Addendum D) took place within a week after the birth of the baby and was focused on the participant's subjective experience of giving birth and being a mother. A third (Addendum E) and fourth (Addendum F) interview took place after a period of three and six months respectively, with the same kinds of questions as the second interview.

#### **4.4.2 Interviewers**

Interviewers included the primary investigator, as well as selected postgraduate students in Psychology at the University of Stellenbosch as members of the research team. All interviewers had a degree in Psychology and received intensive training. Training was conducted by the project leader and project coordinators and included basic interview skills, but also a more general orientation about the study.

#### **4.5 Data management**

At the time of the data analysis of this study, five of the eight teenage participants completed all four interviews. Two of the eight participants withdrew after their second interviews were conducted, and one of the eight participants only finished with her first two motherhood interviews at the time the data were written. Therefore there were 26 interviews conducted. All the interviews were audio taped, but because of poor audio quality, three of the conducted interviews could not be transcribed. Please see Table 1.

Table 1: Data management of all recruited teenage participants

Participant	Interview 1	Interview 2	Interview 3	Interview 4
1	Used	Used	Used	Used
2	Used	Used	Used	Used
3	Not audible	Not audible	Not audible	Used
4	Used	Used	Used	Used
5	Used	Used	Withdrew	Withdrew
6	Used	Used	Withdrew	Withdrew
7	Used	Used	Used	Used
8	Used	Used	Not conducted yet	Not conducted yet
9	Conducted	Withdrew	Withdrew	Withdrew

Seven interviews were transcribed by the primary researcher, with additional transcriptions done by members of the research team who were in most cases the personal interviewers of the particular interviews. Transcriptions were done according to the guidelines of Silverman and Riesman (1993) and can be seen in Addendum G.

At the beginning of the first interview, each participant was requested to provide a pseudonym of personal choice for confidentiality purposes. To further ensure the privacy and safety of the identities of the teenagers, the tapes are in safekeeping in locked cupboards within the office of the Women's Mental Health Research Project, with only the project leader, coordinator and assistant having access privilege. The files containing the demographical data of the participants and their pseudonyms, the journal entries written by the interviewers, and the hard copies of the transcriptions of the interviews are also kept in locked cupboards.

#### 4.6 Data analysis

The transcriptions of the interviews are the primary data on which the study is based. A total of 21 transcriptions have been used (an example of a transcription is included in Addendum H). Since the goal of this study was to research the subjective experiences of individual teenagers, social constructionist Grounded Theory (Charmaz, 1995) was selected as a method of data analysis. This theory as developed by Charmaz (1995) was used as it is compatible with the theoretical paradigm of social constructionism.

The goal of Grounded Theory's is to generate knowledge of complex phenomena that are directly linked to the human world we seek to understand (Wilson & Hutchinson, 1996). It requires "theoretical sensitivity" (Glaser quoted in Wilson & Hutchinson, 1996) by combining interpersonal perceptiveness with conceptual thinking.

The process of applying Grounded Theory is a continuous and thorough activity, implying the simultaneous collection, coding and analysis of the data. Transcribed interviews should firstly be coded by using the coding process as explained by Charmaz (1995). "Defining what the data is all about" (p. 37) is an approach focusing more on the construction of categories or themes emerging from the data.

Line-by-line coding is the first step in the analysing process of Grounded Theory. Each line is read and a code attached which reflects the substance of what has been said. This results in a variety of codes or "labels" (Corbin & Strauss, 1990) which serves as conceptualisations in representing the content of the data (see Addendum I).

The next step is focused coding, entailing the categorising of data in order to create an analytical framework. Concepts relating to the same phenomenon are grouped to form categories (key categories) higher in level and more general than the concepts they represent (Corbin & Strauss, 1990). Key categories can be used in the analytic process to highlight similarities and differences, contributing to the means by which a theory can be integrated.

The final step in the coding process involves selective coding, referring to the construction of core categories from the key categories. Selective coding therefore further compounds the categories.

Since the analyst cannot keep track of all the categories, properties, hypotheses and generative questions that evolve from the analytical process, there must be a system for doing so, such as memo writing (Corbin & Strauss, 1990). This system of memo writing serves as the starting point for the fluent writing of the narratives in a cohesive manner. Memos are not simply about ideas, but are involved in the formulation and revision of theory during the research process. Memo writing is also a part of the simultaneous progress of the building of theory. This process functions as part of Grounded Theory.

Davidson (1995) described Grounded Theory as an integrated theory built from well-defined concepts, involving the process of the simultaneous collection, analysis and verification of the data through the course of the entire research process. These principles were adhered to during the present research. The task of the research is to understand the psychosocial process of teenage pregnancy and mothering from the participants' point of view, rather than to impose 'realities' from an external perspective (Barlow & Cairns, 1997).

With regards to this particular study, the line-by-line codes resulted in the details of the teenager's experience and specifically a variety of responses regarding everyday activities, thoughts and feelings (Addendum I). The initial set of line-by-line codes included

details of the teenagers' experiences. Some of the details they referred to were feeling afraid, feeling excited or responsible; experiencing happiness and sadness simultaneously; feeling like children or feeling like mothers; how their sexual behaviour changed; how their lives changed because of decisions or thoughts regarding going back to school and expressing the desire to further their education, finding employment when they needed to provide for the child, or deciding to stay at home; and specific aspects of the pregnancy and motherhood experience when doubting the choice to become pregnant or regretting an unplanned pregnancy and experiencing fear of falling pregnant again.

Focused codes (key categories) resulted in: the nature of the emotional experience and the specific emotions; her responses with regards to associations or feelings in terms of childhood, transition to motherhood or motherhood itself; her experience of changes in sexual behaviour, school attendance, finding employment or staying at home; and the unplanned or planned nature of the pregnancy and motherhood experience.

These key categories resulted in core categories (selected codes). The selected codes showed how the teenager experienced pregnancy and motherhood with regards to her emotional experience, her experience of herself, the changes in her life and the nature of the pregnancy and motherhood experience.

The aim is ultimately to build a theoretical explanation by specifying phenomena in terms of conditions that give rise to them, how they are expressed through action or interaction, the consequences that result from them, and variations of these qualifiers (Corbin and Strauss, 1990). When analysing the prominent activities of the teenagers and constructing the way in which they talk about their experiences, one manages to apply some of the basic principles of social constructionism namely generating meaning from what is constructed through action (Head & Esdaile, 2004) and interaction (Hepburn, 1999).

The generation of theory and grounding the analysis in participants' own experiences, accounts and worlds point to ways in which psychology can fully benefit from conducting qualitative research in and of its own right (Henwood & Pidgeon, 1995).

Once quotes were selected, they were translated by the author and checked by the translator, therefore, the translation process could be limited to one level of interpretation. The translations were problematic as some of the idiomatic expressions are unique to the language use and context of the coloured community. A professional translator verified and examined the accuracy of the translations to ensure that translations are grammatically correct and that too much meaning has not been lost.



#### 4.7 Validation

The social constructionist version of Grounded Theory may be evaluated by assessing the extent to which it has successfully grounded its observations within the contexts that have generated them (Willig, 2001).

As touched upon when contrasting social constructionism with positivism, the aim is not to explain the phenomena described. As Kvale (1995) explains, the modernist notion of true knowledge as a mirror of reality is replaced by a post-modern understanding of knowledge as a social construction. Social constructionist research can therefore be validated through assessing whether the content can be considered as “a construction in its own right, internally coherent, theoretically sophisticated and persuasive” (Willig, 2001, p. 148). The content should therefore be consistent with the theoretical framework of the study.

According to Kvale (1995), the emphasis on quality of research can be achieved through checking, questioning, and theorizing on the nature of the phenomena investigated. The process of memo writing of social constructionist Grounded Theory (Charmaz, 1995) is such a means of revision of theory during the research process. The goal is providing rich and comprehensive descriptions of experiences or situations, and the quality and detail of the accounts should be clearly communicated (Willig, 2001).

Breuer, Mruck and Roth (2002) describe objectivity as fictional. If subjectivity is therefore allowed and even pursued, the researcher can indeed “take the data as it comes” (Glaser, 2002, p. 2), but achieve validation through the close interpretations of the narrative data (Bloom, 1996).

With regards to the subjectivity of the researcher specifically, Parker (2003) states that hunches, intuitions, hopes and assumptions about the nature of human beings all play a role in the apparently ‘objective’ pursuit of a psychologist. However, this position of “objectivity”, whether as empathic involvement or studied detachment remains a form of subjectivity. To ensure the validity of research, this pursuit needs to be monitored. The subjectivity of the researcher(s) involved in the current study was taken into account and they were requested to document their subjective experience of the interviews and interviewing process in journals. In this way they were made aware of their subjective position and their subjective accounts of the interviews were also documented and available for reference or research.

#### 4.8 Ethical considerations

With the recruitment of prospective participants, the nature and purpose of the research was thoroughly explained to them, after which the participant had the option to participate, or not. The explanation included information about the level of participant involvement, the nature of the topic under discussion, as well as the immediate and future use of the collected material.

At the beginning of the first interview, each participant was asked to read and sign an Informed Consent form (Addendum J), stating that all material will be treated confidentiality, and that the participant will not be forced to answer any questions she might find too personal or intrusive. Participants were also told that they were free to withdraw at any time. In cases where the participant was illiterate, the form was read to them by the researcher, and they were requested to sign a cross as recognition that the conditions are understood and agreed upon.

The interviews were conducted by researchers with Psychology degrees who were also specifically trained for participation in the larger project. Interviewers were trained to monitor discomfort and distress during interviews. If necessary and appropriate, referrals were made to medical and mental health care providers.

To ensure anonymity, all participants have the opportunity to choose a pseudonym at the beginning of the study. Access to their real names is available to members of the research team exclusively.

## RESULTS AND DISCUSSION

I was struck by their individuality, their unique stories, motivations, and decision-making processes, and by the clumsy, fragile self-image of some and the incredible strength of others. Through listening to, watching, and interacting with these young women, I began to understand early pregnancy not as... dysfunctional behaviour, but as, sometimes, an alternative developmental pathway; sometimes a rational option, sometimes a shifting of life-course, but always a complex, individually experienced event. (Flanagan, 1998, p. 239)

The teenagers' experiences are discussed by looking at how they talk about their experience of pregnancy and motherhood. These experiences include emotional experiences (the nature of the emotional experience and the types of emotions), how they experience themselves, their experiences of changes and the nature of the pregnancy and motherhood experience.

Similar to the research conducted by Head and Esdaile (2004), the current study is interested in how the teenager carries out her daily activities and, especially, how she makes sense of her experience and the occupation of being both mother and teenager. The focus of the current study is on how the teenagers themselves understand or make sense of the experience of pregnancy and motherhood. Within a social constructionist paradigm, the responses of the teenagers will not be interpreted as related to assumptions or generalisations of any kind but, instead, the "pregnant teenager" or "teenage mother" will be constructed within her own subjective world and unique context. When listening to the teenager's narrative, her talk will be interpreted to contribute to her own context, or even altogether construct the context through which her experience is understood (Edwards quoted in Hepburn, 1999).

Social constructionism is preoccupied with the activities and even social movements whereby social conditions are constituted in the public sphere (Holstein & Miller, 1993). When considering the experiences of the teenager, one will also discuss and analyse her behaviours or activities. Head and Esdaile (2004) explain the importance of analysing these behaviours and activities as a means of demonstrating conflicts the teenager may experience. Hereby social constructionism prioritises the participant's unique experience and personal sense of problems. The latter needs increased appreciation, for it is here that something of the actuality and specificity of the sense and experience of social conditions can be found (Marlaire & Maynard quoted in Holstein & Miller, 1993). Focusing on the participant's activities can also re-focus the attention on

what the teenager's experiences consist of, as well as how she conducts these activities and makes sense of them. This process of construction shows what is as opposed to what should be or is assumed or expected to be. Crotty (1998) also describes social constructionism in such a manner, as "the view that all knowledge, and therefore all meaningful reality as such, is contingent upon human practices, being constructed in and out of interaction between human beings and their world, and developed within an essentially social context" (p. 42).

In the current study it is striking how pregnancy and motherhood affect each teenager in a very personal and unique way. In this section the different ways in which each teenager makes sense of her experience are explored. When teenagers become mothers changes take place in their internal and external worlds. With regards to internal changes, the teenagers say that they feel and think differently. When they start to make different decisions and act differently because of these changes in emotions and thoughts, their behaviour and how they organise their daily living style also changes. Finally, the process of becoming a mother is also significant when the teenagers find themselves in the process of adapting to motherhood.

In order to construct the teenager and her experience, transcripts were analysed. Most prominent among the responses of the teenagers were the emotions they had when finding out about the pregnancy, being pregnant and becoming a mother.

## **5.1 The emotional experience**

The emotional experience of the teenager can be constructed as the nature or "structure" of her emotional experience and the types or kinds of emotions which occur.

### **5.1.1 The nature of the emotional experience**

The teenagers expressed feelings of ambivalence about pregnancy and motherhood. Ambivalence can be explained as the "coexistence of two opposing impulses toward the same thing in the same person" (Kaplan & Sadock, 1998, p.281).

The discovery of being pregnant usually involved mixed feelings. Jenna, when finding out about her pregnancy when she was fifteen weeks pregnant, reported the following:

*Jenna: {laughs shyly} I was quite excited at the beginning...but...not regretful but...I felt a little sad.*

[Jenna: {lag skaam} Ek was nogals excited gewees aan die begin...maar...nie spyt nie maar...Ek het sad gevoel 'n bietjie.]

Jenna indicates that she was initially excited about being pregnant, but later had some feelings of regret and sadness. Her language use (*quite* excited and *a little* sad) indicates that these “negative” feelings may have been tentative. Significant is that the first response she remembers is one of excitement, not sadness or regret. It is not clear to what extent the sadness and regret are reported, because they may have been deemed the socially accepted feelings.

Rose, when talking about finding out about her pregnancy on three months, also states that she was ambivalent about the pregnancy and that she experienced conflicting emotions of happiness and anger:

*Rose: I was very happy. I was, on the one hand I was very angry, because actually it was too early, for me to be a mommy.*

[*Rose: Ek was baie gelukkig. Ek was, aan die een kant was ek baie kwaad gewees, want eintlik was dit nog te vroeg gewees, vir my om 'n mammi te wees.*]

Rose states that, after finding out that she was pregnant, she felt happy, but also angry. She felt that she was too young to be a mother.

Also ambivalent, Candy referred to emotions of happiness and shock when she found out that she was two months pregnant.

*Candy: I was upset! {laughs} Yes, wow I was shocked. I didn't know what to do...I am happy. I can't really tell you how it is how it feels different. But I feel happy.*

[*Candy: Ek was upset gewees! {lag} Ja, jinne ek was geskok. Ek het nie geweet wat om te maak nie...Ek is happy. Ek kan nou nie vir jou sê hoe is dit hoe dit anders voel nie. Maar ek voel gelukkig.*]

According to Candy, she was “upset” when she found out that she was pregnant: she was shocked, feeling different and feeling happy. Implicitly, she is admitting that she felt very confused and disturbed by the pregnancy.

This ambivalence also seemed to be apparent during pregnancy. Jenna (eight months pregnant at the time of the interview), for instance, was not sure what to expect of motherhood.



Jenna: {laughs} I think a lot of things. Like how nice it's going to be to look after a baby and all those things...I know it will be difficult as well, but...I'm quite crazy about babies.

[Jenna: {lag} Ek dink 'n klomp goed. Hoe lekker dit gaan wees om na 'n baby te kyk en al daai goed...ek weet dit gaan swaar ook wees, maar...ek's nogal mal oor babies.]

Jenna talks about her expectations regarding motherhood: she anticipates that she will enjoy having a baby, but also foresees difficulties.

Shireen (a week after she gave birth) discussed the ambivalence she experienced after the birth of her baby.

Shireen: Then I said no, take the child away from me, I don't want the child anymore, (.) I feel a little different, but then later I cooled down a little, and then I cried and said I'm sorry because I didn't know what to do.

[Shireen: Toe sê ek nee, vat die kind weg van my, ek wil nie meer die kind hê nie, (.) ek voel 'n bietjie anders, maar toe later het ek 'n bietjie afgekoel, en toe huil ek toe sê ek jammer want ek het nou nie geweet watter kant toe nie.]

After the birth of her baby, Shireen clearly felt overwhelmed. She relates that she wanted the child to be taken away. However, according to her, these feelings subsided after a while and she felt sad, sorry and confused.

Anthia, also interviewed a week after giving birth, talked about feeling ambivalent after the birth of her child:

Anthia: I felt a little different...Not yet so used to it, but I have, felt so different the first time to hold a child in my arms, my own child, so...A little happy, and, mostly happy, and a little sad. It wasn't really my time yet.

[Anthia: Ek het bietjie anderster gevoel. Nog nie so gewoond nie, maar ek het so, so anders gevoel die eerste keer om nou 'n kind in my arms, my eie kind, so...So 'n bietjie gelukkig, en so 'n, meeste gelukkig, en 'n bietjie hartseer. Dit was nie rêrig my tyd al nie.]

Again apparent here is the tentative ways in which she expresses her emotions; she states that she is *a little* happy, then she continues by saying that she is *mostly* happy, after which she expresses feeling *a little* sad.

De Lange and Geldenhuys (2001) suggest that the ambivalence is the result of two crises, the specific situational crisis of the pregnancy, as well as the general maturational

crisis because of the fragile nature of adolescence. According to Flanagan (1998), confusion, lack of decision-making ability and contradictory reactions are common aspects of adolescent childbearing. Confusion and contradictory reactions are evident in the responses of the teenage participants of the present study. It is important to note, however, that even though contradictory thoughts and emotions are especially common during teenage pregnancy and childbearing, mothers of all age groups may, in fact, experience ambivalent feelings (Macleod, 1999).

The literature generally suggests that a woman may feel intensely ambivalent during her first pregnancy (Pines, 1993). Such ambivalence about being pregnant typically involves fluctuating emotions (Dobson, 1998). In a study conducted by Rubinsztein (quoted in Macleod, 1999a) it was suggested that teenagers felt ambivalent about their children. They have both a romantic desire for something to love but can also feel uncertainty about the child and might even reject the child. Schultz (2001) found that ambivalent thinking can be caused by normative views of the “correct timing of parenthood” (p. 584) limiting the teenager’s perspective and challenging alternative visions. It seems clear that a teenager may feel happy about a child in her life, but she may also feel confused, overwhelmed and even depressed (SmithBattle, 2000). While teenagers may experience conflicting thoughts and emotions, ideas and feelings may also change and shift over time.

Anthia was only 14 years old when she decided, and intended, to become pregnant in spite of her initial point of view regarding teenage pregnancies. Almost four months after the birth of her son, she reflected on her thoughts at the time when she made the decision to try to fall pregnant.

*Interviewer: And before you fell pregnant, when you heard of a teenage girl or young girl who was pregnant, what did you think?*

*Anthia: Then I always thought I don't want (it to happen), I'd rather wait till I get married one day. I always, when I heard that children are pregnant I said such things to myself.*

*Interviewer: And what made you change your mind?*

*Anthia: Later on then...then I just WANTED a child. Then all those things I said were out of my head.*

*[Onderhoudsvoerder: En voor jy swanger geraak het né, as jy gehoor het van 'n tienermeisie of 'n jong meisie wat swanger is, wat het jy gedink?*

*Anthia: Dan het ek altyd gedink ek wil nie (dat dit gebeur nie), ek wil llewerster wag tot ek eendag trou. Ek het altyd, as ek gehoor het kinders verwag dan het ek sulke dinge vir myself gesê.*

*Onderhoudsvoerder: En toe wat het jou van plan laat verander?*

*Anthia: Later aan toe...toe WIL ek net 'n kind hê. Toe's al daai sentences wat ek gesê het uit my kop uit.]*

The interviewer asks Anthia to put her decision into perspective by inquiring how she saw other pregnant teenagers before making her own decision to become pregnant. Anthia says that she used to think about teenage pregnancy as something that she did not want to happen to her, that she wanted to wait until she is married before she has children. She also says, however, that, somehow, these intentions disappeared – in an inexplicable way.

This shifting of emotions is also apparent in how the teenagers talk about abortion. Some of the teenagers (Elize, when nine months pregnant; and Anthia, when three months pregnant) talked about considering abortion at some stage:

*Elize: When I found out that I was pregnant I wanted to go for an abortion. The first day I found out, (.2) I cried a lot, I asked myself, why did it happen to me? How it happened to me, was it an accident? (But later with regards to the abortion I) changed my mind.*

*[Elize: Toe ek uitgevind het ek is swanger wou ek eers gegaan het vir 'n aborsie. Die eerste dag toe ek uitgevind het, (.2) ek het baie gehuil, ek het vir myself gevra, hoekom het dit met my gebeur? Hoe dit met my gebeur het, was dit 'n ongeluk? (Maar later ten opsigte van die aborsie het ek) my mind gechange.]*

Elize is saying that her first response to her pregnancy was to consider abortion. She says that she was sad, crying and confused. She also relates feeling angry that this happened to her.

Anthia, who earlier disclosed that she deliberately got pregnant, also discusses the fact that she considered abortion. The word that she uses for abortion (*afmaak*, which means to put something down) indicates that in her mind she fluctuated between consciously wanting to create a life and then consciously wanting to end a life – quite a radical shift.

*Anthia: ...then he (the boyfriend) said to me, I mustn't put down the child, then I also decided I won't put the child down..*

[Anthia: ...toe sê hy (die kerel) vir my, ek moet nie die kind afmaak (aborteer) nie, toe besluit ek ook maar ek gaan nie die kind afmaak (aborteer) nie.]

Anthia's ambivalent feelings can be clearly discerned in her first wanting the pregnancy and then wanting to end it. It is interesting how her boyfriend was used here to represent one side of the ambivalence. In their study of pregnant teenagers SmithBattle and Leonard (1998) also found shifts in thinking and emotional reactions with regards to their participants.

It is not clear from the data what the grounds are for Anthia's ambivalence. Bothma and Lunneborg (quoted in De Lange & Geldenhuys, 2001) found that adolescents do not perceive themselves as being adults and can therefore not regard themselves as ready for the responsibility of parenthood. Given that Anthia refers to her pregnant peers as "children", it is possible that, at some stage of the pregnancy, she started to feel overwhelmed by the responsibility. However, what seems clear is the fact that most of the teenagers in the current study had a very complex emotional response to pregnancy. They mostly could talk about feeling ambivalent, with some of them shifting between different extremes of emotion at different times during the pregnancy.

In addition to the nature of the emotions and how they occurred, the teenagers spoke about specific emotions as well.

### 5.1.2 Types of emotions

In talking about the experience of being pregnant and becoming mothers the teenagers spoke a great deal about the feelings they had when finding out that they are pregnant or when others found out about their pregnancy. Further, they also explained the experience of pregnancy and motherhood to be emotionally intense. Pines (1993) refers to pregnancy in general as being a "special emotional state" (p. 81) as various emotions typically are present and influence the teenager in various ways.

Prominent among the emotions reported were fear/anxiety, excitement about the baby and acceptance of responsibility.

#### (i) Fear/anxiety

Fear can be defined as "anxiety caused by consciously recognised and realistic danger" (Kaplan & Sadock, 1998, p.281). Anxiety, in turn, refers to "a feeling of apprehension caused by anticipation of danger, which may be internal or external" (Kaplan & Sadock,

1998, p.281). Many of the teenagers talked about being afraid or scared, but their responses often suggest a more general sense of apprehension.

Jenna admits that she was “a little” scared to tell her mother when she found out that she was fifteen weeks pregnant:

*Interviewer: Can you remember the day you found out that you're pregnant?*

*Jenna: ...Mmm. On the one hand I was a little scared to tell my mother.*

*[Onderhoudsvoerder: Kan jy onthou die dag toe jy uitgevind het jy's swanger?]*

*Jenna: ...Mmm. Aan die een kant was ek bietjie bang gewees om my Ma te sê.]*

Jenna admits that she was “a little” anxious when she had to tell her mother.

In most of the cases the initial reaction to the news of the pregnancy was of being afraid and often this anxiety was about the actual process of giving birth. Jenna (when eight months pregnant), Elize (when nine months pregnant) and Anthia (just after finding out that she was pregnant) all talked about fear:

*Interviewer: What are you afraid of?*

*Jenna: To have pain!*

*[Onderhoudsvoerder: Wat is jy bang voor?*

*Jenna: Om seer te hê!]*

*Interviewer: How do you feel about it, that the nurse said that it's almost time to deliver?*

*Elize: I'm a little scared {sigh} it's the first time.*

*[Onderhoudsvoerder: Hoe voel jy daaroor, dat die nurse gesê het dat dit amper sulke tyd is?*

*Elize: Ek's 'n bietjie bang {sug} dis die eerste keer.]*

*Interviewer: Were you scared at any stage? When you heard that you're pregnant, or when you had to go to the hospital, were you scared at all?*

*Anthia: I was scared of the hospital, because I have never been in a hospital.*

*[Onderhoudsvoerder: Was jy op enige stadium bang gewees? Toe jy gehoor het jy's swanger, of toe jy moes hospitaal toe gaan, was jy ooit bang?*

*Anthia: Ek was bang vir 'n hospitaal, want ek het nog nooit in 'n hospitaal gelê nie.]*



In all cases the fear seems to be directed at some specific unknown aspects of the birth experience.

