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EXPERIENCES OF TEENAGE PREGNANCY AND MOTHERHOOD AMONG TWO GENERATIONS OF TEENAGE MOTHERS

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A research report submitted in partial fulfilment of the requirements for the degree of Masters of Arts in Anthropology

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Compulsory Declaration