Elize (nine months pregnant at the time of the interview), when asked of what she was afraid of, expressed concern about the birth of her baby and her baby's health.

*Elize: It's just that maybe something can go wrong...I'm worried {clears throat} that anything can go wrong ( ) there are lots of things that can go wrong...It might be a sick baby.*

*[Elize: Dis net miskien kan iets verkeerd loop...My bekommernis is {maak keelskoon} dat enige iets kan verkeerd gaan ( ) daar's klomp goeters wat kan verkeerd gaan...Dit kan 'n sieklike babatjie wees.]*

Elize was afraid that something can go wrong during the birth process, she was aware of risks during birth as well as the possibilities of a sick baby. She already relates to caring for her child.

In an American study conducted by Dobson (1998) it was found that fear can be an overriding emotion in nearly every teenage pregnancy. The initial experience of fear involves the teenager being afraid of falling pregnant or discovering the truth about her pregnant status (Martyn & Hutchinson, 2001). Trad (1999) also identifies fear as a prominent emotion during teenage pregnancy. The current data, as well as previous studies (Trad, 1999; Martyn & Hutchinson, 2001), suggest that anxiety occurs especially with regards to sharing the news of the pregnancy with parents and the community.

Interesting to note is that there were no significant references to anxiety or fear in the interviews which followed after the birth. One may suspect that the teenagers were too involved in the daily changes taking place to be anxious about anything specific, or the interviewer did not focus on asking about whether the teenager was experiencing any fear at that stage. Also, if the main concerns as discussed above included fear about the pregnancy being known, as well as fear because of the unknown nature of the birth process and hospital, it may be possible that the teenagers' fearful emotions have subsided (temporarily at least). Finally one should also consider that they neglect or choose to neglect talking about it.

## (ii) Excitement about the baby

When talking about the baby, the majority of teenagers stated that they were excited, eager and enthusiastic about having a child.

During her ninth month of pregnancy, Elize expressed excitement when anticipating the arrival of her baby.

*Elize: I feel very...I am actually excited.*

*[Elize: Ek voel baie...ek is eintlik excited.]*

The fact that Elize uses the word “actually” suggests that she may not have expected herself to be excited, or perhaps felt that other people may be surprised about her excitement.

According to the participants, their own excitement was often shared by their families. With regards to Sam, when she was seven months pregnant, this excitement of the family was related to the sex of the baby and naming the baby.

*Sam: Well (.) I was excited because his (.) his family my boyfriend's family actually wants (.) said it must be a girl because in their family it's only boys...they told me that ( ) her great Grandmother would have been very (.) taken with her if she was still alive. Yes Grandmother suggested a name...*

*[Sam: Wel (.) ek was opgewonde want sy (.) sy familie my kêrel se familie wil eintlik hê (.) het gesê dit moet 'n meisie wees want in hulle familie is dit net seuns...hulle het vir my gesê dat ( ) haar Oumagrootjie sal baie (.) opgemaak gewees het met haar as sy moes nog gelewe het. Ja Ouma het 'n naam gegee...]*

Sam seems to be very aware of the excitement of her boyfriend's family. There is the notion that, if she gives birth to a daughter and the grandmother names her, Sam may be valued because of her significant contribution to the family and providing the “desired” offspring. However, here Sam's excitement seems to be influenced by others and their specific reasons for being excited. She also may feel excited about being involved with something that is valued by her boyfriend's family.

Jenna expressed continuous excitement a week after the birth of her baby.

*Jenna: I was excited (after the birth) {sounds excited}...I was very excited to see him again, because after he was born, they first showed him, the eyes were wide open and he had a long head, and then they quickly took him away. Yes, I couldn't wait, they only brought him to me again 8 o'clock the evening.*

*[Jenna: Ek was excited gewees (na die geboorte) {klink opgewonde}...ek was baie excited om hom weer te sien, want hulle het hom toe hy nou uit is, toe wys hulle nou eers vir hom, die oë was wawyd oop en nog die lang kop, en toe vat hulle hom gou weg. Ja, ek kan nie gewag het nie, hulle het hom eers die aand agtuur weer vir my gebring.]*

Jenna says that she was excited after the birth of her son and waited eagerly for the nurses to return him that evening. Through her repeated expressions of eagerness to see him again and be with him, as well her vivid description of what he looked like, Jenna's excitement seems to have evolved around her son and being close to him.

These findings are consistent with the reports in the literature (Kirkman, Harrison, Hillier & Pyett, 2001) suggesting that excitement regarding the expectation and birth of the baby not only justifies motherhood for the teenagers, but can add to their positive attitude towards the experience. Kirkman et al. (2001) found in their sample that, after the pain of the birth process, the teenage mother felt empowered by having survived the pain and can now experience the excitement of having a baby and being a parent.

Kirkman et al. (2001) also found that, similar to Sam's experience, the excitement of the family can often be important to the teenager.

### (iii) Acceptance of responsibility

Responsibility entails inhabiting a position of authority as well as being dependable, sensible and trustworthy (Seaton, Davidson, Schwarz & Simpson, 1990). For the majority of the teenagers motherhood implied responsibility. In most of the interviews, the question regarding how the participant experienced being a mother was asked and often resulted in discussions about responsibility.

Both Candy and Elize (respectively one week and three months after they gave birth) stated that motherhood invoked feelings of responsibility.

*Interviewer: What do you think it means to be a mother?*

*Elize: I will say you must, you have a big responsibility.*

*[Onderhoudsvoerder: Wat beteken dit, dink jy, om 'n ma te wees?*

*Elize: Ek sal sê jy moet, jy het 'n groot verantwoordelikheid.]*

*Candy: You have a responsibility now to which you must adhere.*

*[Candy: Jy het mos nou verantwoordelikheid wat jy moet nakom.]*

To Blondie (six months after the birth) and Jenna (a week after the birth), the realisation of responsibility seemed overwhelming to them.

*Blondie: Sometimes it feels as if your head is going to break, you think of all the things you must do.*

*[Blondie: Dit voel partykeer jou kop gaan breek, jy dink aan al die dinge wat jy moet doen.]*

*Jenna: Not so nice. I must work a lot, I must wash him, give him bottle, now if he finished eating porridge I must give him boiled water, must do washing, I must wash myself I ooh, a lot of things and cleaning as well.*

*[Jenna: Nie so lekker nie. Ek moet baie werk, ek moet vir hom was, bottel gee, nou as hy klaar pap geëet het moet ek vir hom kookwater gee, moet wasgoed was, ek moet myself was ek oee, baie goed en skoonmaak ook.]*

All the new responsibilities Blondie has to think about and the shock of having to cope with it all seems to overwhelm her to the extent that it feels as if her “head is going to break”. Jenna also feels overwhelmed by the variety of motherhood chores and describes it as not being so enjoyable. This implies that motherhood and its accompanying responsibilities and tasks prove to be more difficult than she imagined, and that it, in fact, involves “working a lot”.

During the second interview a week after they gave birth, both Elize and Jenna spoke about duty.

*Elize: ...it is now my duty to stand as a mother.*

*[Elize: ...dit is nou my plig om as 'n moeder te staan.]*

*Interviewer: But you still look after him all the time?*

*Jenna: I must, my duty.*

*[Onderhoudsvoerder: Maar jy kyk maar heeltyd na hom?*

*Jenna: Ek moet, my plig.]*

Elize accepts her duty to function as a mother, and Jenna takes care of her own child because it is her duty and according to her own perception she “doesn’t have a choice”.

Martyn and Hutchinson (2001) discuss the fact that the teenage mother is primarily in the position of responsibility and the making of decisions about the life of a new being.

When the baby is eventually born, the expectations of the responsibility become real. Fantasies and thoughts of having a baby become reality and responsibility and duty are stressed (Flanagan, 1998). This idea can also be derived from Jenna's way of talking about her motherhood experience: it is not so nice (her fantasies and thoughts were otherwise – "nicer"), and she specifically refers to having to work a lot (reality – there is much to be done for the baby).

Luster (1998) found that teenage mothers not caring for their children were viewed as preoccupied with their own needs. In turn, the teenager preoccupied with the needs of the child would be providing more supportive care. Blondie and Jenna do acknowledge being responsible since they talk about their daily activities which evolve around taking care of the baby. One can infer that they do prioritise, at least to some extent, the needs of their children above their own.

A study by Kirkman et al. (2001) investigated teenage mothers who labelled themselves as being responsible. While it is often assumed that a teenage pregnancy is indicative of irresponsibility, Kirkman highlighted how responsible many teenage mothers are. This also appears to be true for some of the teenagers from the present study: they are aware of their responsibilities and one can conclude that they intend to take care of their children.

## **5.2 Experience of the self**

The experience of teenage pregnancy and motherhood affects the experience of the self. The teenage mother can feel the same way she used to – as a child; she can experience herself as changing and becoming a mother; or she might experience being a mother already.

These questions regarding identity were specifically asked during the interviews for the purposes of the larger study.

### **5.2.1 As the same: a child<sup>6</sup>**

With regards to the literature, childhood refers to the period of time before an individual reaches adulthood, specifically ages 5 to 18 or 21 (Plug et al., 1997), or can implicate feelings of being a child, regardless of chronological age. All participants in this study

---

<sup>6</sup> For the purposes of the present research, "child" is not a static term and needs to be understood within each teenager's personal context, whether associated with chronological age or feelings. How the meaning of the word is conveyed will, therefore, depend on the interpretation of the teenager and how she constructs meaning within her response.



spoke about still experiencing childhood – whether because of chronological age or emotions they had.

Anthia (six months after the birth) associated a chronological number with adulthood while Sam (three months after the birth) also associated motherhood with a certain age.

*Anthia: ...if I was older than 20 then I would have felt like a grown-up woman...I mean I am still young.*

*[Anthia: ...as ek nou oor 20 gewees het dan sal ek nou gevoel het soos 'n groot vrou...Ek bedoel ek is nog jonk.]*

*Sam: ...it doesn't matter if I am going to have a child it doesn't make me a grown-up I am still always a child...To tell the truth I didn't think that I will have a baby at the age of 18 (.2) well but so far I am very happy...*

*[Sam: ...dit maak nie saak of ek 'n kind gaan kry nie dit maak nie van my 'n grootmens nie ek is maar nog altyd 'n kind..Om die waarheid te sê ek het nie gedink ek sal op die ouderdom van 18 al 'n baba hê nie (.2) wel maar sover is ek baie gelukkig...]*

It is quite significant that the participants report that they still feel like children. Despite the drastic changes childbearing and motherhood entail, the participants subjectively still felt like children. Anthia views herself as being young with her ideas of being a grown-up woman connected to age, specifically being older than 20. Sam admits that having a baby did not instantly turn her into an adult, she was still a child and did not think that she would be a mother at this young age. The adult status and specifically mother status can sometimes only be attained through time and the personal nature of the changes and experiences involved. Becoming a mother felt like a process for Sam. The mere occurrence of the pregnancy or birth of the baby did not automatically imply feelings of being an adult or a mother.

Many of the participants also highlighted their youth by talking about having a lot to learn and the need for support and guidance. Shireen, seven months pregnant at the time, is such an example:

*Interviewer: Do you think you'll be a good mother?*

*Shireen: I don't know because I am still very young and I ( ) but I think I will because my mother and family will support me and will teach me and help me.*

*[Onderhoudsvoerder: Dink jy jy gaan 'n goeie ma wees?]*

*Shireen: Ek weet nie want ek is nog jonk en ek ( ) maar ek dink ek gaan want my ma-hulle sal my bystaan en sal vir my leer en vir my help.]*

Even though the question asked by the interviewer was stated in a very leading manner (it could have been asked what kind of a mother Shireen expects to be instead of referring to good specifically), Shireen still answered in a very honest way – that she did not know. This comment was followed by her recognising the fact that she was still young. One may assume that Shireen did associate “good mothering” with being older. This is why she was going to rely on her own mother for help and support.

According to Flanagan (1998) adolescents cannot be “magically transformed” into adults by nine months of pregnancy (p. 247). Some of the teenage mothers even feel that the eventual birth of a baby won't change the fact that they see themselves as a child, immature and not ready to have a child (De Lange & Geldenhuys, 2001).

Jenna's response was that she did not feel like a mother. Rose also mentioned that she still felt like a child. Both participants' responses were given during the interview which took place a week after they gave birth.

*Jenna: I don't feel like a mother.*

*Interviewer: How do you feel?*

*Jenna: Just like I always felt...Young. And wild! The baby doesn't really make a difference in my life I stay the same.*

*[Jenna: Ek voel nie soos 'n ma nie.*

*Onderhoudsvoerder: Hoe voel jy?*

*Jenna: Nog soos ek altyd gevoel het...Jonk. En wild! Die baby maak nie eintlik 'n difference in my lewe nie ek bly dieselfde.]*

*Rose: Well, I still feel like a...like a child...*

*[Rose: Wel, ek voel nog altyd soos 'n...soos 'n kind...]*

Jenna did not answer the question with regards to feelings as such. Instead she talked about feeling “wild”, which one may interpret as having few or no boundaries and her emotions to not be settled yet. It seemed as if she perceived the baby's presence as something which existed separate from her own life and did not make a significant

difference in her life. She concluded that she stayed the same. Rose also admitted to still feeling like a child.

Typically teenage mothers in this sample still lived with their parents and very often still felt like a child in the house. They stated that it is often difficult for them to also feel like parents.

*Blondie: ...sometimes then (.2) my mom takes her and then I feel okay, I am still a CHILD. I am still part of my parents' life, I am still a child. One day I made a joke and said 'oh Kylie you must call me like this, you mustn't call me mommy! {laughs} because I am still YOUNG!'*

*[Blondie: ...partykeer dan (.2) vat my ma vir haar dan voel ek ok, ek is nog 'n KIND. Ek is nog in my ouers se lewe mos, ek is nog 'n kind. En ek het eendag 'n joke gemaak en gesê 'o Kylie jy moet vir my so sê, jy moenie vir my sê mammie nie! {lag} want ek is nog JONK!']*

Blondie, six months after her baby's birth, reported that she still feels dependant on her own mother. When her mother helped her with her baby, she still felt like a child. She acknowledged that she was still her parents' child and this made her feel less like a mother. She even joked with her daughter and told her not to refer to her as her mother because she felt more like her sister. It seems that Blondie associated motherhood with being the only mother in the house, or being the mother that is "in charge". Right after she stated that she was still in her parents' life, Blondie said that she was still a child. Her own parents seem to have a significant impact on how she viewed and understood motherhood.

A week after her baby's birth, Anthia stated that she subjectively felt like a mother, but that this did not preclude her also still feeling like a child:

*Anthia: I think of myself as a mother, but on the one hand I know very well I'm still a child...I am still a child, even though now I have a child. So on the one hand I feel like a mother, but not quite.*

*[Anthia: Ek dink aan myself as 'n ma, maar aan die een kant weet ek goed ek's nog 'n kind...ek is nog altyd 'n kind, al het ek nou 'n kind. So aan die een kant voel ek soos 'n ma, maar nie heeltemal nie.]*

Macleod (2001) explains that an adolescent is not an adult but also not a child, and yet simultaneously both. Therefore the period of adolescence can be understood within the context of the fluctuation between the child and adult identities.

### 5.2.2 As changing

When considering the changes taking place when a teenager becomes a mother, one can look at what makes a woman feel like a mother, and how she deals with the changes. According to the responses from the participants of this study, the process of change towards the association with motherhood could be categorised into difficulty and a passage to adulthood.

#### (i) Difficulty

Kirkman et al. (2001) found in their study that although the teenagers neglected to emphasize the disadvantages or negative aspects of the experiences of teenage motherhood experience, they acknowledged difficulty. In the current study the teenagers also spoke about difficulty.

Often the realisation of responsibility occurs after the birth of the baby as the presence of the baby and the practical demands of being a mother cause the teenager to face reality. A week after the birth of her baby, Elize had to deal with the loss of sleep because of the nightly demands of her newborn. This caused her to reconsider her initial views on parenthood, which entailed that mothering might have been a little easier.

*Interviewer: Do you feel like a mother?*

*Elize: Yes.*

*Interviewer: Is it different than what you thought it would be? A little worse? A little better?*

*Elize: Not a lot, not better.*

*[Onderhoudsvoerder: Voel jy soos 'n moeder?*

*Elize: Ja.*

*Onderhoudsvoerder: Is dit anderster as wat jy gedink het dit gaan wees? Bietjie erger? Bietjie lekkerder?*

*Elize: Nie baie, nie lekkerder nie.]*

Elize felt like a mother but said that motherhood was different than she expected it to be, different in a negative way. Even though the questions are leading, Elize answered in a simple way.

According to the teenagers, motherhood can also be defined by what you are able to give your child in terms of meeting physical needs and providing a comfortable and enjoyable environment. Blondie (six months after she gave birth) associated her negative feelings regarding motherhood as linked to her lack of financial resources and the unpredictability of what she might need. Therefore Blondie was still dependent on her own mother to provide.

*Blondie: Sometimes it is bad, because (.3) sometimes then things don't run so smoothly and (.3) then there isn't money (.4) to buy what she needs. Then I must actually ask my mother...*

*[Blondie: Partykeer is dit sleg, want (.3) partykeer dan hardloop dinge nie so lekker nie en (.3) dan is daar nie altyd geld (.4) om nou te koop wat sy nou nodig het nie. Dan moet ek nou eintlik vir my ma vra...]*

Blondie experienced difficulty when dealing with the financial demands of motherhood and providing for her child's needs. Her situation in this instance forced her to request her mother's financial assistance. Within the context of poverty and unskilled labouring, Blondie was forced to make use of the resources available to her. One may suspect that she did not foresee the financial difficulties.

According to some of the teenagers, their negative experience of motherhood sometimes entailed feeling worried and helpless when the baby was ill or uncomfortable. Anthia, three months after she gave birth, reported such feelings:

*Interviewer: And the worst, can you think of a bad day...*

*Jenna: Actually when he became sick. His nose, it was blocked. He couldn't breathe properly, and he couldn't drink properly.*

*[Onderhoudsvoerder: En die slegste, kan jy dink aan 'n slegte dag...*

*Jenna: Eintlik toe hy siek geraak het. Sy neusie, dit bly toe, hy kan nie lekker asem kry nie, en hy kan ook nie lekker drink nie.]*

When teenagers become mothers, their thought processes seem to change from feeling like children to thinking more like mothers when the child becomes their main concern. The difficulties they experience may enable this process of change because it makes them aware of the changes taking place.



(ii) Passage to adulthood

When attaining the title of “mother”, some of the participants experienced that it gave them automatic passage to adulthood as well. Three months after the birth of her baby, Elize talked about the changes in topics of conversation now that she was a mother.

*Elize: ...now we talk about grown-up things and so on.*

*[Elize: ...ons praat nou oor grootmensgoeters en so aan.]*

For Elize being a mother included talking about “grown-up stuff”. The “now” in Elize’s response shows that these discussions are something new to her.

Anthia, when interviewed three months after the birth of her son, felt that she was regarded with more respect because of her mother status.

*Interviewer: Do you think other people see you more as a woman now because you’re a mother?*

*Anthia: Most see me (like that like a woman), especially grown-ups.*

*[Onderhoudsvoerder: Dink jy ander mense kyk nou na jou as meer van ‘n vrou omdat jy ‘n ma geword het?*

*Anthia: Die meeste kyk (maar so soos ‘n vrou), veral grootmense.]*

Anthia felt that people, especially adults, acknowledged her more as a woman now that she was a mother. She specified that most people saw her this way, but specifically adults. Implicit here is the suggestion that others (possibly her friends or peers) still saw her as a child.

When the participants spoke about the process of change occurring when they became mothers, the difficulty they experience largely consisted of aspects of motherhood they did not foresee. The process of becoming a mother therefore entailed an acute consciousness of what practical motherhood was about instead of merely ideas, hopes or dreams surrounding having a baby. For the young mothers in Flanagan’s (1998) sample, motherhood was also a task-orientated job which they described in terms of activities or things they did.

### 2.3 As different: a mother<sup>7</sup>

Traditionally, a mother is known as a woman who has a child. When the teenagers stated that they experienced themselves as different, as mothers, their reasons for feeling this way can be understood and categorised as their associations with motherhood and experiencing motherhood as a gift. Motherhood is typically associated with the process of providing the physical, cognitive and emotional care and stimulation required by an infant or child (Stratton & Hayes, 1990). Despite the fact that all participants stated that they still felt like children, some also could identify with motherhood.

*Interviewer: At what stage did you start to think of yourself as a mother?*

*Rose: The day I sat in the maternity hall, yes when I was in the maternity hall, when I breastfed her.*

*[Onderhoudsvoerder: Op watter stadium het jy aan jouself as 'n ma begin dink?*

*Rose: Die dag toe ek in die kraamsaal sit, ja toe ek in die kraamsaal is, toe ek haar geborsvoed het.]*

*Jenna: ...he slept with me the evening...in my arms...I {laughs} it felt so different, I couldn't believe I am a mother, it's a different feeling...it felt good to me.*

*[Jenna: ...hy het by my geslaap die aand...in my arms...ek {lag} dit het so anders gevoel, ek kan nie geglo het ek is 'n ma nie, dis 'n anderster gevoel...dit het vir my lekker gevoel.]*

*Candy: I do feel a little like a mother yes, it's nice to have a little one.*

*[Candy: Ek voel nogals soos 'n ma ja, dis lekker om 'n kleintjie te hê.]*

Rose, a week after she gave birth, stated that she felt like a mother as soon as she was breastfeeding her baby for the first time. Jenna, also a week after the birth of her son, reported that she connected with her son instantly and enjoyed him sleeping in her arms. It still felt a little unreal to her, but the emotions she experienced were pleasurable. She seems to be able to call herself a mother. It seems that the way in which the teenagers is constructing what it means to be a mother has a lot to do with the presence of the baby and being close and intimate with their child. In Candy's response (during the first post-

<sup>7</sup> The term "mother" is also not meant in a static sense, even though questions regarding feelings or associations with motherhood were specifically asked in the interviews. The term should be understood through the ways in which the individual experiences of each teenager construct its meaning.

birth interview), however, the good feeling she experienced was enough to make her feel quite like a mother.

Sam's response (during the first post-birth interview) was that she experienced a miracle.

*Sam: {laughs} It feels to me as if ( ) she is still inside me...Well it happened quickly. It just happened unexpectedly... I can't believe that that is my daughter...I didn't feel I was becoming a mother, I was 6 months pregnant then I told myself this can't be true.*

*{laughs} Well for me it is...it's a miracle FOR ME.*

*[Sam: {lag} Dit voel vir my asof ( ) sy nog altyd binne my is...Wel dit het vinnig gebeur. Dit het net onverwags gebeur... Ek kan nie glo dat daai is my dogter nie...ek het nie gevoel ek word ma nie, ek was 6 maande swanger toe sê ek vir myself dit kan nie waar wees nie. {lag} Wel vir my is dit...dis 'n wonderwerk VIR MY.]*

Sam said that she was overwhelmed with the birth experience and how unreal it felt to look at her daughter and be her mother. Her laugh confirms her disbelief and she concludes by seeing what had happened to her as a miracle.

The experience of the self as a child, as changing from feeling like a child to being a mother, or as a mother already, show the impact of teenage pregnancy and motherhood on the teenager. As they spoke about how they saw themselves and what the pregnancy and motherhood experience was like, it is evident how their thoughts and lives changed in significant ways, and how uniquely these changes affected each participant.

### **5.3 Experience of changes**

As the teenager falls pregnant and becomes a mother, it is likely that certain aspects of her life will change. Some of the changes may be caused by the fact that she feels different, or may be the result of decisions regarding her future or the future of the child. The participants spoke a great deal about changes in their sexual behaviour and about adapting to their new lifestyle when having to make decisions regarding school, employment or full-time mothering.

#### **5.3.1 Sexual behaviour**

Sexual behaviour includes all behaviours related to sexual urges, organs and other erogenous zones (Plug et al., 1997). With regards to the sexual relationship during the

pregnancy and after the birth, all of the participants claimed that their sexual behaviour changed.

The reasons for changes in the teenagers' sexual behaviour included feelings they had, decisions they made, or being occupied with other things.

Jenna, when eight months pregnant, reported that her thoughts and behaviour regarding sex changed drastically.

*Interviewer: Did you have sex again?*

*Jenna: Never again. (.3) {laughs} Didn't feel like it.*

*[Onderhoudsvoerder: Het jy weer seks gehad?*

*Jenna: Nooit weer nie. (.3) {lag} Nie lus gehad nie.]*

Jenna's use of the word *never* indicates how strongly she feels about not having sex. After saying this, she laughed, possibly showing that she was uncomfortable, or that she was not taking the conversation seriously. She concluded by saying that she did not feel like it again (please note the Afrikaans word *lus* – implying more desire than the translation *feel*). This raises the question whether Jenna felt like having sex the very first time and whether feeling like it is her perception of and only reason for having sex.

Jenna did not only lose interest in sex, but ended the relationship with her boyfriend and said that it was her last.

*Interviewer: ...it's your first boyfriend?*

*Jenna: (.3) My last boyfriend! {laughs}*

*Interviewer: You say you don't actually feel like boyfriends?*

*Jenna: Not anymore.*

*[Onderhoudsvoerder: ...dis jou eerste boyfriend?*

*Jenna: (.3) My laaste boyfriend! {lag}*

*Onderhoudsvoerder: Jy sê jy's nie eintlik lus vir boyfriends nie?*

*Jenna: Nie meer nie.]*

Jenna's light response suggests that relationships and sex did not feel like priorities at this time. Pond (quoted in Macleod, 1999) asserts that the teenage mother can experience anger and hostility towards not only the father of the child, but to the male sex in general. This may also be an explanation for Jenna's strong response that this was her last boyfriend.

The participants gave various explanations as to why they were no longer sexually active. During her first post-birth interview, Sam, who also laughed when she talked about sex, said that there simply was no time for sex anymore:

*Sam: ...I don't have time for it anymore {laughs}.*

*[Sam: ...ek het nie meer tyd daarvoor nie {lag}.]*

However, she did add in a more serious tone that she has not felt sexual since the birth of the baby and the baby has become her highest priority:

*Sam: ...the feeling actually never came back. She is important to me and I told him and he understands.*

*[Sam: ...die gevoel het nog nie eintlik teruggekom nie. Sy is belangrik vir my en ek het dit vir hom gesê en hy verstaan dit.]*

Sam (three months after the birth) did not exclude the possibility of ever having sexual relationships in future, but also indicated that she was postponing this for the time being:

*Interviewer: ...so now you don't even feel like being with him sexually?*

*Sam: No. Maybe at a LATER stage maybe, but not now.*

*[Onderhoudsvoerder: ...so jy voel nie nou eens lus om seksueel met hom te wees nie?*

*Sam: Nee. Miskien op 'n LATER stadium miskien, maar nie nou nie.]*

The fact that Jenna and Sam said that they did not have sexual feelings and that they were not involved in sexual relationships may, however, be related to them feeling that as mothers and as teenagers it is not acceptable to be involved in sexual relationships.

From the interviews it could be deduced that all eight participants did not use contraceptives before the pregnancy. After the birth of the baby at least three of them did use contraceptives, with three claiming that they were abstaining from sex. Interesting was the fact that, in Jenna's case, she agreed to use the injection as contraceptive, even when she said that she was abstaining from sex.

*Jenna: Injection...No I made the decision...Protection, in case.*

*[Jenna: Inspuiting...Nee ek het self besluit...Beskerming, in case.]*



During the interview conducted a week after she gave birth, Jenna said that using the injection was her decision. She added that this was for protection, *in case*. One wonders whether Jenna was anticipating the possibility of a situation in which she might not be able to make a decision. Further one can consider the possibility that Jenna had been in such a situation already. One also wonders whether Jenna was indeed planning to give up boys and sex.

Anthia, a week after her son was born, said that she consciously used sex as a “tool” to become pregnant. She claimed that after she had conceived, she and her boyfriend (within a committed relationship) did not have sex again.

*Interviewer: And before the baby was born, did you have a lot of sex?*

*Anthia: You can say so.*

*Interviewer: Is it. Did you feel you were trying to fall pregnant? Did you feel you want to keep trying until you are pregnant?*

*Anthia: Hmmm (yes). Once we kept on trying, when I went (to the clinic) they said I'm not. Then we tried again and again, and then it was so.*

*Interviewer: (6 months later) Did you ever sleep together again after the baby?*

*Anthia: (.2) No we lie next to each other but we do nothing.*

*[Onderhoudsvoerder: En voor die baby gebore is, het julle baie seks gehad?*

*Anthia: Sê maar soveel ja.*

*Onderhoudsvoerder: Is dit. Het jy gevoel jy probeer swanger raak? Het jy gevoel jy wil aanhou totdat jy swanger is?*

*Anthia: Hmmm (ja). Ons het een keer aangehou probeer, toe ek gaan (na die kliniek) toe sê hulle ek is nie. Toe probeer ons weer en weer, en toe is dit so.*

*Onderhoudsvoerder: (6 maande later) Het julle ooit weer na die babatjie saam geslaap?*

*Anthia: (.2) Nee ons lê langs mekaar maar ons doen niks nie.]*

Anthia's sexual behaviour differed from the behaviours of the rest of the sample, since she was the only participant who explicitly acknowledged that she tried to become pregnant. This is evident in the way she repeats that they tried again and again. When talking about sex, Anthia talked about it with a considerable amount of distance, as if sex was merely the necessary thing to do to have a baby, a means to an end. Supportive evidence for this idea is that, if she was honest, Anthia and her boyfriend did not have sex for six months after the birth of the baby. In the interviews she talked about sex as a means to an end rather than an activity that is pleasurable in itself.

In Elize's case abstinence seemed to accompany the fear of falling pregnant again. Elize's fear of falling pregnant again even occurred while she was using contraceptives. She reported this during the interview conducted three months after she gave birth:

*Interviewer: And do you and your boyfriend have sex at the moment?*

*Elize: Hmm-mm, no...I actually have a fear now – now that I have the baby. That now it, that it happened with the first time, that I don't want it to happen the second time.*

*Interviewer: ...do you use a contraceptive?*

*Elize: Injection.*

*Interviewer: Oh, okay. And you are still afraid.*

*Elize: Yes, I am not taking any chances.*

*[Onderhoudsvoerder: En het jy en jou boyfriend op die oomblik bietjie seks?*

*Elize: Hmm-mm, nee...Ek het nou eintlik 'n vrees – nou dat ek die baba het. Dat dit nou, dat dit met die eerste keer gebeur het, dat ek wil nie hê dat dit die tweede keer gebeur nie.*

*Onderhoudsvoerder: ...gebruik jy 'n voorbehoedmiddel?*

*Elize: Inspuiting.*

*Onderhoudsvoerder: O, okay. En jy is nogsteeds bang.*

*Elize: Ja, ek vat nie kanse nie.]*

Elize explained that she and her boyfriend stopped having sex, even though she was using the injection as contraceptive. The reason was her awareness of the consequences of sexual intercourse and the fear of falling pregnant again. In correlation, De La Rey and Parekh (1996) found in their sample that abstinence can be the result when teenagers who fell pregnant become afraid of it happening again.

Only one of the participants, Rose, said a week after her baby was born, that she continued her sexual relationship with her boyfriend.

*Interviewer: Do you have a sexual relationship with the father?*

*Rose: Yes, but there is a change, yes.*

*[Interviewer: Het jy 'n seksuele verhouding met die kind se pa?*

*Rose: Ja, maar daar is 'n verandering, ja.]*

Rose said that her sexual relationship had changed. The interviewer could have asked her to elaborate. When Rose added another yes at the end of her response, one wonders

whether it is to accentuate that she is having a sexual relationship with the father, or whether the yes is confirming the fact that there is a change.

According to the teenagers' responses, it is evident that the experience of teenage pregnancy and motherhood significantly affected their sexual behaviour and sexual relationships. Their reasons for making certain decisions, however, differed in profound ways.

### 5.3.2 Going back to school

Teenage pregnancy and motherhood can offer a corrective experience to risky behaviour as the teenagers reorganise their lives and priorities around the reality of mothering (SmithBattle, 2000). They need to make decisions regarding going back to school, finding employment or being a full-time mother.

According to research conducted by Barlow and Cairns (1997), teenagers who made the decision to return to school could do so out of concern for their personal well-being, to make them feel like they still have direction in their lives. They could also be aware of having to take life more seriously because they have a child to care for – causing some to plan their futures more clearly (Schultz, 2001). Shireen is a good example and reported a week after she gave birth:

*Shireen: I want to finish my studies in order for me to further my education, to work for my child, (.1) that he can get everything I can afford.*

*[Shireen: Ek wil klaar studeer dat ek kan beter leer, vir my kind te werk, (.1) dat hy alles kan kry wat ek kan bekostig.]*

Significant here is how Shireen referred to working for her child. She also said that she wanted him to have everything she could afford. Shireen could have said that she wanted to give her son everything his heart desires, but with her response she seems to show that she was thinking about the situation realistically.

Four of the eight participants dropped out of school, of which three - Elize, Sam and Blondie - started working to earn income to support their child. Finding employment was not, however, the only reason for leaving school. Some of the participants responded that they did not want to go back to school. During the first post-birth interview, Elize viewed herself as being too "grown-up" to still be a scholar.

*Interviewer: And um school, do you think you will someday go back to school?*

*Elize: No I (am over) school now.*

*[Onderhoudsvoerder: En um skool, dink jy jy gaan ooit weer eendag skool toe gaan?*

*Elize: Nee ek (is nou verby) die skool.]*

Elize explained that she would not return to school because she feels as if she was moving on.

Shireen and Elize are examples of how significantly the contexts and motivations of the girls differ. Going back to school can be a priority to further studies and have a better career and income for the child, or going back to school is not an option because of personal reasons such as experiencing school to be a phase that has passed.

### 5.3.3 Leaving school for employment

Some of the mothers decided to stay home and take care of their child after the birth. For instance, Blondie's first priority was her child and taking care of her, since the father did not contribute financially. This situation seemed to force her to find a job.

*Blondie: ...I can't afford to stay at home. Who is going to take care of the child? I had to go look for a job to take care of that child, because her father (.2) whatever, her father doesn't give any money.*

*[Blondie: ...ek kan nie bekostig om by die huis te bly nie. Wie gaan vir die kind sorg? Ek moet gaan werk soek het om na daai kind te kyk, want haar pa (.2) dinges dan nou, haar pa gee nou nie geld nie.]*

Six months after the birth of her child, Blondie's circumstances implored her to look for a job and provide for her child. The baby's father was absent and Blondie experienced responsibility and stress. Kirkman et al. (2001) discuss how teenage mothers are often expected to function as the mother and the father: as the mother in the sense of taking care of the baby physically, but unable to do so without the financial support provided by the father figure. Barlow and Cairns (1997), when researching the psychological experience of teenage mothers in Canada, found that their participants experience how the father just "cuts off" (p. 240) and it is an option mothers do not have.

### 5.3.4 Being a full-time mother

Having to leave school to take care of the child saddened some of the teenagers. For Jenna, dropping out of school because of the pregnancy was not what she would have

wanted to do, and it saddened her since she had dreams and plans for her future. Three months after she gave birth, Jenna spoke about her sadness:

*Interviewer: Sad about what?*

*Jenna: Because {sighs} I can't go to school anymore...I must babysit now...There goes my whole career and (.3) now, now I can't do anything else I must just sit at home and babysit.*

*[Onderhoudsvoerder: Sad waarom?]*

*Jenna: Oor {sug} ek nie meer kan skoolgaan nie...Nou moet ek babysit...My hele loopbaan is daarmee heen en (.3) nou, nou kan ek niks anders doen nie ek moet net by die huis sit en babysit.]*

Jenna felt that her pregnancy and the presence of a baby in her life has eliminated her dreams of a career and that, instead, she had to stay at home and babysit. The choice of the word babysit suggests that Jenna experienced it as a job. Jenna did not mention that any other options were available to her. The presence of her child automatically implied the new lifestyle to which she has to adapt.

The literature also suggests that some teenage mothers may return to school (Kaufman, De Wet & Stadler, 2001) or they do not, resulting in high drop-out rates (Mokgalabone, 1999). Luster (1998) points out that young mothers who work hard to finish school may need to do so at the expense of their children, since educational advancement and raising a child both demand a great deal of attention. It seems as if sacrifices are inevitable, whether the mother sacrifices her school career or being the primary caretaker of her child, she will remain torn.

Luster (1998) concludes with his research showing that the teenage mothers who were most successful in school also tended to provide the most supportive care for their children, and that he could not find evidence from his sample suggesting that the educational advancement of the young mother came at the expense of her child.

Apart from the teenagers' personal narratives and detailed accounts of their subjective experiences of teenage pregnancy and motherhood, some also talked about the nature of the experience as it occurred within certain contexts.

#### **5.4 The nature of the pregnancy and motherhood experience**

With regards to some of the teenagers' responses, it became evident that unplanned pregnancies were not necessarily unwanted (see section 5.1.2 – excitement about the



baby), just as a planned pregnancy was regretted and even became unwanted (Anthia). Here it was clear how different the participants' contexts were and how markedly their experiences differed from one another.

Blondie's pregnancy was an accident and therefore unplanned as well as, according to her response, unwanted. It made her boyfriend leave her, she had to find a job to provide for her newborn, and she had to exchange her teenage life for the responsibilities and duties of a mother. Six months after the baby's birth she stated:

*Blondie: ...I don't want to, I don't want to be the bad luck to be stuck with a child again.*

*[Blondie: ...ek wil nie, ek wil nie weer die bad luck wees om weer met 'n kind te sit nie.]*

Blondie did not differentiate when referring to the bad luck of the circumstances of falling pregnant and becoming a mother, but talks about herself as being the bad luck. It seems as if she felt stuck with the child and did not want this to happen to her again, indicative of feelings of regret and blaming herself.

It is problematic to assume that all teenage mothers fell pregnant by accident or chance. Of the eight participants, only Anthia (one week after the birth) explicitly stated that she planned her pregnancy. Her choice included the conscious decision not to use contraceptives.

*Anthia: But everyone thinks, like my mother and them, they think it just happened, but I don't want to tell them that I wanted it. But I haven't told anyone yet, it's just me and my boyfriend...*

*Interviewer: Did you WANT to become pregnant?*

*Anthia: Yes.*

*Interviewer: So you didn't talk about contraceptives or so?*

*Anthia: He told me once I must go on that stuff, then I said no, I am not going on that stuff.*

*[Anthia: Maar almal dink, soos my ma-hulle dink dit het net gebeur, maar ek wil nie vir hulle sê dat ek wil dit gehad het nie. Maar ek het nog vir niemand gesê nie, dis net ek en my boyfriend...]*

*Onderhoudsvoerder: WOU jy pregnant raak?*

*Anthia: Ja.*

*Onderhoudsvoerder: So julle het nie gepraat oor voorbehoedmiddels of so nie?*

*Anthia: Hy het vir my een keer gesê ek moet gaan op daai goed, toe sê ek nee, ek gaan nie op daai goed nie.]*

The fact that Anthia did not want to tell her mother and other family members that she wanted a baby can indicate that she was embarrassed about it, or that she thought that they would not understand. Further showing Anthia's decisiveness about having a baby is her refusal to use contraceptives, even though her boyfriend recommended it.

According to Pines (1993) there is a difference between the wish to become pregnant and the wish to give birth to an actual baby and become a mother. Anthia's wish came true and now, after the baby is born, she herself cannot understand why she made that decision. MacFarlane (1995) found that "intentional" does not necessarily mean "desired" (p. 251).

*Anthia: I don't know what went through my head. I don't know what got into my head that time to do such things.*

*[Anthia: Ek weet nie wat in my kop aangegaan het nie. Ek weet nie wat in my kop ingevaar het om daai tyd sulke goed te doen nie.]*

It would be problematic to assume that intended pregnancies are always wanted pregnancies, just as unintended pregnancies can become wanted. Even though Anthia planned and intended her pregnancy, she somehow still expected to feel regret after the birth of her baby.

*Anthia: And when it came out, ( ), because I said that ( ) when it comes out I'll regret it, but I don't quite feel regretful.*

*[Anthia: En toe dit uitkom, ( ), omdat ek nou gesê het ( ) as dit uitkom sal ek spyt wees, maar ek voel nogals nie spyt nie.]*

The use of the word quite (please refer to Afrikaans word *nogals*) shows Anthia's own surprise that she was not having regrets even if she expected to.

As the results and discussion show, pregnancy and motherhood are significant experiences for each teenager. Being pregnant and becoming a mother is an emotional rollercoaster, as the teenager experiences highs of excitement and happiness, as well as lows when fears or anxieties and responsibilities become reality. Thoughts and emotions can contradict one another when occurring simultaneously, may change rapidly, or reflect on the teenager's experience.

The teenager can experience herself as the same – a child; as changing and in the process of becoming a mother; or as a mother already.

It seems that the experience of teenage pregnancy motherhood is a unique journey where every teenager finds herself in a process of understanding and making sense of the impact pregnancy and motherhood have on her life.

## CONCLUSION

Every girl has her unique strengths, her own barriers to overcome, and her own personal history to build on. Honoring these young women's definitions of motherhood, and recognizing them as reflections of their own developmental maturity, will lead to a different understanding of their needs and the resources necessary to meet them. Until we recognize their unique developmental needs as adolescents and as mothers, adolescent motherhood will be the "problem" that never goes away. (Flanagan, 1996)

In the present study the significance of the subjective experience of teenage pregnancy and motherhood is explored. The focus is on the subjective narrative of the young mother. As such it is not intended to defend, promote or oversimplify teenage pregnancy and motherhood.

Analysis was conducted by means of social constructionist Grounded Theory. Questions asked within the semi-structured interviews revealed the experience of teenage pregnancy and motherhood in terms of the teenager's emotional experience, her experience of herself, her experience of changes and the nature of her pregnancy and motherhood experience.

This study aims to contribute to a more complex understanding of teenage mothers, attaching individual names and voices to the faceless teenagers holding babies. While there are certain important contextual factors that impact on the experiences of the teenagers, all of them individually are also involved in complex processes of making meaning. This is important since the traditional discourse regarding teenage pregnancy and motherhood and even the revisionist argument cannot account for every case and every teenager. The "humanist" perspective which moves beyond the arguments can construct each teenager as an individual within her own context. One should strive to be freed from "the assumption that prevailing ways of understanding ourselves and others are necessary and self-evident" (Macleod & Durrheim, 2003, p. 93).

The interviews demonstrated both their awareness of the canonical narrative, in which they are condemned, and their contrasting autobiographical narratives, in which they present themselves as good mothers who have acquired mothering skills which they will continue to develop. The canonical narrative entails the topics discussed in the literature review. Society as well as the teenager are both aware of the strain teenage pregnancy and motherhood put on school attendance, poverty, and the financial security and psychological health of the child. Additionally, the teenager is labelled as irresponsible

and she might be alienated from her community or church. The contrasting autobiographical narratives highlight the individual experiences of the teenagers, as evident in their responses in the results and discussion section. Their narratives express their attempts to take care of their children and how they become responsible when accepting their duties as mothers. They seem try to make the best decision regarding staying in school to further their career to be able to provide the best for their children, or finding employment to earn an income when they do not have financial support. Further, the teenagers speak a great deal about the positive aspects of motherhood and how it can impact their lives in positive ways.

According to Smithbattle (2000) society currently fails to see the ways in which teenage mothers struggle, cope, and challenge modern assumptions of the self and society. Rather than abandoning or blaming them, one should consider how relationships with them as clinicians and citizens empower or diminish them (Smithbattle, 2000).

Our task is to adapt our policies and practices, the discourses we use in our teaching and policy making, in order to give adolescents opportunities to translate their experiences, tell their stories, and narrate their lives in order to transform their futures (Schultz, 2001). We need to find productive and authentic ways to address issues of motherhood and its relation to schooling and the future with the youth we teach. We need to examine the way schools and curricula keep young women from imagining futures that take into account their very real circumstances.

With regards to recommendation for intervention, the focus should not remain primarily on the education or provision of contraceptives, but relate to the contexts and specific personal reasons why teenagers of such young age might choose pregnancy. Many interventions presume that arming youth with knowledge about life options, job training and sex education will automatically improve their life chances drastically without a need to rebuild the social resources, context and relationships (Smithbattle, 2000). The enhancement of their quality of life does not necessarily depend on these aspects alone, job training does not guarantee a job and even though informative messages regarding sex education are common, some reports show that teenage pregnancy rates are still increasing (see literature review).

Lastly, both the experiences of adolescence and pregnancy or motherhood are emotional periods of physical and psychological change, in need of support and understanding. Given the number of changes that these young women are facing in their lives, the opportunity to talk about it and sort out feelings about these changes is essential (Davies et al., 2001).



To conclude: Smitbattle and Leonard (1998) state that, in recovering the voices and stories of young mothers over time, the hope is to enlarge civic dialogue beyond a normalising paradigm of control to an ethic that values and supports care-giving. Ultimately, the practical question of how to promote young mothers' responsiveness and development, is not a technical issue, but invokes ethical and political questions that ask each of us to consider the kinds of communities and civic life that sustain a good and meaningful life. Moving in this direction will require a revitalised dialogue and community building policies that foster hope, integrity, dignity, and citizenship.

For the teenage mothers in the present study, the experience of pregnancy and motherhood exists not only within their own personal contexts, but also within a community and a country which, like many others, still tend to condemn, normalise and judge pregnant teenagers and teenage mothers. The process of constructing each teenager individually is a way in which one can try to understand teenage pregnancy and motherhood beyond certain arguments or preconceived ideas. Instead, the voice of the teenager can be heard and she can be physiologically and psychologically assisted in a manner as unique as her being and circumstances.

## REFERENCES

- Adler, N.E., & Tschann, J.M. (1993). Conscious and preconscious motivation for pregnancy among female adolescents. In A. Lawson & D.L. Rhode (Eds), *The politics of pregnancy* (pp. 144-159). London: Yale University Press.
- Bahadur, G. (2000). Age definitions, childhood and adolescent cancers in relation to reproductive issues. *Human Reproduction*, 15(1), 227-230.
- Barlow, A.B., & Cairns, K.V. (1997). Mothering as a psychological experience: A Grounded Theory exploration. *Canadian Journal of Counselling*, 31, 232-247.
- Barnett, J.E. (2004). Do adolescents take "baby think it over" seriously? *Adolescence*, 39(153), 65-75.
- Berry, E.H., Shillington, A.M., Peak, T., & Hohman, M.M. (2000). Multi-ethnic comparison of risk and protective factors for adolescent pregnancy. *Child and Adolescent Social Work Journal*, 17(2), 79-96.
- Bissell, M. (2000). Socio-economic outcomes of teen pregnancy and parenthood: A review of the literature. *The Canadian Journal of Human Sexuality*, 9(3), 191-204.
- Bjarnason, D. S. (2003). *Social constructionism – Theoretical perspectives from symbolic interactionism to postmodernism* [Book, selected chapters on line]. Retrieved October 13, 2004 from <http://dsbjarnason.sc/org.html>.
- Bloom, L. R. (1996). Stories of one's own: Nonunitary subjectivity in narrative presentation. *Qualitative Inquiry*, 2(2), 176-197.
- Breakwell, G.M. (1993). Psychological and social characteristics of teenagers who have children. In A. Lawson & D.L. Rhode (Eds) *The politics of pregnancy* (pp. 159-174). London: Yale University Press.
- Breuer, F., Mruck, K., & Roth, W. (2002). Subjectivity and reflexivity: An introduction. *Forum: Qualitative Social Research* 3(3) [On-line Journal]. Retrieved August 7, 2007 from [www.qualitative-research.net/fqs/](http://www.qualitative-research.net/fqs/).
- Calves, A.E. (2002). Abortion risk and decision-making among young people in urban Cameroon. *Studies in Family Planning*, 33(3), 249-260.
- Charmaz, K. (1995). Grounded Theory. In J.A. Smith, R. Harre & L. Van Langenhoven (Eds), *Rethinking methods in psychology* (pp.27-48). London: Sage.

- Cohen, A., & Daniels, V. (2001). Review of literature: Responses to "empirical and hermeneutic approaches to phenomenological research in Psychology, a comparison". *Gestalt*, 5(2). Retrieved October 15, 2005 from [www.g-gej.org/5-2/reviewlit.html](http://www.g-gej.org/5-2/reviewlit.html).
- Coley, R.L., & Chase-Lansdale, P.L. (1998). Adolescent pregnancy and parenthood – Recent evidence and future directions. *American Psychologist*, 53(2), 152-166.
- Connolly, C. (2005). *As teen pregnancy dropped, so did child poverty*. Retrieved April 22, 2005 from <http://washingtonpost.com>.
- Corbin, J., & Strauss, A. (1990). Grounded Theory research: Procedures, canons, and evaluative criteria. *Qualitative Sociology*, 13(1), 3-21.
- Crotty, M. (1998). *The foundations of social research – Meaning and perspective in the research process*. London: Sage Publications.
- Cunningham, P.W., & Boulton, B.E. (1996). Black teenage pregnancy in South Africa: Some considerations. *Adolescence*, 31(123), 691-700.
- Davidson, P. (1995). The Process of loneliness for female adolescents: A feminist perspective. *Health Care for Women International*, 16, 1-8.
- Davies, L., McKinnon, M., & Rains, P. (2001). Creating a family: Perspectives from teen mothers. *Journal of Progressive Human Services*, 12(1), 83-100.
- De Lange, N., & Geldenhuys, J.L. (2001). A systematic approach to adolescents' experiences of terminating their pregnancies. *Society in Transition*, 32(2), 246-259.
- De La Rey, C., & Parekh, A. (1996). Community-based peer groups: An intervention programme for teenage mothers. *Journal of Community and Applied Social Psychology*, 6(15), 373-381.
- De La Torre, V. (2005). *Teen sex: When papa must preach*. Retrieved April 7, 2005 from <http://inquirer.stanford.edu>.
- Department of Health. (2002). *South Africa Demographic and Health Survey 1998, full report*, pp.26-27. Pretoria, Department of Health. Retrieved October 11, 2004 from <http://www.doh.gov.za/facts/1998/sadhs98/>.
- Department of Health, Medical Research Council (2006). *South Africa Demographic and Health Survey*. Pretoria, Department of Health. Retrieved June 27, 2007 from [www.hst.org.za/healthstats/2/data](http://www.hst.org.za/healthstats/2/data).

- Dickson-Tetteh, K. (2000). Adolescent reproductive health in Africa: A problem or a priority? *African Journal of Reproductive Health, Editorial*.
- Dobson, J. (2003). *Crisis Pregnancy: Behind the scenes of a teen pregnancy*. Dallas: Word Publishing.
- Dommissie, J. (2007). Teenage pregnancy crime bomb [On-line Article]. Retrieved June 27, 2007 from [www.mg.co.za](http://www.mg.co.za).
- Flanagan, P. (1998). Teen mothers. In C. Garcia Coll, J.L. Surrey & K. Weingarten (Eds) *Mothering against the odds* (pp. 238-254). New York: Guilford Press.
- Foster, D. (1999). Racism, Marxism, Psychology. *Theory & Psychology*, 9(3), 331-352.
- Gergen, K. J. (1996). *Social Psychology as social construction: The emerging vision*. Oxford: Blackwell.
- Gergen, K. J. (1999). Agency – Social construction and relational action. *Theory and Psychology*, 9(1), 113-115.
- Gergen, K. J. (2001). Psychological science in a postmodern context. *The American Psychologist*, 56, 803-813.
- Glaser, B. G. (2002). Constructivist Grounded Theory? *Forum: Qualitative Social Research*, 3(3) [On-line Journal]. Retrieved August 7, 2007 from [www.qualitative-research.net/fqs/](http://www.qualitative-research.net/fqs/).
- Glaser, B. G., & Strauss, A. L. (1967). *The discovery of grounded theory: Strategies for for qualitative research*. Chicago: Aldine.
- Govender, P. (2006). Maternity leave for SA's pregnant pupils [On-line Article]. Retrieved June 27, 2007 from [www.sundaytimes.co.za/article](http://www.sundaytimes.co.za/article).
- Gubhaju, B. B. (2002). *Adolescent reproductive health in Asia* [On-line Article]. Retrieved August 7, 2007 from [www.iussp.org/Bangkok2002/S30Gubhajo.pdf](http://www.iussp.org/Bangkok2002/S30Gubhajo.pdf).
- Harari, S.E., & Vinovskis, M.A. (1993). *Adolescent sexuality, pregnancy, and childbearing in the past*. In A. Lawson & D.L. Rhode (Eds), *The politics of pregnancy* (pp. 23-45). London: Yale University Press.
- Head, D. Y., & Esdaile, S. A. (2004). Teenage mothers: Roles, occupations, and societal challenges. In F. A. Davis (Ed), *Mothering occupations* (pp. 134-150). Philadelphia: Philadelphia Press.
- Henwood, K., & Pidgeon, N. (1995). Grounded Theory and psychological research. *The Psychologist*, 1, 115-118.

- Hepburn, A. (1999). Derrida and Psychology – Deconstruction and its ab/uses in critical and discursive psychologies. *Theory & Psychology*, 9(5), 639-665.
- Hine, T. (1999). *The rise and fall of the American teenager*. Columbia: Columbia University Press.
- Holstein, J. A., & Miller, G. (1993). *Reconsidering social constructionism: Debates in social problems theory*. New Jersey: Transaction Publishers.
- Hooker, R. (1996). *Empiricism* [On-line Article]. Retrieved October 19, 2005 from [www.wsu.edu/~dee/GLOSSARY/EMPIRIC.HTM](http://www.wsu.edu/~dee/GLOSSARY/EMPIRIC.HTM).
- Hughes, T. (1997). *Everything you need to know about teenage pregnancy* [On-line Article]. Retrieved April 22, 2005 from [www.palmettohealth.com/community/teenhealth](http://www.palmettohealth.com/community/teenhealth).
- Investor Relations Information Network (2007). *Teenage pregnancy statistics* [On-line Report]. Retrieved July 3, 2007 from [www.irinnews.org/report.aspx](http://www.irinnews.org/report.aspx).
- Kaplan, H.I., & Saddock, B.J. (1998). *Synopsis of Psychiatry*. Baltimore: Williams & Wilkins.
- Kaufman, C.E., De Wet, T., & Stadler, J. (2001). Adolescent pregnancy and parenthood In South Africa. *Studies in Family Planning*, 32(2), 147-160.
- Kirkman, M., Harrison, L., Hillier, L., & Pyett, P. (2001). 'I know I'm doing a good job': canonical and autobiographical narratives of teenage mothers. *Culture, Health and Sexuality*, 3(3), 279-294.
- Kissman, K. (1998). High risk behaviour among adolescent mothers. *International Journal of Adolescence and Youth*, 7(1), 179-191.
- Kvale, S. (1995). The social construction of validity. *Qualitative Inquiry*, 1(1), 19-40.
- Lajoie, M. (2003). Preventing teen pregnancy. *Prevention en Pratique Medicale*. Montreal: Laplante & Bonney.
- Lawson, A. (1993). Multiple fractures: The cultural construction of teenage sexuality and pregnancy. In A. Lawson & D.L. Rhode (Eds), *The politics of pregnancy* (pp. 14-126). London: Yale University Press.
- Lawson, A., Adler, N.E., & Tschann, J.M. (1993). Adolescent sexuality and public policy. In A. Lawson & D.L. Rhode (Eds), *The politics of pregnancy* (pp. 301-336). London: Yale University Press.
- Levine, J.A., Pollack, H., & Comfort, M.E. (2001). Academic and behavioural outcomes among the children of young mothers. *Journal of Marriage and Family*, 63, 355-369.



- Lofts, J. (2002). The application of social constructionism and discourse analysis to the examination of art therapy with learning difficulties [On-line Article]. Retrieved July 20, 2007 from [www.derby.ac.uk/vart/journal/archives/2002/articles/jlofts/index.htm](http://www.derby.ac.uk/vart/journal/archives/2002/articles/jlofts/index.htm) .
- Luster, T. (1998). Individual differences in the care-giving behaviour of teenage mothers: An ecological perspective. *Clinical Child Psychology and Psychiatry*, 3(3), 341-360.
- MacFarlane, R.M. (1995). Adolescent pregnancy. In M.W. O'Hara, R.C. Reiter, S.R. Johnson, A. Milburn, & J. Engeldinger (Eds.), *Psychological Aspects of Women's Reproductive Health* (pp.248-264). New York: Springer Publishing Company.
- Macintyre, S., & Cunningham-Burley, S. (1993). Teenage pregnancy as a social problem: A perspective from the United Kingdom. In A. Lawson & D.L. Rhode (Eds), *The Politics of Pregnancy* (pp. 189-257). London: Yale University Press.
- Macleod, C. (1999). Teenage pregnancy and its 'negative' consequences: review of South African research – Part 1. *South African Journal of Psychology*, 29(1), 1-7.
- Macleod, C. (1999). The 'causes' of teenage pregnancy: Review of South African research – Part 2. *South African Journal of Psychology*, 29(1), 8-16.
- Macleod, C. (2001). Teenage motherhood and the regulation of mothering in the scientific literature: The South African example. *Feminism and Psychology*, 11(4), 493-511.
- Macleod, C., & Durrheim, K. (2002). Racializing teenage pregnancy: "Culture" and "tradition" in the South African scientific literature. *Ethnic and Racial Studies*, 25(5), 778-801.
- Macleod, C., & Durrheim, K. (2003). Psycho-medical discourse in South African research on teenage pregnancy. *Transformation*, 74-100.
- Macleod, C. (2003). Teenage pregnancy and the construction of adolescence: Scientific literature in in South Africa. *Childhood: A Global Journal of Child Research*, 10(4), 419-438.
- Makiwane, M.B. (1998). Adolescent pregnancy and reproductive health in Transkei. *African Journal of Reproductive Health*, 2(1), 41-48.

- Makiwane, M.B., & Udjo, E.O. (2006). Is the child support grant associated with an increase in teenage fertility in South Africa? [On-line Article]. Retrieved November 27, 2007 from [www.hsrc.ac.za/research\\_publication-6570.phtml](http://www.hsrc.ac.za/research_publication-6570.phtml).
- Martyn, K.K., & Hutchinson, S.A. (2001). Low-Income African American adolescents who avoid pregnancy: Tough girls who rewrite negative scripts. *Qualitative Health Research*, 11(2), 238-256.
- Mokgalabone, M.B. (1999). Socio-cultural conditions, teenage pregnancy and schooling disruption: Themes from teachers and teenage mothers in poor rural schools. *South African Journal of Education*, 19(1), 55-66.
- North Western Province Health & Social Welfare Department. (1999). Teenage pregnancy in South Africa. Retrieved April 22, 2005 from [www.population.org.za](http://www.population.org.za).
- Office for National Statistics and Pregnancy Unit. (2007). *Teenage pregnancy statistics* [On-line Article]. Retrieved July 3, 2007 from [www.statistics.gov.uk](http://www.statistics.gov.uk).
- Olivier, M.A.J., Myburgh, C.P.H., & Poggenpoel, M. (2000). Adolescents' views on termination of pregnancy. *South African Journal of Education*, 20(3), 213-222.
- Parker, I. (2003). Qualitative research in Psychology – Criteria [On-line article]. Retrieved October 13, 2004 from <http://www.uel.ac.uk/cnr/documents/Parker.doc>.
- Pearce, D.M. (1993). "Children having children": Teenage pregnancy and public policy from the women's perspective. In A. Lawson & D.L. Rhode (Eds), *The Politics of Pregnancy* (pp. 301-337). London: Yale University Press.
- Phoenix, A. (1993). The social construction of teenage motherhood: A black and white issue? In A. Lawson & D.L. Rhode (Eds), *The Politics of Pregnancy* (pp. 284-301). London: Yale University Press.
- Pines, D. (1993). Adolescent pregnancy and motherhood. In D. Pines, *A women's unconscious use of her body* (pp.78-115). London: Virago Press.
- Plug, C., Louw, D.A.P., Gouws, L.A., & Meyer, W.F. (1997). Verklarende en vertalende Sielkunde woordeboek. Johannesburg: Heinemann.
- Reardon, D.C., & Cogle, J.R. (2002). Depression and unintended pregnancy in the national longitudinal survey of youth: a cohort study. *BMJ*, 324, 151-152.
- Rhode, D.L. (1993). Adolescent pregnancy and public policy. In A. Lawson & D.L. Rhode (Eds), *Mothering against the odds* (pp. 301-337). London: Yale University Press.

- Riley, A. P. (1994) Determinants of adolescent fertility and its consequences for maternal health. *Annals of the New York Academy of Sciences*, 709(1), 86-100.
- Rumble, S., Swartz, L., Parry, C., & Zwarenstein, M. (1996). Prevalence of psychiatric morbidity in the adult population of a rural South African village. *Psychological Medicine*, 26: 997-1007.
- Schultz, K. (2001). Constructing failure, narrating success: Rethinking the "problem" of teen pregnancy. *Teachers College Record*, 103(4), 582-607.
- Seaton, A., Davidson, G., Schwarz, C., & Simpson, J. (1990). *Chambers Thesaurus*. Edinburgh: Chambers Limited.
- Shaw, R.L. (2001). Why use interpretative phenomenological analysis in Health Psychology? *Health Psychology Update*, 10(4), 48-52.
- Sexuality Information and Education Council of the United States. (1998). Teen pregnancy [On-line Article]. Retrieved April 22, 2005 from <http://ppct.org/facts/research/teenpregnancy.shtml>.
- Silverman, D., & Riesman, C.K. (1993). *Narrative Analysis*. London: Sage Publications.
- SmithBattle, L. (2000). The vulnerabilities of teenage mothers: Challenging prevailing assumptions. *Advances in Nursing Science*, 23(1), 29-40.
- Smithbattle, L. & Leonard, V.W. (1998). Adolescent mothers four years later: Narratives of the self and visions of the future. *Advances in Nursing Sciences*, 20(3), 36-49.
- Stirtzinger, R., McDermid, S., Grusec, J., Bernardini, S., Quinlan, K., & Marshall, M. (2002). Interrupting the inter-generational cycle in high risk adolescent pregnancy. *The Journal of Primary Prevention*, 23(1), 7-22.
- Stratton, P., & Hayes, N. (1990). *A student's dictionary of Psychology*. Hodder & Stoughton, London.
- Tanga, T.T., & Uys, L.R. (1996). The social support system of unmarried pregnant adolescents in the Transkei with particular reference to parents. *Curationis*, 19(1), 50-54.
- Taylor-Seehafer, M., & Rew, L. (2000). Risky sexual behaviour among adolescent women. *JSPN*, 5(1), 15-24.
- Trad, P.V. (1999). Assessing the patterns that prevent teenage pregnancy. *Adolescence* 34 [On-line Journal]. Retrieved September 1, 2007 from [www.questia.com/googlescholar.qst](http://www.questia.com/googlescholar.qst).

- Varga, C. A. (2003). How gender roles influence sexual and reproductive health among South African adolescents. *Studies in Family Planning*, 34(3), 160-172.
- Vundule, C., Maforah, F., Jewkes, R., & Jordaan, E. (2001). Risk factors for teenage Pregnancy among sexually active black adolescents in Cape Town. *SAMJ*, 91(1), 73-80.
- Willig, C.(2001). *Introducing qualitative research in Psychology*. Open University Press, Buckingham.
- Wilson, H.S., & Hutchinson, S.A. (1996). Methodologic mistakes in Grounded Theory. *Nursing Research*, 45(2), 122-124.
- Yampolskaya, S., Brown, E.C., & Greenbaum, P.E. (2002). Early pregnancy among adolescent females with serious emotional disturbances: Risk factors and outcomes. *Journal of Emotional and Behavioural Disorders*, 10(2), 108-115.
- Young, T.M., Martin, S.S., Young, M.E., & Ting, L. (2001). Internal poverty and teen pregnancy. *Adolescence*, 36(142), 289-304.

# ADDENDUM A: PROFILES OF THE TEENAGERS IN THIS STUDY

Name	Age	Nature of pregnancy	Relations with biological father	Considered abortion	School attendance	Sexual interest after pregnancy	Use of contraceptives Before / After		Interviews conducted & discussed
Elize	16	Unplanned	Relationship	Yes	Discontinued	Lacking	No	Yes	1,2,3,4
Sam	18	Unplanned	Relationship	Yes	Working	No more time/lost interest	No	Yes	1,2,3,4
Blondie	17	Unplanned	"He changed"-relationship ended	Information not available	Working	Non existent	No	No (No sex)	4 (1-3 damaged)
Jenna	16	Unplanned	Left him	Information not available	Discontinued	Non existent	No	No (No sex)	1,2,3,4
Shireen	15	Unplanned	He denied being the father-relationship ended	Yes	Returned	Non existent	No	No (No sex)	1,2 (then withdrew)
Candy	18	Unplanned	Relationship	Information not available	Returned	Decreased	No	Info not available	1,2 (then withdrew)
Anthia	15	Planned	Relationship	Yes	Returned eventually	Non existent	No	Yes	1,2,3,4
Rose	17	Unplanned	Relationship	Adoption – suggested by family	Returned	Still active but changed	No	Info not available	1,2 (3&4 not yet conducted)



## **ADDENDUM B**

### **Interview Schedule**

#### Interview 1 (Pregnancy)

- Conducted anytime after recruitment while participant is pregnant\*

#### Interview 2

- Conducted within first week after birth

#### Interview 3

- Conducted 3 months after birth

#### Interview 4

- Conducted 6 months after birth

#### Follow-up interview

- Conducted on request of participant
- Necessary in case of referrals or urgent health or safety needs

\*In some cases participants miss the first interview or are recruited shortly after the birth. In such cases Interview 1 and 2 are conducted together.

## ADDENDUM C

### UNSTRUCTURED INTERVIEW (PREGNANCY)

- You are now X months pregnant. How are you today? How do you feel emotionally/physically?
- Tell me about the day you found out you were pregnant.
  - *Story:* where, when, how, who
  - *Feelings:* surprised, heartbroken, excited, ambivalent, anxious, strange, guilty, disappointed, proud, emotional, worried, ashamed, denial
- What did you do after you found out?
  - Told someone (who, why, what was there reaction)
- What is it like being pregnant? How have things changed and stayed the same?
  - *Feelings now:*  
surprised, heartbroken, excited, ambivalent, anxious, guilty, disappointed, proud, emotional, worried, ashamed, denial, scared, calm, irritated, tense, depressed, energetic, tired, alone, lonely
  - *Feelings about fetus (baby):*  
negative (hope for miscarriage, abortion, adoption, hides fact that pregnant, denies, impulse to hurt baby), scared, excited, angry
  - *Attitude/feelings/reaction of others:*  
Partner (who, married/unmarried), family (mother, father, own children, others), friends (ask about female friends), work (colleagues and boss), church, school  
judgmental, supportive, excited, proud, worried
  - *Changes i.t.o. relationships with others*  
Partner (who, married/unmarried), family (mother, father, own children, others),  
friends (ask about female friends), work (colleagues and boss), church, school
  - *Changes i.t.o. body and sexuality*

Physical symptoms (breasts, larger body, digestive system – constipation, nausea, indigestion –etc), more aware of body, feelings about feminine changes, vulnerable, powerful, more/ less attractive more/less sexual feelings, more/less sexually active

- *Changes i.t.o work*
- *Changes i.t.o. identity*
- *Changes i.t.o. lifestyle*
- *Do you feel like a mother, do you feel more like a woman*

- **What bothers you now that you are pregnant? With what do you struggle?**
- **Have your needs changed now that you are pregnant? What do you feel you need?**
  - *From others*
  - *From health services (doctors, nurses, clinic)*
  - *From community*
- **What type of care have you already received? How do you feel about it? Has it helped?**
  - *Information: who, where, when, how, what*
  - *Procedures: checkups, sonars, genetic tests, other tests, experience thereof*
  - *Special treatment from the people in your life*
- **How do you feel about the birth, what do you think about it, what are your expectations?**
  - *What have you been told/ by whom*
  - *Role of doctors, nurses, partner, others*
  - *How do you think it should be (ideal birth)*
  - *Are you scared for the birth/ are you looking forward to it?*
  - *How do you feel about medical interventions (natural birth, pain killers)*
- **How do you feel about becoming a mother? What do you expect?**
- **What is a good mother? Do you know anybody who is a good mother? Was your mother a good mother?**

## ONGESTRUKTUREERDE ONDERHOUD

### 1-5 dae na geboorte

- ❑ **Hoe voel jy nou. Baie het gebeur....**
- ❑ **Vertel my van die geboorte**
  - *Storie:* Hoe het dit begin - waar, wanneer, wie was nog daar  
Het jy geweet wat dit is?  
Hoe het jy geweet  
Wat doen jy toe? Het jy vir iemand gese?
  - **VRA UIT IN DETAIL OOR GEBOORTE SELF**
  - *Gevoelens:* verras, hartseer, opgewonde, ambivalensie, verwydering, vervreemding, angstig, skuldig, teleurgesteld, trots, emosioneel, bekommerd, skaam, ontkenning
- ❑ **Hoe voel jy nou oor geboorte, wat het jy verwag daarvan, hoe het dit voldoen aan jou verwagtinge**
  - Wat is jy daaroor vertel/ deur wie
  - Rol van dokters, verpleegsters, partner, ander
  - Hoe dink jy moet dit wees (ideaal as daar is)
- ❑ **Mediese intervensies, natuurlike geboorte, pynverligting, hospitaal, na die geboorte**
- ❑ **Borsvoeding**
- ❑ **Wat het jy gedoen net na die geboorte:**
  - vir iemand vertel (vir wie, waarom, wat was hulle reaksie)
- ❑ **Hoe is dit om 'n baba te he? Hoe het dinge verander en dieselfde gebly?**
  - *Gevoelens nou:*  
verras, hartseer, opgewonde, ambivalensie, verwydering, vervreemding, angstig, skuldig, teleurgesteld, trots, emosioneel, bekommerd, skaam, ontkenning, bang, kalm, geirriteerd, tense, depressief, energiek, moeg, alleen, eensaam
  - *Gevoelens oor baba:*  
negatief, positief, bly, lief, bang, opgewonde, kwaad, terneergedruk, hartseer,
  - *Houding/gevoelens/optrede van ander:*

Partner (wie, getroud/ongetroud), familie (Ma, pa, eie, kinders, ander), vriende (vra veral oor vriendinne); werk (werkgewers en kollegas) kerk

- *Veroordelend, ondersteunend, opgewonde, afstandelik, trots, bekommerd:*

- *Verandering tov verhoudings met ander:*

Partner (wie, getroud/ongetroud), familie (Ma, pa, eie, kinders, ander), vriende (vra veral oor vriendinne); werk (werkgewers en kollegas) kerk

- *Nader/verder, vertrou*

- *Veranderinge tov liggaam en seksualiteit:*

Fisiese simptome, meer bewus van liggaam, gevoelens oor verandering vroulik, kwesbaar/vulnerable, sterker/powerful, meer/minder aantreklik, meer/minder begeerlik hoe voel ander daaroor, meer/minder seksuele gevoelens, meer/minder seksueel aktief

- *Veranderinge tov werk:*

- *Verandering tov identiteit:*

- *Voel jy al soos 'n ma, voel jy meer soos 'n vrou:*

- *Veranderinge tov leefstyl:*

Substanses, seks, sosiale aktiwiteite, fisiese aktiwiteite, oefening, eet, slaap, aantrek

- Wat pla jou nou dat jy 'n baba het?

- Het jou behoeftes verander nou dat jy 'n baba het? Wat voel jy het jy nodig? Waarmee sukkel jy?

- *Van ander*

- *Van gesondheidsdienste (dokters, verpleegsters, klinieke)*

- *Van gemeenskap*

- Watter tipe versorging het jy alreeds gekry en hoe voel jy daaroor?

- *Inligting:*

wie, waar, wanneer, hoe, wat

- *Prosedures: na geboorte*

- *Spesiale behandeling van die mense in jou lewe*



## ONGESTRUKTUREERDE ONDERHOUD

3 maande na geboorte

- **Hoe voel jy nou. Baie het gebeur....**
- **Hoe voel jy nou as jy terug dink oor die geboorte, wat het jy verwag daarvan, hoe het dit voldoen aan jou verwagtinge**
  - *Wat is jy daaroor vertel/ deur wie*
  - *Rol van dokters, verpleegsters, partner, ander*
  - *Hoe dink jy moet dit wees (ideaal as daar is)*
- **Borsvoeding**
  - *Bors voed jy*
  - *Hoekom/ hoekom nie*
  - *Geniet jy dit*
  - *Hoelank gaan jy nog borsvoed*
  - *Wanneer sal jy wil ophou*
- **Hoe voel dit nou na 'n paar maande om 'n baba te hê? Hoe het dinge verander en dieselfde gebly?**
  - *Gevoelens nou:*
    - verras, hartseer, opgewonde, ambivalensie, verwydering, vervreemding, angstig, skuldig, teleurgesteld, trots, emosioneel, bekommerd, skaam, ontkenning, bang, kalm, geirriteerd, tense, depressief, energiek, moeg, alleen, eensaam
  - *Gevoelens oor baba:*
    - negatief, positief, bly, lief, bang, opgewonde, kwaad, terneergedruk, hartseer,
  - *Houding/gevoelens/optrede van ander:*
    - Partner (wie, getroud/ongetroud), familie (Ma, pa, eie, kinders, ander), vriende (vra veral oor vriendinne); werk (werkgewers en kollegas) kerk
  - *Veroordelend, ondersteunend, opgewonde, afstandelik, trots, bekommerd:*
  - *Verandering tov verhoudings met ander:*

Partner (wie, getroud/ongetroud), familie (Ma, pa, eie, kinders, ander), vriende (vra veral oor vriendinne); werk (werkgewers en kollegas) kerk

- *Nader/verder, vertrou*

- *Veranderinge tov liggaam en seksualiteit:*

Fisiese simptome, meer bewus van liggaam, gevoelens oor verandering vroulik, kwesbaar/vulnerable, sterker/powerful, meer/minder aantreklik, meer/minder begeerlikhoe voel ander daaroor, meer/minder seksuele gevoelens, meer/minder seksueel aktief

- *Veranderinge tov werk:*

- *Verandering tov identiteit:*

- *Voel jy al soos 'n ma, voel jy meer soos 'n vrou:*

- *Veranderinge tov leefstyl:*

Substanses, seks, sosiale aktiwiteite, fisiese aktiwiteite, oefening, eet, slaap, aantrek

- ❑ **Nou dat die baba ouer is, is daar dinge wat jou pla?**

- ❑ **Het jou behoeftes verander nou dat jy 'n baba het? Wat voel jy het jy nodig? Waarmee sukkel jy?**

- *Van ander*

- *Van gesondheidsdienste (dokters, verpleegsters, klinieke)*

- *Van gemeenskap*

- ❑ **Watter tipe versorging het jy alreeds gekry en hoe voel jy daaroor?**

- *Inligting:*

wie, waar, wanneer, hoe, wat

- *Prosedures: na geboorte*

- *Spesiale behandeling van die mense in jou lewe*

- ❑ **Op watter stadium het jy aan jouself as “ma” begin dink?**

- ❑ **Wat beteken dit om ‘n ma te wees?**

- ❑ **Is daar so iets soos ‘n goeie ma en ‘n slegte ma? Wat is dit?**

- ❑ **Wat is lekker daaraan om ‘n ma te wees?**

- ❑ **Wat is sleg daar aan?**

- ❑ **Het ma-wees jou verhouding met ander verander?**

- *Pa van kind, jou ma, familie, vriende*

- ❑ **Hoe was dinge anders met jou laaste kind as met jou eerste kind ?**

6 maande na geboorte

□ **Hoe voel dit nou na 'n paar maande om 'n baba te hê? Hoe het dinge verander en dieselfde gebly?**

▪ *Gevoelens nou:*

verras, hartseer, opgewonde, ambivalensie, verwydering, vervreemding, angstig, skuldig, teleurgesteld, trots, emosioneel, bekommerd, skaam, ontkenning, bang, kalm, geirriteerd, tense, depressief, energiek, moeg, alleen, eensaam

▪ *Gevoelens oor baba:*

negatief, positief, bly, lief, bang, opgewonde, kwaad, terneergedruk, hartseer,

▪ *Houding/gevoelens/optrede van ander:*

Partner (wie, getroud/ongetroud), familie (Ma, pa, eie, kinders, ander), vriende (vra veral oor vriendinne); werk (werkgewers en kollegas) kerk

▪ *Veroordelend, ondersteunend, opgewonde, afstandelik, trots, bekommerd:*

▪ *Verandering tov verhoudings met ander:*

Partner (wie, getroud/ongetroud), familie (Ma, pa, eie, kinders, ander), vriende (vra veral oor vriendinne); werk (werkgewers en kollegas) kerk

▪ *Nader/verder, vertrou*

▪ *Veranderinge tov liggaam en seksualiteit:*

Fisiese simptome, meer bewus van liggaam, gevoelens oor verandering vroulik, kwesbaar/vulnerable, sterker/powerful, meer/minder aantreklik, meer/minder begeerlikhoe voel ander daaroor, meer/minder seksuele gevoelens, meer/minder seksueel aktief

▪ *Veranderinge tov werk:*

▪ *Verandering tov identiteit:*

▪ *Voel jy al soos 'n ma, voel jy meer soos 'n vrou:*

*Veranderinge tov leefstyl:*

Substanses, seks, sosiale aktiwiteite, fisiese aktiwiteite, oefening, eet, slaap, aantrek

- ❑ **Nou dat die baba ouer is, is daar dinge wat jou pla?**
- ❑ **Het jou behoeftes verander nou dat jy 'n baba het? Wat voel jy het jy nodig?**

**Waarmee sukkel jy?**

- *Van ander*
- *Van gesondheidsdienste (dokters, verpleegsters, klinieke)*
- *Van gemeenskap*
- ❑ **Watter tipe versorging het jy alreeds gekry en hoe voel jy daaroor?**
  - *Inligting:*
    - wie, waar, wanneer, hoe, wat
  - *Prosedures: na geboorte*
  - *Spesiale behandeling van die mense in jou lewe*
- ❑ **As jy nou terug dink oor die hele ervaring, swangerskap, geboorte en moederskap, is daar iets wat jy anders sou wou hê?**
- ❑ **Op watter stadium het jy aan jouself as “ma” begin dink?**
- ❑ **Wat beteken dit om ‘n ma te wees?**
- ❑ **Is daar so iets soos ‘n goeie ma en ‘n slegte ma? Wat is dit?**
- ❑ **Wat is lekker daaraan om ‘n ma te wees?**
- ❑ **Wat is sleg daar aan?**
- ❑ **Het ma-wees jou verhouding met ander verander?**
  - *Pa van kind, jou ma, familie, vriende*
- ❑ **Hoe was dinge anders met jou laaste kind as met jou eerste kind?**
- ❑ **Borsvoeding**
  - *Bors voed jy nog steeds*
  - *Hoekom/ hoekom nie*
  - *Geniet jy dit*
  - *Hoelank gaan jy nog borsvoed*
  - *Wanneer sal jy wil ophou*
- ❑ **Hoe voel jy nou as jy terug dink oor die geboorte, wat het jy verwag daarvan, hoe het dit voldoen aan jou verwagtinge**
  - *Wat is jy daaroor vertel/ deur wie*
  - *Rol van dokters, verpleegsters, partner, ander*
  - *Hoe dink jy moet dit wees (ideaal as daar is)*
- ❑ **Hoe was die onderhoude gewees? En hoe voel jy daaroor?**
- ❑ **Is jy bereid dat ons jou oor 'n jaar kontak vir 'n opvolg onderhoud?**
- ❑ **Indien jy trek sal jy ons inlig oor jou nuwe adres.**

## ADDENDUM G

### Transcription guidelines

Symbols	Explanation
( )	<b>Cannot hear what they are saying</b> e.g. toe ( ) die selle dag,
(dans)	<b>Think that is what they are saying</b> e.g. geboorte (gesel) was
=	<b>one speaker interrupts other and carries on speaking</b> e.g. Dean: Nes enige een = Jeanne-Lu: = Ja. Jy't nie
{ }	<b>Emotion expressed in interview</b> E.g. {lag}
[ ]	<b>Speaker speaks whilst other is speaking</b> e.g. Dean: blues gehad [ Jeanne-Lu: mm] Dean: maar toe...
!?.'	<b>General punctuation marks</b>
(.)	<b>Number of seconds pause in conversation</b> e.g. Dean: Ja, maar (.3) dit was...



**ADDENDUM H**

**Transcription Example**

Participant: Anthia

Interview 1 & 2

Interview 3

Interview 4

**Transcription Example**

**Interview 1 & 2**

**Interviewer:** Anne-Marie

**Participant:** Anthia

AM: Goed, dis Anne-Marie (AM), en dit is vandag die twintigste Februarie, en ek gesels met Anthia (A). Dis reg nè?

A: Ja.

AM: OK. Ek wil net gou vir jou 'n paar vragies vra oor, soos, julle huishouding, en jou omstandighede en so. Hoeveel mense bly hierso, in hierdie huis?

A: Ons is sewe.

AM: Sewe? Met die kinders almal?

A: Hmmm. Ons ma is hier, en dan's dit nou Jackie, en sy twee kinders, Sedwin en (Gadley), en dan's dit nou ek en my ma.

AM: OK. Soos jou ma, en jy, en jou boetie...en...wie se kinder is daai, wat jy gesê het?

A: Dis my niggie se kinders.

AM: Jou niggie se kinders.

A: (4) En dan's dit nou my kind.

AM: Sy het drie kinders nè?

A: [Twee.

AM: [Twee kinders. En joune. Hmmm. Is jy in 'n verhouding?

A: Ja.

AM: OK. Hoe lank is julle al bymekaar?

A: Ons is nou 'n jaar en... (10), dis nou Februarie 'n jaar en ag maande.

AM: Ag maande. O, dis lank nè? En, hoe oud is jou kleintjie nou?

A: Hy's nou 'n maand en... (5), 'n maand en drie weke.

AM: Een maand drie weke. OK. Hmmm. Jy gaan nog skool?

A: Hmmm.

AM: Jy't glad nie 'n werk nie nè? En jou boyfriend?

A: Hy werk.

AM: Hoe oud is hy?

A: Hy's nou twintig.

AM: Twintig. Waar werk hy?

A: Hy werk, hmmm, met hout. Ek kennie die werk se naam nie. Die plek ().

AM: OK. En jou ouers, wat doen hulle? Jou ma?

A: Ek bly nou hier by my Antie, sy't my van kleins af groot gemaak, en my ma bly in Somerset.

AM: Is dit? OK.

A: (My Antie ook)

AM: Is dit? OK, OK. Soos dis eintlik jou tannie. Watse werk doen jou ma-hulle in Somerset?

A: My ma-hulle hulle bly in (). Is, hulle bly op, op 'n boer se dingese daar.

AM: Op 'n plaas?

A: Nee, op 'n boer se, se grond. Is so 'n groot yard, hulle werk vir die boer. En hulle bly daar.

AM: Hoe gereeld sien jy hulle?

A: Ek het nou vir 'n hele tyd nie vir haar gesien nie, want hulle het nie baie inkomste om hiernatoe te kom nie.

AM: O...

A: Taxi fare is duur en...

AM: Ja...

A: Hulle het nie eens vervoer nie.

AM: En, hmmm, hoeveel kinders is julle?

A: Ons is net twee.

AM: Jy en jou boetie?

A: Suster.

AM: O is dit jou suster? OK. Watse boetie het jy nou nou gesê wat ook hier is?

- A: Hier is haar kind, twee kinders, wat sy het.  
AM: O jy noem hulle boetie, OK. En waar's jou suster?  
A: My suster bly by haar boyfriend in Stellenbosch. Sy het ook nou al 'n kind.  
AM: Hoe oud is sy?  
A: Sy's nou 21.  
AM: (10) Hoe oud is haar kind?  
A: Die kind is nou 'n jaar en 'n paar maande.  
AM: (10) OK, so jy't geen self inkomste nie, nè? En jou boyfriend? Weet jy hoeveel inkomste hy verdien?  
A: Hy verdien (vir die werk nou) R700.  
AM: R700. OK. En weet jy hoeveel jou ma hierso, jou tannie, hoeveel sy, watse werk doen sy?  
A: Hulle werk allerhande skofte. Dit hang af watter skof hulle werk, dan pay hulle maar nou. Ek kan maar se die meeste is, (2) sê maar R800.  
AM: R800. 'n Week?  
A: Hmmm.  
AM: OK. (8) Hmmm...en jy is nou standerd?  
A: Nege.  
AM: Nege. (12) En watse kerk is julle?  
A: Ek is 'n engelse kerk.  
AM: Engelse kerk. En is jy aktief betrokke daar?  
A: Hmmm.  
AM: OK. En hoe lank al bly jy in Lanquedoc.  
A: Van so 5 jaar.  
AM: 5 Jaar. (3) En hoeveel vetrekke is hier in julle huis.  
A: 5.  
AM: 5. En hoeveel van hulle is slaapkamers?  
A: Twee.  
AM: Twee slaapkamers. Saam met wie slaap jy in 'n kamer?  
A: Ek en my ma slaap in een kamer.  
AM: OK. Hmmm. Hier is 'n badkamer in die huis nè?  
A: Ja.  
AM: En daar is elektrisiteit?  
A: Ja.  
AM: OK, goed, dis nou net 'n paar basiese vragies. (10) Hmmm. OK, dan kan ons nou lekker gesels. Ek wil he jy moet ontspan, net soos, met my... *chat*. Vir my vertel hoe gaan dit met jou.  
A: Dit gaan my.  
AM: Gaan dit goed? Jy's nou 'n mamma! Het dit al by jou ingesink?  
A: Ja, vir my voel dit lekker. Party mense se soos party kinders dis nie lekker om kinders te hê nie.  
AM: Hmmm.  
A: Maar vir my voel dit lekker om 'n kind te hê.  
AM: Is dit lekker?  
A: Dit is lekker, as daar nou baie goed is soos miskien nou siekte ook, of so, maar vir my's dit lekker om 'n kind te hê.  
AM: Issit? Was hy al siek gewees of glad nie?  
A: Hy was nog nooit siek nie. Ernstig.  
AM: Is dit? So hy's 'n maklike kleintjie. Wat's sy naam.  
A: Athan.  
AM: Nathan?  
A: [Athan.  
AM: [Athan. Wie't die naam uitgedink?  
A: Ek het die naam uitgedink, ek en my ma.  
AM: Is dit, het julle dit saam uitgedink? Dis 'n mooi naam. Nou hoe voel jou lyf op hierdie stadium?  
A: Ek voel nou beter.  
AM: Het jy al op 'n stadium pyn gehad, of was jy ongemaklik net na die geboorte, of...  
A: Na die geboorte ja, hulle het mos vir my 'n sticks...

- AM: Het hulle?
- A: Ja.
- AM: OK.
- A: Toe was ek onder twee, drie weke was dit seer gewees, maar nou's ek al weer beter.
- AM: Is dit beter nou? En voel jy jy kan nou soos altyd stap en hardloop en, jy weet, liggaamlik verkeer en so?
- A: Ja.
- AM: OK, OK. Nou, hmmm. Hoe voel jou binnekant, is, voel jy gelukkig? Soos jy sê dis lekker om 'n ma te wees.
- A: Ek voel gelukkig, veral, as ek nie gelukkig gevoel het dan is dit die boyfriend wat my kan (company hou).
- AM: Ja.
- A: Ja, maar hy wil net (kind wees), en support altyd vir my, en so.
- AM: Is dit?
- A: Dis daar wat ek so lekker voel.
- AM: So julle is close?
- A: Baie close.
- AM: Dis wonderlik. (2) En, is hy opgewonde om pa te wees? Is dit sy eerste kleintjie?
- A: Sy eerste kleintjie.
- AM: Is dit? En hy's soos 'n ( ). Kom hy baie hierso?
- A: Ja, hy kom baie hierso.
- AM: Issit? En dan speel hy met Athan?
- A: Hmmm. Hy is, hy het eerste gesê as die kind 'n naeltjie aan het, party mans is mos, as hulle naeltjies aan het, dan's hulle mos nou pap, dan hou hulle mos nie van kind staan nie.
- AM: Ja.
- A: Hy't so aan die begin gesê maar toe't die kind nou die ( ) gehou, toe was hy nie bang gewees meer nie.
- AM: Ag hene. Wat's die ding van 'n naeltjie? [Die naeltjie...
- A: [( )
- AM: Was hy saam met jou toe die babatjie gebore is?
- A: Hier by Stellenbosch werk dit mos so, as hy getroud is dan kan hy bly, maar as hy nie getroud is nie, dan kan hy mos nou nie bly nie.
- AM: Is dit?
- A: Hy't vir my ingeneem en hy't my kom haal.
- AM: OK, OK.
- A: En ek was nog by hulle gewees ( ).
- AM: Vertel my 'n bietjie hoe was die geboorte, en die hospitaal en alles.
- A: Die, die clinic het vir my gesê ek maak (2) eerste week in Februarie klaar, of einde Januarie, toe't ek aan die begin van... Januarie klaar gemaak.
- AM: OK.
- A: Ek het begin te pyne kry, maar die pyne was nie eintlik vir my so seer nie, dis maar net agter die rug pyne.
- AM: Agter die rug, hmmm.
- A: Toe het ek, ek het vir twee ure pyne gekry en toe't my ma (teruggekom), en toe's, toe gee ek sommer (later) geboorte.
- AM: Is dit? OK. So toe't jou boyfriend gekom en jou ingevat?
- A: Ja, hy, ek was daar by hulle gewees.
- AM: O, [was jy daar? Ek verstaan
- A: [toe sê ek vir hom ek kry nou pyne en toe't hy vir my, toe't hy vir sy tjommie gevra vir 'n kar, om ( ).
- AM: OK, OK. En toe jy by die hospitaal kom?
- A: Toe moet ek nou eerste, toe't hulle eerste so 'n ding op my maag, daai, net vyf minute gevat, en agterna toe sê hulle ek moet nou druk want dis naby.
- AM: Hmmm.
- A: Toe't ek maar gedruk en toe kom dit.
- AM: Was dit seer?
- A: Dit was nie eintlik seer, die uitkom nie, is net die pyne hier in jou rug...

- AM: Issit?
- A: Net sulke pyne wat jy in jou rug kry wat swaar is, net daai. Maar die uitkom is nie seer nie.
- AM: En toe, toe die babatjie nou pas gebore is, het die dokters hom eers weggevat, of het hulle hom dadelik vir jou gegee?
- A: Hulle het hom weggevat.
- AM: Is dit?
- A: Eers het die aand in die () gehad, hier drie uur in die aand, en die oggend toe sien ek eerste die kind.
- AM: Is dit?
- A: Toe's die kind klaar gewas, toe sien ek eers die kind die oggend.
- AM: Hmmm.
- A: ()
- AM: En hoe's dit vir jou, hoe's borsvoeding vir jou?
- A: Aan die begin was dit seer gewees, maar nou's dit nie meer seer nie.
- AM: Is dit?
- A: Hy drink nie nou meer aan my nie, hy drink nou blikmelk.
- AM: Is dit, so hy drink nie meer aan jou nie.
- A: Net so nou en dan.
- AM: Hmmm. Wat het jou so laat besluit, is dit vir jou ongerieflik?
- A: Nee, dis omdat ek skool toe gegaan het, dan moet hy mos nou op die bottel wees, want dan's ek mos nou nie hier en my ma-hulle kyk na die kind, dan moet hy maar bottel drink.
- AM: O ja, natuurlik. En voel dit beter vir jou lyf so, of sou jy hom graag nog wou borsvoed, sou jy dit liewers so wou doen?
- A: Ek sal liewer...maar bottel verkies.
- AM: Is dit?
- A: Hmmm. As ek miskien nou naweke maar byvoorbeeld dorp toe gaan, en vir iemand (kry) om na die kind te kyk, dan het hy sy bottels en so.
- AM: Hmmm. Is so. Nou toe hulle nou die oggend die babatjie vir jou bring, en jy hou hom die eerste keer in jou arms vas, wat het deur jou kop gegaan?
- A: Ek het bietjie annerste gevoel.
- AM: Hoe annerste?
- A: Noggie so gewoond nie, maar ek het so, so annerste gevoel die eerste keer om nou 'n kind in my arms, my eie kind, so, dat ek so 'n annerste gevoel ek kan nou nie sê hoe nie maar...
- AM: Was dit gelukkig, of was dit hartseer, of was dit...
- A: So 'n bietjie gelukkig, en so 'n, meeste gelukkig, en 'n *bietjie* hartseer.
- AM: Hmmm.
- A: En dit was nie eintlik rêrig my tyd al nie.
- AM: Hoe so?
- A: Ek bedoel ek is nog jonk.
- AM: Bietjie te jonk, hmmm. (3) Het jy daai selfde emosie gehad toe jy gehoor het jy's swanger? Het jy ook toe...hoe't jy toe gevoel?
- A: Toe't ek 'n bietjie gelukkig gevoel, ek weet nie hoekom nie. Ek het gelukkig gevoel ( ) of so. Ek het gelukkig gevoel.
- AM: So jy was *glad* nie hartseer nie. En wanneer, vertel my wanneer het jy gehoor jy's swanger. Wie't, hoe't jy uitgevind, wat het jou die eerste keer laat dink, maar, jy's pregnant?
- A: April het ek nie siek geword nie. Toe raak ek bekommerd. Toe dink ek want, in laas, die jaar tevore, het ek ook nie 'n maand siek geword nie, toe check ek, jy raak nie 'n maand siek nie, dan word jy miskien volgende maand siek.
- AM: Hmmm.
- A: So jy kan miskien, die maand kan dit, die jaar kan dit miskien nou weer so wees. Toe, raak ek nie weer die volgende maand siek nie. Toe gat ek hospitaal toe, clinic toe. Toe doen hulle 'n toets. Nee, hulle het April 'n toets gedoen toe se hulle dit is nie so nie, maar dis te gou mos nou.
- AM: OK.



- A: Ek moet eers nou 'n maand nou wag of so, dan kan hulle nou sien. En toe't ek die maand gegaan, want ek het baie slaperig, naar geraak, rugpyne, ek het nog nooit sulke goed gekry nie. Toe sê hulle vir my ek is swanger.
- AM: Hmmm. So jy't by die clinic gehoor, na hulle die toets gedoen het. Watse toets, het hulle van daai, daai [pregnancy tests gedoen?
- A: [pregnancy tests, ja
- AM: OK. En toe, toe voel jy net gelukkig?
- A: Maar my boyfriend was saam met my clinic toe gewees...
- AM: Is dit?! Dis wonderlik
- A: Te gaan wys daar, want ek het mos vir hom gesê ek voel so *naar* en so.
- AM: En toe wat was sy reaksie? Toe jy vir hom sê, maar jy voel naar en jy wil clinic toe gaan?
- A: Hy't niks gesê nie, hy't net gese gaan ( ). Nou toe dit so is, toe besluit ek, toe ek nou klaar uitgevind het, toe is ek nou al klaar se maar, drie maande...
- AM: Hmmm.
- A: Toe besluit ek maar, besluit hy, toe se ek, toe sê hy vir my, ek moet nie kind afmaak nie, toe besluit ek ook maar ek gaan nie die kind afmaak nie.
- AM: Hmmm. So julle't gepraat oor aborsie?
- A: Toe sê hy hy wil nie hê ek moet die kind afmaak nie.
- AM: Hmmm.
- A: Want hy glo die Here straf jou as jy jou kinders afmaak. Maar nog altyd, toe sê ek, ek gaan nie die kind afmaak nie, maar my skool loopbaan gaan ek klaarmaak.
- AM: Hmmm. Dis goed. So, hy het, dis hy wat gese het julle moet nie 'n aborsie oorweeg nie. [Wou jy ook glad nie?
- A: [Ek wil ook glad nie.
- AM: En sê nou hy't gesê maar jy moet 'n aborsie hê, sou jy nogsteeds nie?
- A: Nee.
- AM: OK.
- A: Al het my ma-hulle ook vir my gesê, ek sal nog altyd sê nee.
- AM: Issit? Nou wanneer het jy vir jou ma-hulle, jou ma-hulle weet nê?
- A: My ma-hulle het geweet, of, toe ek...ek het baie klein gedra, mens kan nie gesien het nie.
- AM: Issit?
- A: My ma-hulle het vir my op vier maande, vier/vyf maande, toe sê ek vir my ma-hulle. Toe vind hulle maar eerste uit.
- AM: Toe wat was hulle reaksie?
- A: Hulle het aan die begin so geskel, ek is te jonk, en so, en toe agterna, toe praat hulle met ( ), van dat ek by die clinic gewees het en als, toe sê ek ek was al klaar by daai.
- AM: Ja, ja. En nou, kom kuier hulle...o jy sê jy sien hulle min, maar, het hulle al die kleintjie gesien?
- A: My ma-hulle het nog nie die kleintjie [gesien nie.
- AM: [nog nie gesien nie. OK.
- A: Ek moet nog tyd maak om na hulle toe te gaan.
- AM: Hmmm. Wat dink jy sal hulle reaksie wees as hulle hom sien?
- A: Hulle sal bly wees.
- AM: Is dit? Ja, oupa en ouma geword nê?
- A: Nee, hulle is, my suster het ook mos 'n kind, maar sy't weer 'n meisiekind.
- AM: Hmmm. (3) En, hmmm, hulle het natuurlik soos bloedtoetse gedoen, en al die ander toetse gedoen nê?
- A: Ja, hulle het eers moet hulle 'n VIGS toets gedoen het. Toe het ek mos nou nie, hulle kyk mos so 'n dingetjie...
- AM: Ja.
- A: Toe het ek nie VIGS nie, en toe't hulle nog bloed getrek aan my.
- AM: Is dit?
- A: Ek wetie vir wat is daai bloed wat hulle trek nie, sulke twee dingese (vol).
- AM: Hmmm.
- A: Dis al wat hulle sover gedoen het.

- AM: Was jy op enige stadium bang gewees? Toe jy gehoor het jy's pregnant, of toe jy moes hospitaal toe gaan, was jy ooit bang?
- A: Ek was bang vir 'n hospitaal, want ek het nog nooit in 'n hospitaal gelê nie.
- AM: Is dit?
- A: Ek het nie gehou van 'n hospitaal nie.
- AM: Hmmm. Hoe was die dokter en die nurses met jou?
- A: Hulle was orraait gewees.
- AM: Is dit?
- A: Sê hulle ek moet weer (kind gaan haal). Toe sê ek nee, omdat ek *baie* goed geboorte gegee het.
- AM: Is dit.
- A: Ek het nie soos ander meisies aangegaan of so, dat ek pyne kry nie. Hulle moes baie () as ek pyne kry. Toe sê hulle vir my ek was baie rustig gewees, en ek het goed geboorte.
- AM: OK. En hoe lank het dit gevat, altesaam, die geboorte?
- A: Sê maar, 'n halfuur, en twee minute. Tien minute. Ja.
- AM: OK. Jong dis nie so lank nie, ne? Glad nie so lank nie. Het hulle vir jou pynpille of so gegee, toe jy nou geboorte gegee het? Niks vir die pyn nie? So jy was orraait?
- A: As hy nou, te veel, as jou pyne nou te veel is dan gee hulle vir jou pynpille. As jy miskien nog nie naby geboorte is nie, en jy kry nou pyne, en dis miskien nou, nog nie naby... vier of vyf centimeter nie, dan gee hulle vir jou pynpille.
- AM: Hmmm.
- A: Maar as jy naby daai is, dan gee hulle nie vir jou nie, want dan gaan dit mos nou (uit).
- AM: Hmmm. En, hmmm, hoe het jou eetlus verander toe jy pregnant geraak het? Het dit verander?
- A: Ja, ek het, so maer-rerig geraak, so, ek kan nie baie eet nie, of ek kry nie lus partykeer vir goed nie. Maar ek was baie lus, lief vir lekker goed en so. Maar kosgoeters nee. Net party goed was ek lus voor.
- AM: Hmmm, en nou, is dit weer terug na normaal toe?
- A: Hmmm, nou eet ek weer baie.
- AM: Is dit. En rook of drink jy?
- A: Ek drink nie, maar soos nou en dan het ek nou so 'n skyfie, maar...
- AM: Ja...
- A: Ek drink nie.
- AM: Ja.
- A: Toe ek verwag het ook, toe't my boyfriend nou gesê, ek moet nie drink nie, want hulle sê as ek drink, en rook, dan is dit mos ()... Ek het ook nie gerook nie. Is maar nou, die laaste twee, toe ek nou klaar die kind het, toe begin't ek nou maar so te rook. Maar nie baie nie, net so twee...
- AM: Net so nou en dan... So jy't glad nie gerook of gedrink terwyl jy pregnant was nie?
- A: My boyfriend het dan geglo ek mag nie.
- AM: Is dit? Het hy vir jou gesê dis sleg vir die baby? OK. Weet jy waar hy dit gehoor het? Wie't dit vir hom gesê?
- A: Sy ma het ook mos kinders gehad. Nou hy't gesê sy ma en sy pa het vir hom gesê...
- AM: O ja...
- A: En sy ma en sy pa het vir my ook gesê ek *moet nie* rook en drink nie. Want sy suster het ook 'n kind, maar haar kind in Desember gekom, nee September. Nou haar pa-hulle het vir haar, vir sy suster ook gesê sy mag nie drink nie.
- AM: Is dit. Kom jy goed oor die weg met sy pa en ma?
- A: Hulle is lekker ja. Hulle is so oor hulle kleinkind.
- AM: Is dit? {lag}
- A: Dis nou twee. Sy broer, dis hy wat 'n kind het, en sy suster mos nou.
- AM: Is dit. OK. En, was jy op enige stadium spyt gewees?
- A: Nee.

- AM: Nooit nie? So nie toe jy gehoor het jy's pregnant, of toe jy, na jy die baby gehad het was jy ooit spyt dat dit gebeur het nie?
- A: So (nou en dan) dan kry ek so half en half 'n gevoel, maar nie eintlik nie.
- AM: Is dit. En, hmmm, is dit vir jou moeilik om 'n ma te wees en nog skool toe te gaan?
- A: Dis nie eintlik moeilik vir my nie. My ma-hulle kyk mos nou na die kind, as ek by die huiskom, en dan was ek nou net die kind, en as hy slaap dan doen ek maar ().
- AM: So jou ma kyk maar basies na hom?
- A: So deur die dag terwyl ek by die skool is.
- AM: Ja. Hmmm. As jy sou kon, nè, sou jy heeltyd by hom wou gewees het, of is dit vir jou orraait dat iemand anders na hom kyk?
- A: My ding was om, as ek wil sal ek ().
- AM: Ja, dis vir jou belangrik. Nee, dis reg, mens moet verantwoordelikheid daarna vat. Hmmm, is daar enigiemand, toe hulle gehoor het jy's pregnant, wat anders opgetree het teenoor jou? Wat jou anders behandel het? (5)
- A: Niemand nie? Soos niemand van jou vriendinne by die skool, of so...
- A: Hulle het niks gesê nie.
- AM: Is dit. Was hulle bly vir jou, of was hulle jaloers?
- A: Ek wil nie sê hulle was bly nie, maar hulle het net geskrik toe ek nou verwag.
- AM: Is dit. Het jy ooit gevoel iemand judge jou? Nie? En toe die baby gebore is, het enige van jou vriendinne, was enigiemand toe anders oor jou gewees?
- A: Nee toe vra almal wat maak die kind, en wat's die kind se naam, en so. Was darem baie besig by die skool, want almal vra my uit oor die kind.
- AM: Hmmm. En kom speel van jou vriendinne met hom, kom hulle hier=
- A: =Daar is net een meisie wat altyd hier na my toe kom, kom kyk sy na die kind.
- AM: Ag moeder. OK. Hmmm. Kom ons gaan 'n bietjie terug na, jou verhouding met jou boyfriend, en toe julle begin uitgaan het nè, of watse stadium het julle begin saamslaap? (3) Kan jy jou eerste keer onthou?
- A: Dit was...dit was hier naby nege maande, nege-tien maande.
- AM: Wat julle uitgegaan het? En toe was jy hoe oud gewees?
- A: Toe was ek veertien.
- AM: Veertien gewees, OK. En, het julle gepraat daaroor, het dit net gebeur?
- A: Eintlik het ons daaroor gepraat.
- AM: Issit? En is dit iets wat jy wou hê?
- A: Ja.
- AM: Issit.
- A: Maar almal dink, soos my ma-hulle dink dit het net gebeur, maar ek wil nie vir hulle sê dat ek wil dit gehê het nie. Maar ek het nog vir niemand gese niê, dis net ek en my boyfriend wat nou...
- AM: Hmmm. So julle het gepraat daaroor, en toe't julle altwee besluit, julle het saam besluit (). Het julle gepraat oor, hmmm, voorbehoedmiddels, soos kondome, of die inspuiting?
- A: Ek was nog nooit op daai goed gewees nie.
- AM: Niks nie. OK. Het julle gepraat oor wat sal gebeur as, se nou maar, jy raak pregnant, of het julle nooit daaraan gedink nie?
- A: Nee ek het geweet ek sal pregnant raak en so.
- AM: (3) En, het dit jou, was dit nie vir jou 'n probleem nie? Wou jy pregnant raak?
- A: Ja.
- AM: Issit? Nou al? Wou jy? Hoekom?
- A: Nie nou nie, ek bedoel, by die ene nou, wou ek pregnant geraak het. Ek wetie wat in my kop aangegaan het nie. En toe dit uitkom, (), omdat ek nou gesê het () as dit uitkom sal ek spyt wees, maar ek voel nogals nie spyt nie.
- AM: Hmmm. Het jy ooit vir jou boyfriend gesê jy wil 'n kind hê?
- A: Ja, ek het vir hom, toe sy suster 'n kind kry. Nou hy is ouer as sy suster. Nou, toe sê hulle, hy moes eerste 'n kind gemaak het en *dan* sy suster. Toe sy suster 'n kind kry toe's ek so oor sy suster se kind toe sê ek ek wil ook nou 'n kind hê.
- AM: Issit?

- A: Ek wetie wat het in my kop ingevaar het om daai tyd sulke goed te doen nie.
- AM: Het dit vir jou lekker gelyk om 'n ma te wees?
- A: Ja.
- AM: Issit. Voel jy die baby het julle nader aan mekaar gebring?
- A: Ja.
- AM: Issit? Soos hoe?
- A: Nou vir my en vir hom?
- AM: Ja.
- A: Hy is nou, soos toe ek nou verwag het, was hy nou altyd so oor my, maar nou wat die kind nou daar is, is hy nou *meer* oor my.
- AM: Is dit? Is dit vir jou lekker? (3) Het jy op enige stadium gedink jy kan hom verloor? Soos julle sal opbreek of so? Nooit nie?
- A: Nee hy't gesê hy gat nie sy (girl) los nie want hy wil nie hê, hy wil nie ek hê ek moet 'n ander, 'n ander outjie vat en met 'n ander outjie sy kind grootmaak nie. My gesin sal nooit vir my los nie.
- AM: Hmmm. En voor jy pregnant geraak het, het jy ooit gedink julle sal opbreek of so?
- A: Nee. [Ons is mos lief vir mekaar.
- AM: [baie gelukkig. OK. So julle't nie gepraat oor voorbehoedmiddels of so nie?
- A: Hy het vir my een keer gesê ek moet gaan op daai goed, toe sê ek nee, ek gaan nie op daai goed nie.
- AM: Toe wat se hy?
- A: Toe't hy heeltyd vir my gesê ek moet clinic toe gegaan, want ek het mos so siek gevoel, so dan sy hy vir my dan kan ek sommer nou gaan vir voorbehoedmiddels. Dan sê ek nee, ek gaan nie. Dan sê ek *elke* keer ek gaan nie. (2) Dat hy nou weer hier agterna ().
- AM: So jy was skelm hê? {lag} Ja ek sien daai glimlaggie van jou! Dit was jou plannetjie gewees. Hmmm. Hoe sal jy sê het Athan nou jou lewe verander?
- A: Ek kan nie, dit is nie eintlik nou my lewe (het verander soos almal). Daar byvoorbeeld as jy nou 'n kind het dan kan jy mos nou nie baie uitgaan of so nie. Maar elk geval het ek ook nie baie uitgegaan nie. Ek was nie 'n persoon wat uitgegaan het nie. Al wat ek gemaak het, ek het naweke na hulle toe gegaan. Daai's al, maar ek het nooit () of sulke goed gerook nie.
- AM: Hmmm.
- A: As ek en hy opgaan, dan gat ons op, soos dis maar dieselfde. Dit het nie eintlik verander nie.
- AM: Hmmm. Maar soos jy sê hy's nou erger oor jou. Hoekom dink jy is dit so?
- A: Ek kan nou nie sê nie maar, dis seker omdat die kind nou daar is, of so.
- AM: (10). OK. (5) Kyk jy na jousef as 'n ma nou? Dink jy aan jousef as 'n ma of dink jy nog aan jousef as 'n meisie wat skoolgaan, en...?
- A: Ek dink aan myself as 'n ma, maar aan die een kant weet ek goed ek's nog 'n kind.
- AM: Dink jy 'n mens kan 'n balans kry tussen die twee? Of dink jy mens is soos die een of die ander? (8) Wat dink jy is 'n goeie ma?
- A: 'n Goeie ma?
- AM: Ja. Dink jy daar is iets soos 'n goeie en 'n slegte ma?
- A: Ja. 'n Slegte ma is een wat nie na haar kind kyk of so nie, wat nie vir haar kind versorg nie.
- AM: (7) En 'n goeie ma?
- A: 'n Goeie ma is ene wat vir haar kind versorg en haar kind reg grootmaak en al daai goeters.
- AM: Hmmm. Ken jy 'n goeie en 'n slegte ma?
- A: So in 'n () ken ek, want ek sien party goeters wat, wat, party wat slegte ma's is, party wat goeie ma's is. Ek sien partykeer nou, soos die mense, sommer hier by die huise, hoe party mense darem hulle kinders so (slat), dan se ek mos, ek wil nie so saam met kinders wees nie.
- AM: Soos hoe?
- A: Soos wanneer kinders nou vuil in die pad en so... Sê ek, ek wil nie so, en my kind, ek skel en so, ek sê ek sal nie daai (dinge doen nie).

- AM: Hmmm.
- A: Party ma's is mos ().
- AM: Hmmm. (4) Dink jy jy het al die, al die *tools*, al die regte goedjies om vir hom te leer, en die kennis om hom groot te maak?
- A: Ja, ek het darem al so geleer al, van my niggie se kind af.
- AM: Is dit?
- A: En van my niggie af, het ek al so geleer al, by haar twee kinders het ek mos al geleer. Nou weet ek nou hoe om...goed te doen...en so.
- AM: En dink jy jou boyfriend is 'n goeie pa?
- A: Hy is baie goed.
- AM: Is dit. Jy is gelukkig om hom te hê nè?
- A: As ek 'n ander outjie moet he dan was dit nie so () nie. Ek het dan vir hom gesê, dis nie elke dag wat 'n mens mans kry, outjies kry wat vir hulle, nog saam met hulle girlfriends is, en hulle kinders versorg. Party mans los mos sommer die kinders.
- AM: Hmmm. En, hmmm, praat julle enigsins van trou later, of so?
- A: Hy't al gepraat van trou toe sê ek nee, ek wil nie nou al trou nie! Ek is nog te jonk, en, as ek mense wat so jonk trou, dit help nie mens trou nou nie, dan oor 'n paar maande breek jy op. Mens moet seker wees as jy wil trou, en ek is nog te jonk. Ek ken nog nie eintlik nie, ek ken al die ding, ek sien dit elke dag, maar, ek voel nie nou al reg om te trou nie. Dit voel net nie vir my reg nie.
- AM: Wat dink jy is 'n groter besluit om te maak, om 'n kind te hê of om te trou? (4) Wat dink jy is 'n *groter* keuse, soos 'n, wat die grootste verandering in jou lewe gaan bring? Soos om 'n kind te hê, of om te trou?
- A: Eerste om te trou.
- AM: Is dit? Hoekom dink jy is dit erger as om 'n kind te hê?
- A: Nee want party mans hulle maak so, party mans nou, hulle maak eerste kind, nou wil hulle nie saam met jou trou nie. Nou party mans is weer so, hulle maak 'n kind dan trou hulle saam met jou. Nou, vir my was dit eerste, om eerste nou te trou en *dan* kinders te he, toe't ek maar nou besluit nee ek wil *nou* 'n kind hê, ek kannie te lank wag nie.
- AM: Dis nogal duur.
- A: Nee, die klere raak duur, en alles.
- AM: En wat nog? Hoekom dink jy wou jy nou 'n kind hê en jy kon nie wag vir, soos nog 'n paar jaar nie?
- A: Ek kan nog 'n paar jaar gewag het, maar ek weet nie...
- AM: (3) Kom dink 'n bietjie en dan sê jy vir my. (4) Voel jy jou lewe is nou beter nou dat jy die baby het?
- A: Hmmm. Ek is meer gelukkiger.
- AM: Is dit? Jy en jou babatjie? (2) En jy't, jy't nou nou vir my gesê, hy't gesê hy sal jou nie los nie. Maar, nou sê jy jy wil nog nie trou nie want netnou breek julle op as julle getroud is. Hoekom [dink jy...
- A: [nee, ek bedoel, ek bedoel nou, mense wat oorhaastig is wat trou, breek mos gou op. 'n Mens moet seker is ons wil trou. Ons kan nog uitgaan, maar ek wil lieverste seker wees, want ek is nog te jonk, ek glo nie nou, ek wil nou al trou nie.
- AM: Ja.
- A: Dis nie vir my nie, daai's nou, nou kan ek sê, ek is nog nie reg vir trou nie.
- AM: En, hmmm...(5)
- A: Soos iets soos ek kan verloof raak, maar nie nou al trou nie. As ons nou loop trou, dan moet hy werk, *en* ek werk, want troue is baie geld. Daaraan het ek ook gedink.
- AM: (3) Wat het jou tannie, of jou mammie wat nou hier by jou bly, wat het sy van die baby gesê?
- A: Sy 't aan die begin geskel, maar nou's sy so mal oor die kind.
- AM: Issit. Het jy geweet sy sal na hom kyk as hy gebore is?
- A: Nee, sy't vir my gesê, of ek nog skool toe gaan as ek klaar die kind gekry het, toe sê ek ek *gaan* skool toe, ek *wil* standerd 10 klaar maak. Toe sê sy vir my, dan gaan sy na die kind kyk. Toe sê ek ja.



- AM: OK. (5) Wil jy nog kinders hê?
- A: Nie nou al nie. Eerste wanneer ek seker maar, so 23 is, dan sal ek miskien nou weer, of miskien as ek miskien eendag trou, ja.
- AM: En, hmmm. Hoe gaan dit nou met jou en jou boyfriend se fisiese verhouding? Julle slaap nou nog saam en so ne?
- A: Ons slaap nie, as ons nou ook na hulle toe gaan, dan, hy't mos sy eie kamer, dan slaap ek en hy en die kind. Maar die kind lê in die middag hier. So nou.
- AM: So vandat Athan gebore is het julle nie meer seks gehad nie?
- A: Nee.
- AM: Nie.
- A: Maar ek is nou op 'n voorbehoed, ek is nou op die inspuiting
- AM: Is dit?
- A: Voor hulle mos nou vir jou by Stellenbosch, hmmm, ontslaan mos as jy klaar kind gekry het, veral as jy jonk is, dan gee hulle vir jou drie maande inspuiting. So ek moet nou weer April gaan vir 'n inspuiting.
- AM: So jy *moet* dit vat?
- A: Ja, ek gaan nou op die inspuiting. Ek wil nie nou [weer
- AM: [so jy wil nou op die inspuiting gaan? OK. Wat sê jou boyfriend daarvan?
- A: Nee ek het vir hom gesê toe se hy dis orraait?
- AM: Nou hoekom, hmmm, hoekom dink jy het julle nog nie weer seks gehad vandat Ayden gebore is nie?
- A: Nee ek het mos nou nie, ek wil nie nou meer op daai ().
- AM: Is dit. En voor die baby gebore is, het julle *baie* seks gehad?
- A: Sê maar soveel ja.
- AM: Is dit. Het jy gevoel jy *probeer* swanger raak? Het jy gevoel jy wil aanhou todat jy swanger is?
- A: Hmmm.
- AM: Is dit?
- A: Ons het eenkeer aangehou, toe ek gaan toe sê hulle ek is nie. Toe probeer ons weer en weer, en toe is dit so.
- AM: So hy't geweet jy probeer? En hy't saam gestem, hy't ook gesê hy wil 'n baby hê?
- A: Hy't eers vir my gesê maar wat gaan my ma-hulle sê, en is ek verseker van die saak, dink ek nie ek gaan spyt wees nie. Toe sê ek nee ek sal nie spyt wees nie.
- AM: Kan jy onthou toe jy besef het jy wil 'n baby hê, wat het jou laat besluit jy wil *nou* 'n baby hê?
- A: Ek weet rêrig nie.
- AM: Was dit net iets wat jy graag wou hê, en toe sê jy vir hom jy wil, en toe probeer julle?
- A: Hmmm.
- AM: OK. (9) Hmmm. Voel jy enigiemand by die kerk behandel jou anderste nou? Nadat jy 'n baby...
- A: Nee, ek het hoeveel klas ().
- AM: Is dit?
- A: En ek loop klas wat ek nog (), ek het mos twee jaar klas.
- AM: Wat leer die kerk julle van, van, as jy so jonk is en jy't 'n baby, watse beginsels?
- A: Hulle leer nog nie vir ons daai goed nie.
- AM: Niks nie?
- A: Ons het, ek het eerste maar Woensdag begin te klas loop. Toe ons eerste begin, dan leer ons net van koorliedjies nou geleer wat ons in die kerk moet sondag sing. Maar ons het nie van daai goed gepraat nie.
- AM: OK. (5) Hmmm. Voel jy nog sexy? Voel jy nog jy's mooi en aantreklik?
- A: Ja, party, so meer, so se ek nou sien ek, as party kinders, soos ons jong mense nou kinders kry, dan raak hulle mos vet en so. Maar toe ek verwag toe sê ek as ek klaar kind gekry het dan wil ek weer my lyf terug kry, en toe het ek dit weer terug gekry.
- AM: Het jy? OK. En terwyl jy swanger was, het jy toe baie lelik gevoel? Of nie?

- A: Nee, ek het nou, net 'n klein bietjie, was net 'n klein bietjie vetter geraak so by my maag dis al. Maar ek het nie dik geraak of so nie.
- AM: En jy trek nog dieselfde klere aan, en...
- A: Ek hou nou maar nie van die kortbroek en so nie.
- AM: Is dit? Nou, nadat jy 'n ma geword het? Of nog van altyd af?
- A: Van altyd af, van ons nou, se maar nou, van ek begin verwag het. Toe sê hy vir my, jy kannie sulke kort broeke dra nie, so... En toe ons begin te speel het, toe worry ek nie eers nie, so sê hy (ek het dikker geraak).
- AM: Hoekom dink jy vra hy dit?
- A: Jy weet nie hoe jaloers is hy, as hy sê ek mag nie sulke goed dra nie, ek... wil ander manne hê. Toe sê ek *nee*, partykeer as dit warm is dan wil jy mos 'n skirtjie aantrek. Nou hy wil nie. Maar partykeer dan se hy jy kan aantrek, en party keer dan sê hy nee. Nou ook goed wat *te* kort is, goed wat net nou mooi vir hom nou pas.
- AM: Hmmm. (3) Is daar enigiets wat jou pla? Van ma-wees, enigiets wat vir jou sleg is?
- A: Niks nie.
- AM: Niks nie? Wat is vir jou lekker van ma-wees?
- A: (3) Ek wetie maar dis net lekker om 'n kind te hê. En om 'n ma te wees. (4) Vandag toe ons in die klas is toe vra my juffrou vir my, toe sê ek maar dis lekker. Toe sê my juffrou ek moet vir haar oor vier maande moet ek vir haar weer kom se of dit nog *altyd* lekker is. Toe se ek, ek weet as die kinders tande kry, dan is hulle mos nou lastig, en so. Ek ken al daai dinge.
- AM: Sal jy ooit laat iemand anders jou kind grootmaak?
- A: Hu-uh. My boyfriend het ook gesê nee. Hy wil nie eintlik gehad het ek moet skool klaarmaak nie, hy wil gehad het ek moet self na my eie kind kyk. Toe sê ek nee, maar ek *wil* skool klaarmaak.
- AM: Ja... (8) Voel jy, hoe jy gedink het dit gaan wees, toe jy nou pregnant geraak het en so, toe moes jy tog 'n idee gehad het van wat om te verwag as jy nou 'n ma gaan raak. Was dit soos wat jy gedink het dit gaan wees?
- A: Ja.
- AM: Issit?
- A: Want ek het gesien nou, hoe dit in die huis is toe. En toe (my suster) die eerste keer ma geraak het, met haar eerste kind, toe sien ek dit al. Toe weet ek ook al wat is, wat moet ek nou, wat gaan die omstandighede wees. As ek nou 'n kind het.
- AM: Het jy gedink voor die tyd dat 'n baby jou en jou boyfriend gaan nader bring aan mekaar?
- A: Ek het nie daai gedink nie.
- AM: Het jy nie daaraan gedink nie.
- A: Nee, ek het nog nie geweet dit sal so wees nie.
- AM: (6) Voel jy daar's enigiets wat jy nodig het?
- A: Hu-uh.
- AM: Voel jy jy't alles wat jy nodig het? (10) As jy kyk na Athan, hoe voel jy, hoe voel jou binnekant, as jy hom vashou of met hom speel.
- A: Ek is gelukkig.
- AM: Is dit? Lyk hy na sy pa?
- A: Sy pa sy hy lyk soos ek, en ek se weer hy lyk soos sy pa. Maar vir my lyk hy meer na die pa as wat hy na my lyk. Want ek het baie vir die pa gestres.
- AM: Hoekom?
- A: Sommer, onnodige goed. Dat ek verwag het. As ek hom partykeer saam met my vat dan stres ek sommer, of so nou. Of as hy miskien nou vir my () wil maak, dan stres ek sommer oor dit, oor onnodige goed nou, nou nie baklei nie. [Onnodige goeters.
- AM: [Stry julle?
- A: Hmmm.
- AM: Het jy gevoel jy raak emosioneel toe jy nou pregnant was?
- A: Ek stres sommer as ek by die huis is, dan stres ek sommer van die kinders, en vir die skool, ek het mos, skool klaar gemaak. Toe ek pregnant is toe is ek nog op die skool, toe moet ek die hele jaar sommer uit, en ek het mos

eerste Januarie klaar gemaak. () Toe dingese, by die skool dan stres ek elke liewe dag van die kinders in die klas.

AM: Hoekom!?

A: Dis sommer, ek wetie maar, dis mos baie mense se as jy verwag dan stres jy baie. Nou ek was ook so gewees, ek stres baie. Dis amper so 'n stres gevoel, jy voel net so stresserig. Partykeer is jy lekker, en partykeer dan stres jy sommer vir enigiets, so...

AM: So jy't gevoel jou emosies gaan bietjie op en af.

A: Hmmm.

AM: Is dit. OK. (14). Hmmm. (3) Ek dink omtrent, ek het, ons het nou half oor alles gesels. So jy se jy's gelukkig en...jou lewe is vir jou goed, en...OK. Ek het net hierso 'n vraelysie. Drie vraelysies wat jy asb. vir my moet invul. Moet ek dit vir jou vra of gaan jy sommer self invul?

A: Nee vra maar sommer.

AM: OK. In die afgelope sewe dae, ne, laaste week, kon jy lag en die snaakse kant van dinge sien? Soos altyd, nie heeltemal soveel nou nie, beslis nie soveel nou nie, glad nie?

A: Vra gou weer die eerste vraag.

AM: {lag} Miskien moet jy maar self invul, ek dink dit gaan makliker wees. Dan merk jy net die enetjie wat op jou van toepassing is OK?

Interview 3

Interviewer: Anne-Marie

Participant: Anthia

- AM: Goed, dis Anne-Marie, en dit is my derde onderhoud met Anthia. Dis vandag die 29ste April 2004. Nou dis 'n rukkie vandat ek jou laas gesien het. Ons het laas, hmmm, gepraat oor jou swangerskap en die geboorte, somer altwee onderhoude saam gedoen. Hoe gaan dit met jou?
- A: Met my gaan dit nou goed?
- AM: Gaan dit goed, is dit?
- A: Met my en die kind.
- AM: Hoe oud is die kind nou?
- A: Hy is nou 3 maande en 3 weke, hy word volgende week word hy 4 maande.
- AM: 4 Maande al is dit? Jissie, baie het al gebeur intussen! En, hoe voel dit nou vir jou om 'n ma te wees?
- A: Dit voel orraait.
- AM: Voel dit orraait? Het daar enigiets vandat ons laas gesels het, het daar enigiets verander in die manier hoe jy kyk na, of die manier hoe jy voel as ma, of...
- A: Niks het verander nie.
- AM: Het niks verander nie? Bly hy nog hier so by die huis? By, wie kyk na hom?
- A: Nee, ek het nou maar die skool gelos, want ek wil nie meer by die skool nie...
- AM: O is dit?
- A: Ek wil self [na die kind kyk].
- AM: [Wil jy self na hom kyk? Wat het jou so laat besluit? Skies, kan ek die deur toemaak? {deur word toegemaak} Dit raas net so 'n bietjie. Anthia, wat het jou so laat besluit?
- A: Ek het net besluit (ek wil self) (...).
- AM: Jy moet bietjie harder praat. Sal jy bietjie harder praat asseblief? (5) Is daar 'n ander plek waar ons kan gaan sit? (5) Goed, ja vertel bietjie vir my wat het jou laat besluit om skool te los?
- A: Ek voel net nie meer lus nie.
- AM: Is jy nie lus daarvoor nie? Toe jy nou by die skool gekom het, jy weet, na hy gebore is en so, het jou maatjies jou anders hanteer? Glad nie?
- A: Dieselfde.
- AM: Dieselfde? En, hoe voel jy, wat dink hulle oor die feit dat jy nou ma is?
- A: (Hulle is maar) soos hulle altyd gewees het.
- AM: Is dit? OK. En, hmmm, en die boyfriend, hoe gaan dit met julle? Gaan dit goed? Gaan dit nog dieselfde as toe ek en jy laas gesels het of beter?
- A: Beter.
- AM: Gaan dit beter? Hoekom sal jy so sê?
- A: Omdat hy nogal mal (oor die kind is en so).
- AM: Is dit? Is hy erg oor jou en die kind? Dis wonderlik. Sien jy hom nog so baie soos wat jy hom laas gesien het, of sien jy hom nou meer?
- A: Nou en dan sien ek hom meer, res van die tyd (was ek daar bo gewees). {geraas}
- AM: Se gou weer?
- A: Res van die tyd daar bo.
- AM: Waar bo?
- A: Daar by hulle in die kamer.
- AM: O, het jy vir 'n tyd by hulle gebly? O, OK. Was dit lekker? Jy kom goed oor die weg met sy ouers nê? En is hulle ook erg oor die kleintjie?
- A: Ja.
- AM: En hoe gaan dit met sy sussie en haar baby?
- A: Ook goed.
- AM: Goed? Hoe oud is haar baby nou?
- A: Hy word nou volgende maand 8 maande.
- AM: 8 maande, ok. En, hmmm, so wat doen jy, hoe lyk jou dag? As jy nou by die huis bly en jy staan op in die oggend, wat doen jy alles?

- A: As ek opstaan, dan voer ek die kind en dan was ek die kind, en dan was ek sy klere.
- AM: OK.
- A: En *dan* maak ek die huis skoon.
- AM: Is dit?
- A: ()
- AM: En is jy dan alleen by die huis of wie's nog hier?
- A: Nee my ma-hulle is hier by die huis.
- AM: Is dit? Is dit nou jou regte ma of is dit jou grootmaak ma, nè?
- A: Grootmaak ma.
- AM: Ja. En het jy al jou regte ma gesien? Vandat die baby gebore is? Want jy't nog laas gesê jy wil vir hulle graag sien maar hulle was ver en dis moeilik om by hulle uit te kom.
- A: Ek het vir haar een keer, twee keer gesien.
- AM: Is dit? Een of twee keer?
- A: Twee keer.
- AM: Twee keer. En wat sê sy van die feit dat sy ouma is? {babatjie raas} Sjuuut jong, jy raas!! {lag} Wat sê sy?
- A: Sy's bly.
- AM: Is sy bly?
- A: Bietjie teleurgesteld, maar nog bly.
- AM: Is dit? Was, hmmm, hoe't jy agtergekom sy's teleurgesteld?
- A: Hulle het nou iets ().
- AM: Is dit?
- A: () vir die jongste een.
- AM: Hmmm, en hoe't dit jou laat voel, dat jou ma teleurgesteld is?
- A: Ek het 'n bietjie sleg gevoel?
- AM: Het sy dit vir jou gesê of het sy dit net gewys?
- A: Sy het (nie) gesê nie.
- AM: Weet jy nie? Voel jy dis nie hoe julle jou grootgemaak het nie? Dink jy hulle dink dis nie hoe hulle jou grootgemaak het nie?
- A: Hmmm.
- AM: Hmmm. En, sedert ons laas gesels het, voel jy enigsins pyn? Glad nie, glad nie? (3) So jy wil hom nogsteeds hê en jy's bly oor jou besluit?
- A: Ja.
- AM: Is dit? Nou, as jy so sy kleertjies was en so kyk na hom en so, voel dit vir jou dis jou babatjie, of voel dit partykeer nog vir jou snaaks?
- A: Nee, ek is nou eers gewoond daaraan.
- AM: Is jy gewoond daaraan? Hy gaan haar wakker maak! (5) OK, so, jy is nou al gewoond daaraan. Hmmm, voel jy meer soos 'n vrou nou dat jy 'n mamma is?
- A: Ek voel nou, ek voel nog altyd dieselfde soos ek gevoel het.
- AM: Hmmm.
- A: Soos ek kan, ek voel nie, jy weet, somtye voel ek so, maar nie al die tye nie. En die meeste tye voel ek nog altyd ek is 'n kind.
- AM: 'n Kind, ok.
- A: 'n Kind, 'n *kind*.
- AM: OK. En as jy hom voer, en met hom speel en so, (3), as wat sien jy hom? Is dit vir jou amper soos 'n pop, jy weet, soos 'n speelding? Is dit vir jou, is hy vir jou hierdie simbool van jou en jou boyfriend se liefde? En, jy weet, wat, watse rol speel hy in jou lewe? Voel jy, voel jy lekker dat hy jou die heeltyd nodig het, dat jy as sy mamma, dat hy jou nodig het?
- A: Ek sal so sê ja.
- AM: Is dit? En het dit 'n rol gespeel in die feit dat jy besluit het om skool te los? Dink jy dis belangriker vir hom dat jy, omdat jy sy ma is, hierso is?
- A: Ja, dis meer belangrik.
- AM: Is dit?
- A: En ek kan nie lekker konsentreer in die skool nie. Daai dag toe's ek by die huis, toe sê ek gaan maar (die skool los), dat ek maar self hom groot maak en kyk na hom.

- AM: Ja, ja. Ok. Mis jy die skool? Glad nie, glad nie? Voel jy...voel jy dat nou omdat jy, 'n ma is, maak dit jou, maak dit dat jy nie *hoef* skool toe te gaan nie, dat jy 'n ander rol het nou?
- A: Dis nie dit nie. Hmmm. Ek wil standerd 10 klaar gemaak het,
- AM: ja...
- A: maar in die laaste paar dae, toe ek nou skool gegaan het, kry ek nie meer lus vir skool soos ek altyd gevoel het oor skool nie.
- AM: OK.
- A: En toe besluit ek maar ek gaan maar by die huis bly en self na die kind kyk.
- AM: OK.
- A: Al wil ek nou so graag standerd 10 klaargemaak het, maar ek kry nie meer, as 'n mens nie lus kry vir skool nie, dan gaan jy nooit aandag gee in die klas nie.
- AM: Dis waar. Dis waar. (2) So hoe sien jy nou jou toekoms? As jy nie gaan skool klaarmaak nie, dink jy jy sal op 'n stadium nou werk gaan soek, of wil jy net vir hom grootmaak en sy ma wees.
- A: Ek gaan hom grootmaak nou, later sal ek maar werk gaan soek.
- AM: So jy sal later werk gaan soek, ok.
- A: Terwyl die pa werk worry ek nie. Ek gaan miskien einde van die jaar vir my 'n werk kry.
- AM: Is dit?
- A: En my boyfriend se ma, is daar, 'n voorvrou by 'n fabriek...
- AM: OK.
- A: Maar hulle vat kinders dan wat 16 is, die ander werke vat mos kinders in wat 18 is en so.
- AM: OK.
- A: Nou daar gaan ek maar gaan werk.
- AM: Watse werk is dit?
- A: Is vrugte werk.
- AM: OK.
- A: Sakkies, in sakkies sit, of in boksies sit.
- AM: OK.
- A: En skoonmaak...
- AM: Ja. En, jy's nou, hoe oud is jy nou?
- A: Sestien.
- AM: Sestien, is jy al sestien? OK. En, hmmm, vertel my bietjie soos, jou lyf. Hoe voel jou lyf nou na alles wat hy deur is?
- A: My lyf word beter, ek is bly ek het nie vet geraak nie.
- AM: Is jy bly jy het nie vet geraak nie? {lag} OK, so jou klere pas darem en alles?
- A: Alles pas nog.
- AM: Is dit? OK, en, ek kan nou nie mooi onthou van borsvoeding nie? Het jy hom geborsvoed? Of, nogsteeds?
- A: Ek het, toe ek skool toe gaan, toe kan (ek vir 'n ruk nie borsvoed nie), toe sit ek hom op die bottel, dan sal hy altyd uit die bottel uit drink en nie aan my nie.
- AM: OK. En, is dit, is jy OK daarmee? Is dit vir jou beter?
- A: Dis beter, dis vir my beter, anderste wil hy net die heeltyd tiet gee, tiet gee, dan kan ek nie soontoe gaan en soontoe gaan nie.
- AM: Is dit?
- A: Dan sê ek ().
- AM: Is dit? En glo jy die bottel melk is net so goed vir hom?
- A: (Dit is.)
- AM: OK. Watse melk gee jy vir hom?
- A: (Meng) no. 1.
- AM: OK, ok. En, jy sê nou van rondloop en so. Gaan jy nogals uit saam met jou vriende? Of...
- A: Nee.
- AM: Praat jy maar net van as jy na jou boyfriend [toe gaan?
- A: [As ek nou na hom toe gaan, dan vat ek die kind saam, of nou, sy ma-hulle is mos nou by die huis, ek



- maak 'n voorbeeld, se nou as ons miskien nou winkel toe gaan, dan is sy bottel daar.
- AM: Is dit? So hy't baie gedrink aan jou? OK. (3) En, hmmm, ja jou vriende en vriendinne en so, is daar van hulle wat by jou kom kuier en wat met hom speel en so?
- A: Hmmm.
- AM: Is dit? So, as jy nou moet sê, is jy meestal hier by die huis of is jy meestal by jou boyfriend?
- A: Meeste by my boyfriend.
- AM: Is dit? OK.
- A: Want ek het mos vir mevrou, die negende, ontmoet het nè? Toe was ek daarbo gewees.
- AM: Dis reg.
- A: Nou die skool, voor die skool gesluit het, toe is ek daarbo.
- AM: Ag lekker. Ja, want ek het gebel, want ek het ook huis toe gegaan, en toe't ek gebel en toe sê hulle vir my jy is nie hier nie. So dit het heeltemal orraait uitgewerk. Nou, hmmm. So jy sê jou liggaam is orraait? Jy't nie enige erg pyne of skete of...
- A: Hu-uh... Dis net partykeer as ek baie regop sit dan pyn my rug.
- AM: Ja.
- A: Daai is nou aan die begin toe ek klaar maak, dan kry ek net so nou en dan.
- AM: Hmmm. OK. En, is daar iets wat jy voel die babatjie nodig het? Is daar iets wat jy graag vir hom sou wou gee wat jy nie nou, jy weet, het nie, of so, of dink jy hy's gelukkig en orraait?
- A: Nee, hy's lekker.
- AM: Is dit? En vertel my bietjie van sy persoonlikheid? Lag hy?
- A: Hy kan baie praat! {lag}
- AM: Praat hy?
- A: As 'n mens, as mense nie praat saam met hom nie, of mense wat praat saam met iemand anders en hy lê nou daar, dan lag hy sommer!
- AM: Is dit? {lag}
- A: Hy kan baie praat.
- AM: Ag moeder! Waar's hy nou?
- A: Hy slaap.
- AM: Slapies hy? Ag hene! En, hmmm, hoe gaan dit hierso in die huis? Hoe is die atmosfeer hierso?
- A: Dit gaan orraait, maar nie so orraait nie.
- AM: Hoe so?
- A: As ek daarbo is, met my boyfriend, en ek bly te lank weg van die huis af, dan (raak my) boyfriend ontevrede, want hy wil eintlik die kind, hy wil eintlik die kind self grootmaak.
- AM: Ja.
- A: Hy wil hê ons moet die kind self grootmaak.
- AM: Is dit? Julle twee saam?
- A: Ja. ().
- AM: Is dit?
- A: Dan moet ek ().
- AM: Hmmm. En, dink jy jou en jou boyfriend, jy weet, kan hom goed grootmaak op julle eie? Dink jy julle sal dit kan doen?
- A: Ja...ons kan dit doen. Ons kan dit (), as hy die meeste van die tyd (), beter as ek, wat die kind se ma is.
- AM: Hmmm. So dink jy hy's 'n goeie man?
- A: Hy's 'n goeie man, ja.
- AM: Is dit. En 'n goeie pa. Is dit? En hy's erg oor julle? Jy twyfel nie dat hy julle sal los of iets nie? OK. So, het jy al oorweeg om net by hom te bly en net, jy weet, dit maak nie saak wat jou ma se nie...of wil jy jou ma in ag neem?
- A: Ek het nou al probeer, maar toe't my ma-hulle (hom gekoggel).
- AM: Is dit? ().
- A: (), daarbo, hy't gesê ek moet (by hom bly), maar toe't my ma hulle, (toe kom haal hulle hom). () Toe's hy *kwaad*.

- AM: Toe's hy kwaad? So dit veroorsaak baie spanning vir jou?
- A: Toe wil hy die kind hê. Sê hy wil die kind *self*, vir homself hê.
- AM: Hmmm. Ja, dis moeilik. Het julle al gepraat oor 'n oplossing, of 'n manier hoe om dit te handel, of probeer jy nou maar so... tussen die twee... Wat wil jy doen?
- A: Ek het nou al gedink aan 'n oplossing, maar ek weet nie of dit gaan werk nie. En die ma (voel) nie lekker nie. Dit lyk dan vir my asof ()...
- AM: Is dit? Hoekom dink jy is dit so?
- A: (), meeste van die tye... (), omdat hy mos nou nie hier onder kom nie, ().
- AM: Hmmm. Dink jy jou ma dink hy's nie 'n goeie pa nie?
- A: Dis nie dit nie. Hy gee dan vir die kind klere, hy's goed met die kind...
- AM: Is dit?
- A: Ek weet nie wat's haar probleem nie.
- AM: Het jy al vir haar gevra?
- A: Nee, dis omdat sy en hy kom nie oor die weg nie.
- AM: O, OK. Was dit nog altyd so of was dit net vandat jy swanger is?
- A: (Voor) ek swanger gewees het toe was dit ook so gewees. Dan't hy hier gekom en dan begin, ja, toe hy klaar hier ingetrek. Was dit vir 'n tydjie nou, toe's hulle nou tjommies en so. ().
- AM: Hmmm.
- A: (3) (ons het maar nou ook elke naweek) (), die tye is nou ().
- AM: Hmmm.
- A: Soos saterdag, het hy nou gekom, sondag hy's op. Hy kan nie elke naweek ().
- AM: Hmmm. En jy sal wil elke naweek opgaan? Ja... So, jy kyk nie na jouself as 'n enkel-ouer nie. Dink jy aan jouself as 'n enkel-ouer of dink jy in terme van jy en jou boyfriend en julle kind?
- A: Ek dink so.
- AM: So in jou kop is julle, dink jy, sal jy kan se julle is 'n gesin half in jou kop? OK. Al bly julle apart? Op hierdie stadium? Nou, jy kan seker as jy agtien is jou eie besluite maak, ne? Of wat se jou ma, se jou ma vir jou as jy later jy weet, kan jou eie ding doen, maar nou moet jy vir haar luister?
- A: Sy (sê ek moet vir haar luister).
- AM: O, ok.
- A: Ek wil net hê die kind moet by hom ook wees, want hy mis ook die kind.
- AM: Hmmm.
- A: Want meeste van mansmense sal, se mansmense hulle support nie hulle kinders nie, en hy support nog die kind.
- AM: Dis fantasties ja.
- A: Of hulle sien party ouers hou die kinders van hulle mans af.
- AM: Hmmm. So hy werk nog elke dag? En is sy inkomste genoeg om die kind te ondersteun?
- A: Ja.
- AM: Is dit? Ok dis wonderlik. Nou, hmmm, vertel my bietjie hoe jy, hoe jy, dink aan wat jy vir jou babatjie kan leer, soos wat hy by jou gaan leer as hy grootword? Kom laat ek dit anders stel, watse kwaliteite dink jy, watse dele van jou gaan mak dat jy 'n goeie ma kan wees vir hom?
- A: Ek dink om hom goed te versorg, en, en om vir hom en vir my, en () te wees.
- AM: En dit is die goedjies wat net jy vir hom kan gee, en niemand anders nie, ek bedoel dat dit beter is dat jy hom grootmaak as wat iemand anders hom grootmaak?
- A: Hmmm.
- AM: Ja, ja. [En...]
- A: [ek het gese ek wil self (al hierdie goeters doen).
- AM: Ja. Ja. Nou, sê vir my, jy en jou boyfriend, hoe gaan dit met julle twee se verhouding? Is julle ooit nog bietjie alleen saam of is die baby altyd by?
- A: Die baby is altyd by maar [as hy nie daar is nie, dan voel ek so... dan voel ek so alleen.
- AM: [altyd by.

- Is dit? Dan mis julle hom, ag moeder. En, is daar enigiets in julle verhouding wat verander het, van die baba gebore is? (2) Jy sê dit gaan beter tussen julle en julle is nader aan mekaar. Is daar enigiets wat slegter geword het?
- A: Nee.
- AM: Niks nie. En, hoe gaan dit met julle fisiese verhouding? Slaap julle, het julle weer saam geslaap? Intussen?
- A: As ek daarbo by hulle is dan (lê die kind in die middel) en so...
- AM: OK. So het julle nog nie weer seks gehad van die babatjie gebore is nie.
- A: Hu-uh.
- AM: *Glad nie?* En...is dit orraait vir jou so, verkies jy dit so? Is dit? En hy? Wat sê hy daarvan?
- A: Hy se niks daarvan nie.
- AM: Is dit? So hy kla glad nie. Praat julle *baie* daaroor?
- A: Net as (hy se wat ek nou wil sê)...dat hy net nou verstaan. Praat ek met hom daaroor, sê ek, verstaan *alles* en so.
- AM: OK. Hoekom wil jy nie? Het jy vir hom verduidelik? Wat het jy vir hom gesê?
- A: Van die seks ja?
- AM: Hmmm.
- A: Nee, dat ek nie kan worry, eerste na ses maande. Want jou (binnekant) is mos nog nie reg binne in nie.
- AM: O.
- A: () (die vrou wat my gehelp het het so gesê).
- AM: O, OK. So, na ses maande dan sal, dink jy julle sal weer saamslaap? En dan, voorbehoed, gaan jy dan voorbehoedmiddels...
- A: Ja ek is nou klaar op die drie maande...
- AM: Is jy nou op die drie maande inspuiting? OK. OK. So dis net oor, jy weet, jou lyf wat jy nie wil nie. Daar's nie 'n ander rede nie? OK. (2) Hmmm, OK. Jy't vroeër vir my gesê jy voel nou, jy voel nog dieselfde nog soos 'n kind, maar, voel jy meer *vrou*? Voel jy meer, is daar op enige manier...
- A: Ek voel soos 'n vrou, maar die meeste soos 'n kind. En die minste soos 'n vrou, maar intussen is ek nog altyd dieselfde.
- AM: Hmmm.
- A: () dan voel ek so 'n klein bietjie vrou-agtig, maar nog altyd 'n kind ().
- AM: Hmmm. Voel jy dis hoe ander mense na jou kyk wat jou kind laat voel?
- A: Hu-uh.
- AM: Nie, is dit hoe jy na jouself kyk? Is dit hoe jy voel? OK. Dink jy ander mense kyk nou na jou as meer van 'n vrou omdat jy 'n ma geword het?
- A: Party mense kyk so, maar nie almal nie.
- AM: Nie almal nie? Meeste of minder?
- A: Die meeste kyk (maar so), veral grootmense.
- AM: Kyk na jou as nog dieselfde? As kind? Ja? Sou jy graag wou ouer wees op hierdie stadium? Sou jy graag die baby later wou, het jy al ooit gedink jy moes dalk net nog 'n bietjie gewag het?
- A: [Hu-uh. Ek moes nie gewag het nie, dit was vir my reg.
- AM: [Glad nie? OK. (3) En, *nog* kinders in die toekoms?
- A: Eerste as ek getroud is, ek wil nie nou al nie.
- AM: OK. OK. (3) Ek weet nie of jy onthou nie, ons het laaskeer vraelysies in gevul ne? Ek gaan vir jou gee, en dan kan ons daarna nog 'n bietjie gesels, as, as daar nog iets is.
- {kaset word gestop en weer aangesit}
- OK, ek wil nog net twee vragies vir jou vra, OK? Hmmm. (5) Sien jy die feit dat jy 'n ma is, is dit vir jou 'n voorreg, of dink jy dis 'n verantwoordelikheid?
- A: Verantwoordelikheid.
- AM: Eerste 'n verantwoordelikheid? Is dit? Maar, dis ook vir jou lekker, ne?
- A: Ja.
- AM: So sal jy se dis meer vir jou iets waar jy moet dink en op moet konsentreer, [of is dit iets wat lekker is en vanself kom?
- A:
- [Ja. Dit is.

- AM: Is dit? OK. En, hmmm, waar sal jy sê, die idees wat jy het van wat dit is om 'n ma te wees, wat dink jy is 'n goeie ma?
- A: 'n Goeie ma is iemand wat agter na die kind kyk en die kind versorg.
- AM: OK. En 'n slegte ma?
- A: Is iemand wat nie reg na haar kind kyk nie. En sulke goed...
- AM: As jy...gee jy nie om nie? OK.
- A: () maar net (met die deur) {met iemand ander gepraat}
- AM: As jy nog by die skool sou gebly het nè, sou jy gevoel het jy's 'n slegte ma omdat jy nie hier is nie?
- A: Ek sal nie sommer so gedink het nie, want my ma is ook hier om daai tyd na die kind te kyk.
- AM: Hmmm.
- A: Selfde hier met ().
- AM: Nie? OK. Maar jy wil *self* hier wees?
- A: Ja.
- AM: Omdat skool net nie meer vir jou lekker was nie, ()? OK. Hmmm, maar toe jy groot geword het, was jou ma, jou regte ma, was net half, jy weet, iemand in jou lewe, sy't jou mos nie groot gemaak nie?
- A: Is, my ma het. Die oudste suster was klaar gebore, sy's nou 21. Sy's die oudste. Toe het my ma vir my en my broertjie gekry.
- AM: Hmmm.
- A: Toe het my broertjie was *altyd* maar siek gewees, toe vat my antie mos nou vir my, om my gesond te maak. Dat my ma mos nou die seuntjie, toe die seuntjie doodgegaan van bronchitis, jy kan nie daai siekte (), dis 'n gevaarlike siekte, toe't hy doodgegaan.
- AM: Ag hene...
- A: So as ekke nou nog by my ma vir my ook gehad het dan sou ek ook doodgegaan het. Toe't my antie maar nou vir my gevat om gesond te maak.
- AM: O, o, OK. So, jy, jy weet nie dat dit anders was nie? Pla dit nie vir jou dat jou ma jou nie groot gemaak het nie?
- A: Pla nie vir my nie want, my ma kan nie ons altwee grootgemaak het nie. Altwee was siek, en [iemand...
- AM: [was julle 'n tweeling?
- A: Hu-uh.
- AM: O, nee. Was jou broertjie ouer as jy?
- A: Ek was ouer as my broer.
- AM: O, was jy ouer as hy? OK. Hmmm. (4) So, die idee wat jy het van wat dit is om 'n ma te wees, sal jy sê dit kom van jou ma saam met wie jy nou bly? Of waar dink jy kom dit vandaan? Jou idees van wat dit is om 'n goeie ma te wees.
- A: Seker maar van hoe ek my ma gesien het.
- AM: Is dit? Hoe jy grootgemaak is? So jy sal se jou ma is 'n goeie ma? OK. (5) En voor jy swanger geraak het nè, as jy gehoor het van 'n tiener meisie of 'n jong meisie wat swanger is, wat het jy gedink?
- A: Voor ek swanger geword het?
- AM: Ja.
- A: Dan het ek altyd gedink ek wil nie (dat dit gebeur nie), ek wil liewerste wag tot ek eendag trou. Ek het altyd, as ek gehoor het kinders het verwag dan het ek sulke dinge vir myself gesê.
- AM: En toe wat het jou van plan laat verander?
- A: Later aan toe...toe *wil* ek net 'n kind hê. Toe's al daai sentences wat ek gesê het uit my kop uit.
- AM: Hoeveel later het dit verander?
- A: 'n (Lange) tyd.
- AM: OK, so jy't op 'n stadium na tiener ma's gekyk as, hmmm, dat jy half bly was jy was nie hulle nie?
- A: Hmmm.
- AM: En toe, op 'n dag, toe wens jy jy was een van hulle? OK. Toe jy besef het jy wil 'n kind hê, het jy gevoel jy's reg daarvoor? Of, wou jy dit doen maak nie saak of jy reg was daarvoor nie?

- A: Ek het gevoel ek is reg daarvoor om 'n kind te hê, ek sal my bes probeer, al kan ek nie my saam my bes probeer nie, maar ek sal.
- AM: Hmmm. Voel jy nou dis lekker dat jy altyd iemand het? Dat die baby altyd hierso is?
- A: Hmmm.
- AM: Is dit? En voel jy soos hy's lief vir jou, kan jy dit voel? En dan is dit, hoe voel dit vir jou?
- A: Dit voel lekker.
- AM: OK. (5) So, jy dink glad nie om die babatjie nou te hê het 'n slegte invloed op jou lewe nie? Jy voel glad nie dit is half *bad luck* op jou lewe {lag} of so iets nie? [Hoe voel jy oor die baby?
- A: [( ) Dit voel net reg.
- AM: Voel dit reg? (3) Het jy voorheen, jy het voorheen gedink jy wil skool klaarmaak, nè? So dis nie asof jy die baby wou hê sodat jy nie hoef skool klaar te maak nie? (3) Of het jy daaraan gedink?
- A: Somtye ja.
- AM: So jy het partykeer gedink, as jy 'n baby het dan hoef jy nie terug te gaan skool toe nie? OK. En, hmmm, was dit omdat skool vir jou sleg was, of...
- A: Man, die skool was orraait gewees maar, ek wou net nie...
- AM: Jy wou net graag eerder 'n baby hê? OK. (2) Hmmm. (5) Voel jy om 'n ma te wees om die babatjie te hê het jou, van enigiets in jou lewe beter gemaak as wat dit voor die tyd was? Iets verander, soos hoe jy voel oor jouself, of... behalwe nou jy en jou boyfriend wat jy sê wat closer is, hmmm... wat het *drasties* verander, behalwe jy't nou skool gelos, wat anders het verander?
- A: Party goed wat verander het is net, hmmm, ek het begin swanger raak, of toe ek nou begin die kind kry, het ek minder in die rondte geloop, ek het nie eintlik in die rondte geloop nie, maar ek het minder na my vriende toe gegaan, hulle het altyd na my toe gekom, en ek het minder geloop. Ek het nie meer... ek het nie meer lus gehad om te loop nie, omdat ek mos nou die kind het, mos nou. En... daai's eintlik maar al, wat verander het.
- AM: Is dit? OK. OK, ek dink dis al, vir vandag. Ons het nog een kuiertjie oor ek en jy. Dit sal iewers in Julie wees. Wil jy 'n vaste datum het, of... kan ek jou maar weer bel? Sal ek jou hier by die huis kry?
- A: Mevrouw kan maar weer bel, my boyfriend sal help (as ek nie hier is nie).
- AM: Dis doodreg. En jou boyfriend se nommer is nogsteeds 072...
- A: Ha-ahh...
- AM: Het dit verander?
- A: Ja.
- AM: OK, wat is dit nou?
- A: 083 3555 195. Dis sy sel nommer.
- AM: Ja, 083 3555 195.
- A: Ja dis reg.
- AM: OK. OK, dan sal ek vir hom bel of ek sal jou weer hierso bel. Is daar [nog...
- A: [as mevrou my nie hier kry nie dan is ek daarbo.
- AM: OK. Hmmm. En wat is hulle huisnommer daarbo?
- A: Hulle het net selfone, net selfoon nommers.
- AM: Het hulle net selfone? OK.
- A: Ek het nou nie sy pa se nommer nie...
- AM: Dis doodreg, ek sal jou iewers in die hande kry. Is daar nog ietsie wat jy oor wil gesels?
- A: Nee.
- AM: So dit gaan goed met jou, daar's nie iets groot wat jou pla, of waarmee ek kan help, of...
- A: Dis nou maar net die, wat mevrou van gesê het, as ek nou te lank daarbo bly of so, is net daai wat my nog somtye pla.
- AM: OK. Maar dit sal nog bietjie tyd vat vir jou ma om gewoond te raak daaraan. En jy weet dalk op die ou einde dan, dalk moet sy net *sien* dat jou boyfriend kan na die kind kyk en hy is 'n goeie pa, dan sal sy dit dalk aanvaar. Maar ja,

sy wil seker nog 'n oë oor jou hou. Maar, ja, dankie vir jou tyd en dan sien ek jou weer.

{einde van kasset}



**Interview 4**

**Interviewer** : Anne-Marie

**Participant** : Anthia

AM: Hoe gaan dit met jou op hierdie stadium?

A: Baie goed.

AM: Gaan dit baie goed? Hoe's die hele ma-wees ding vir jou op hierdie stadium?

A: Dis oraaït, soos gewoonlik.

AM: Is dit? En hoe oud is jou kleintjie nou?

A: Hy's nou 7 maande.

AM: Sewe? En hoe is hy? Hoe is sy persoonlikheid?

A: Hy's baie laggerig.

AM: Is dit?

A: Hy's baie vriendelik.

AM: En, um, hoe gaan dit met jou boyfriend?

A: Met ons gaan dit goed, dit was mos nou Maandag vakansiedag, toe was ons weer by die huis.

AM: Toe't jy saam met hom gegaan? Okay, en was dit lekker?

A: (Ja)

AM: En hoe's julle verhouding? Hoe's hy met die kleintjie?

A: Baie nice.

AM: Is dit? Ek onthou jy't laas vir my gesê dat daar spanning was, jy wat by hom wil gaan bly het en jou ma wat gesê het jy kan nie.

A: Dis nou alles oraaït.

AM: Is dit? Wat gaan op hierdie stadium aan?

A: Op die oomblik kan hy by my kom oorbly, my het gesê dis okay.

AM: So jy kan hom sien wanneer jy wil? Is dit, ja dis goed. So dit werk vir jou. En julle twee se verhouding?

A: Baie gelukkig.

AM: Is dit? Is julle baie gelukkig? Voel jy, um, die baba het julle nader aan mekaar gebring?

A: (Ja)

AM: Is dit. En as jy nou terugkyk na alles wat gebeur het, is jy spyt oor enigeiets?]

A: [Nee glad nie.

AM: Glad nie? Is jy gelukkig soos dit is? En wie kyk na die kleintjie op hierdie stadium?

A: My ma.

AM: Jou ma. En is sy baie erg oor hom?

A: (Ja)

AM: En is dit oraaït vir jou om skool toe te kom en hom daar te los?

A: Ja want ek wil ( )

AM: Jy wil?

A: Skool klaarmaak.

AM: Ja natuurlik. En as jy kyk na wat die toekoms inhoud? As jy skool klaargemaak het, het jy al plannetjies of so, wil jy 'n ma wees of sal jy wil gaan werk of so?

A: Ek wil gaan werk.

AM: Wil jy gaan werk? Is dit, okay. En fisies, jou liggaam, is als weer terug na normaal toe?

A: Ja, is net somtyds kry ek weer die rugpyn.

AM: Rugpyn, is dit. En wanneer laas was jy by die kliniek gewees?

A: Is nou 2 maande gelede.

AM: Twee maande, is dit? En wat, toe't hulle vir jou gesê als is fine?

A: Ek het nie vir hulle gesê van die rugpyn nie.

AM: Het jy nie? Hoekom nie?

A: As ek nou weer gaan sal ek sê.

AM: (.3) Is dit baie erg?

A: Is nie so erg nie.

AM: Hoe gereeld kry jy rugpyn?

A: Nou en dan, nie elke dag nie, so party kere. So een keer 'n dag.

AM: Is dit, en jy't nie pille of so wat jy drink daarvoor nie, jy wag nou maar net tot dit weggaan?

- A: Dis nie so erg nie, is maar net sulke ligte pyntjies. Ek het dit gekry toe ek swanger geraak het.
- AM: En um, as jy, as jy nou moet dink nè, wat jy verwag het hoe dit gaan wees om 'n ma te wees, is dit soos jy gedink het dit gaan wees?
- A: (Ja)
- AM: Is dit? Soos hoe?
- A: (.3) Soos alles. Soos, my antie se kind het ook 'n kind, sy't ook nou haar eerste kind gehad, en ek het gesien hoe sy verander het, hoe sy 'n kind het.
- AM: Mmm.
- A: Toe ken ek ook nou die gevolge.
- AM: So hoe sal jy sê het dit jou verander, vir jou persoonlik? As meisie?
- A: So 'n bietjie maar nie eintlik nie.
- AM: Soos voel jy jy is meer verantwoordelik partykeer, of jy maak besluite wat jy nie sou gemaak het as jy nie 'n mamma was nie?
- A: (.4) (Ja)
- AM: Is dit? Soos wat, gee vir my 'n voorbeeld?
- A: (.3) Ek kan nou nie dink nie.
- AM: Soos gaan jy nog uit saam met vriendinne of loop rond of so?
- A: (Nee)
- AM: Glad nie meer nie? Ja so dit het verander.
- A: Ek is ook nie eintlik 'n persoon wat in die rondte geloop het nie.
- AM: Is dit?
- A: Ek was baie in die huis gewees. Gaan net winkel toe en dan weer huis toe.
- AM: Ja, ja. Jy was nie eintlik een wat erg gesosial het en so nie.
- A: Nee.
- AM: En jou vriendinne? Of die meisies hier by die skool of so, sal jy sê dat hulle jou anders behandel vandat jy 'n ma geword het?
- A: (Nee)
- AM: Dieselfde?
- A: Dieselfde.
- AM: Dink hulle dis lekker om 'n kind te hê, hulle wat nie kinders het nie? Dink hulle dis lekker?]
- A: [Party sê so ja. Hulle gaan ook een van die dae kom (met 'n kind)
- AM: Is dit?
- A: Nie almal nie.
- AM: (.2) En het jy nou al vir jou ma, het jy en jou ma nou al gepraat oor dat jy 'n kind WOU hê of so, sy weet nie daarvan nie nè?
- A: (Nee)
- AM: En op watter punt het julle verhouding beter geraak? Wat sy half vir jou laat gaan het na jou boyfriend toe en so?
- A: Dis toe die kind siek geword het en hospitaal toe gegaan het en so, hy het um, gastro gehad]
- AM: [Gastro? Ja?
- A: en toe, daarvandaan af toe sê sy nou, ek kan nou opkom met die kind en so.
- AM: Mmm.
- A: Dat die pa die kind kan sien want die kind was amper dood gewees.
- AM: Jinne, rêrig? Hoe't dit jou laat voel?
- A: Hmm?
- AM: Hoe't dit jou laat voel?
- A: Dit was hartseer gewees. Maar die aand toe ek ingaan, toe het ek nie my boyfriend gebel om vir hom te sê nie, want toe sê hulle vir hom, toe sê hulle hy is nou baie swak, hulle weet nie of hy dit gaan maak nie[
- AM: [Uh?
- A: toe bel ek eers die volgende dag[
- AM: [Ja?
- A: ek het mos nou nie daai tyd gebel nie anderster gaan hy kwaad wees, ek wil mos nou eers bel as ek verseker is of hy nou doodgaan, en toe sê hulle hy lewe, toe bel ek eers die volgende dag, vir my ma-hulle en almal, want ek was nie hier gewees nie ek was in Somerset by my antie.
- AM: O.

- A: En toe bel ek vir hom, en vir my ma, en toe se my ma ek moenie weer na my antie toe gaan anderkant nie, ek moet hier bly, as hy naweke na ons huis toe wil kom dan kom slaap hy hier.
- AM: O okay. En dis seker lekker vir jou dat dit so is?
- A: Dis beter.=
- AM: =Dat jy jou vryheid het en so. (.2) En um, julle twee se...o ek kan die deur gaan toemaak. (.6) Um, julle twee, julle twee se seksuele verhouding op hierdie stadium, het julle ooit weer na die babatjie saam geslaap?
- A: (.2) Nee ons lê langs mekaar maar ons (doen niks nie).
- AM: Is dit. Soos in, het dit nooit weer gebeur na die babatjie nie?
- A: (Nee)
- AM: Is dit?
- A: Nie nou al nie, van die rugprobleem nie.
- AM: Is dit, en is hy okay daarmee?
- A: Mmm.
- AM: Okay, so verstaan hy en so? Voel hy dieselfde daaroor soos toe ek laas met jou gepraat het?
- A: (Ja)
- AM: Okay. En dink jy nou aan jouself as 'n vrou? Of dink jy nog aan jouself as 'n kind, of, wat dink jy is jou identiteit op hierdie stadium?
- A: Vir my voel ek nog soos ek gewoonlik gevoel het[
- AM: [Mmm
- A: maar is net so, hoe kan ek nou sê, is nou in a way een kant wat ek voel soos 'n ouer, maar ek voel myself nog soos 'n kind. En is vir my, as ek nou oor 20 gewees het dan sal ek nou gevoel het soos 'n groot vrou, maar ek is nog altyd 'n kind, al het ek nou 'n kind. So aan die een kant voel ek soos 'n ma, maar nie heeltemal nie.
- AM: Mmm, mmm, want jy kom nog skool toe en jy's nog in die dag tussen jou virende. Ja, so jy sê jy's nog gesond en alles, en, is daar enige iemand anders in jou lewe wie se verhouding met jou verander het? Soos iemand in jou huis of jou antie of...
- A: (Nee)
- AM: Voel jy jy't ondersteuning van almal en almal ondersteun die kind?
- A: My ma en almal.
- AM: Mmm. Ja, so as jy gterugkyk en jy kon dit oor doen, sou jy dit dieselfde gedoen het? (.2) Sou jy dit dieselfde gedoen het? Om 'n kind te hê en so?
- A: (.2) Ja.
- AM: En sal jy nog kinders wil hê eendag?
- A: Eendag as ek getroud is ja.
- AM: Um, ek onthou ek het laas vir jou gevra hoekom jy 'n kind wil hê, toe sê jy jy weet nie, jy kon nie presies vir my sê nie. Het jy al daaraan gedink? Kan jy nou se hoekom jy so graag 'n kind wou hê?]
- A: Ek wil ene gehad het, ek weet nie ( ).
- AM: (.2) Het jy gedink dat, dat dit jou sou verander soos wat dit het? Is dit wat jy verwag het, dat dit jou sou gelukkig maak, of...
- A: Ek het nie, een keer het ek gedink, gaan dit my gelukkig maak of gaan dit nie, maar toe (besef ek) ek gaan gelukkig wees, want ek en my outjie staan saam vir die ding, dit sal 'n ander saak gewees het as die outjie nie saam gestaan het nie ( ).
- AM: Mmm. Mmm. En is dit vir hom lekker om 'n pa te wees?
- A: Ja.
- AM: En as jy hulle 2 so saam sien, hom met die babatjie, hoe voel jy dan?]
- A: [Gelukkig.
- AM: Voel jy gelukkig? En voel jy soos 'n familie?
- A: Ja.
- AM: Okay. En is daar enige iets wat jy nodig het op hierdie stadium?
- A: Nee.
- AM: Wat jy voel kort in jou lewe nie? Niks nie?
- A: Nee.
- AM: So jy's gelukkig en daar's nie ander komplikasies nie?
- A: Nee.

AM: Okay, nee dis goed. Sou jy wou he dat ons jou moet opvolg, in die toekoms by jou moet kom check hoe dit gaan? Of, hoe was die onderhoude vir jou? Om met iemand te praat oor alles?

A: Dis lekker, om al jou goeters vir iemand te sê, dan dink jy nie elke dag daaraan nie, jy MOET dit uitpraat, jy MOET dit vir iemand sê. Hoe jy voel en so.

AM: Dis waar. Het jy iemand in jou lewe met wie jy so kan praat?

A: Ja ek praat gewoonlik so met my outjie, vir hom kan ek enige-iets vra of sê, ek is nie skaam nie.

AM: Sê gou weer?

A: Ek is nie skaam nie.

AM: Uh, uh. Okay. Nou jy onthou seker van laas af die vraelyste...

\*\*\*einde van onderhoud\*\*\*

## ADDENDUM I

Interview 1&2 (Anthia & Anne-Marie): Coding example

### Line-by-line codes

- happy when heard about pregnancy
- enjoys having a child
- mostly happy but also sad
- sometimes regretful
- doubt timing of motherhood, still young
- doubt consideration of abortion
- happier because of child
  
- knowledge about contraceptives
- deliberate refusal to use contraceptives
- wanted baby after boyfriend's sister gave birth
- expected to feel regret, surprised that feelings aren't prominent
  
- parents were angry, yelled at her
- friends were shocked
- boyfriends' parents adore baby
  
- scared of hospital, first experience
- felt calm
- boyfriend couldn't be with her
- aching back hurt more than the actual birth process
- stitches after birth
- breastfeeding painful
  
- decided to finish school
- child to stay with grandmother
  
- boyfriend accompanied her to clinic
- boyfriend's support contributes to feelings of happiness

- pregnancy and birth brought them closer together
- told her to stop smoking and drinking
- had sex to purposefully conceive, no intimacy thereafter
- motherhood looked like enjoyable experience
- good mother takes care of baby
- learnt from cousin how to be good mother
- thinks of self as mother but admits to child-identity

### **Complete List of Focused Codes**

#### Feelings/emotions regarding pregnancy & motherhood

- fear
- excitement
- acceptance
- responsibility
- ambivalence
- disbelief

#### Adaptation of lifestyle

- eating/drinking/smoking habits
- socialising
- returning to school vs staying at home

#### Motherhood experience

- attachment to child
- ideas regarding good/bad motherhood
- community with pregnant friends/friends already mothers

#### Relationship with own parents

- dependency
- fear of rejection
- relief of forgiveness

#### Relationship with the biological father of the baby

- when the father is supportive
- when the father is absent
- strengthened vs ended



- sexual relationship

#### Identity

- feelings of motherhood
- acknowledgement of youth
- reality vs fantasy

#### Meaning-making

- psychological processing
- self-constructed mothering
- writing positive life-scripts
- compensation

#### **Selected codes**

- the teenager's emotional experience
- the teenager's experience of herself
- the teenager's experience of changes
- the nature of the teenager's pregnancy and motherhood experience

## ADDENDUM J

### Informed Consent Form

#### VORM VIR OORWOë TOESTEMMING

Beste Deelnemer

Hiermee wil ons u graag versoek om deel te neem aan 'n naavorsingstudie wat ondersoek instel na hoe vroue swangerskap, geboorte en moederskap ervaar. Ons stel daarin belang om meer te verstaan oor moontlike positiewe en negatiewe aspekte van hierdie ervaring en watter faktore daartoe bydra. Ons hoop dat hierdie navorsing sal bydra tot meer effektiewe sielkundige ondersteuning van swanger vroue en moeders.

Indien u bereid is om aan hierdie studie deel te neem, sal ons graag vier onderhoude met u wil voer. Die onderhoud sal tussen een en twee ure duur. Die onderhoud sal op band opgeneem word. Vroulike navorsers, wat senior studente in Sielkunde is, sal die onderhoud voer. Die onderhoud sal gevoer word of by u woonplek of by die Departement Sielkunde aan die Universiteit van Stellenbosch, of enige ander plek wat vir u geskik is, op 'n tyd wat u pas.

Tydens die onderhoud sal vrae gestel word oor u ervarings van swangerskap, geboorte en moederskap. Ons sal vrae vra oor watter impak hierdie ervarings op u en u verhoudings en werk gehad het. Ons wil met ander woorde verstaan hoe dit vir u is om verwagting te wees en hoe dit vir u is om 'n moeder te wees.

Ons vertrou dat die onderhoud interessant en nuttig sal wees vir elkeen wat aan hierdie studie deelneem. Sommige van die vrae wat gestel word, sal egter hoogs persoonlik wees, en kan onaangename herinneringe oproep. U moet asseblief kennis neem dat die onderhoud te enige tyd kan beëindig, en dat u tydens die onderhoud kan weier om spesifieke vrae te beantwoord. Deelnemers het die vryheid om hulle deelname te enige tyd te beëindig. Indien u van die studie onttrek, kan u vra dat al die data wat oor u versamel is, dit sluit die bandopnames en die transkripsies van die bande in, vernietig word, en dit sal gedoen word.

Om die vertroulikheid van die navorsingsmateriaal te verseker, sal geen name op die onderhoude of vorms geplaas word nie. Elke deelnemer sal gevra word om 'n kodenaam te kies, en daar sal 'n lys saamgestel word om aan te toon watter deelnemer met watter kodenaam ooreenstem. Die lys sal in 'n toegesluite kas in 'n kantoor by die Departement Sielkunde gebêre word. Slegs lede van die navorsingspan sal toegang hê

tot enige van die data, wat die bande en die transkripsies insluit. Dit sal ook in die reeds genoemde toegesluite kas bewaar word. Alle inligting sal dus vertroulik gehou word.

Verslae oor die studie, dit sluit enige gepubliseerde werk in, sal nie enige ware name noem nie. Beskrywings van alle persone sal verbloem word sodat hulle nie herkenbaar sal wees vir enigiemand anders wat die studie lees nie. Daarom sal geen stuk inligting wat deur die studie versamel is op enige manier met enige spesifieke persoon of familie kan verbind word nie. Aangesien sodanige inligting oor lewens van vroue so waardevol is, sal die bande bewaar word solank as wat die navorser navorsing op hierdie terrein voortsit. Sodra die navorser hierdie studie voltooi, sal die bande vernietig word, tesame met die lys wat die name en kodename bevat.

Indien u vind dat die vrae wat tydens die navorsingsonderhoud gestel word, pynlike of onaangename herinneringe oproep, en u sou met iemand oor u gevoelens wou praat, het ons 'n lys hulpdienste wat u kan kontak. Ons kan u ook help om hulp te kry indien ons tydens die onderhoud agterkom dat u sielkundige ondersteuning verlang.

Indien u daarin belangstel om aan hierdie studie deel te neem, lees asseblief die volgende verklaring en teken hieronder.

**Ek begryp dat deelname aan hierdie studie vrywillig is, en is bewus van die moontlike risiko's, voordele, en ongerief verbonde aan my deelname. Ek aanvaar dat ek vrylik vrae kan vra, kan weier om vrae te beantwoord, en dat ek 'n sessie te eniger tyd kan beëindig. Ek begryp ook dat indien ek enige vrae of probleme het wat hierdie navorsing betref, ek die hoofondersoeker, Dr. Lou-Marie Kruger by 808-3460, kan bel.**

\_\_\_\_\_  
Handtekening van deelnemer

\_\_\_\_\_  
Datum

\_\_\_\_\_  
Handtekening van ondershoudvoerder

\_\_\_\_\_  
Datum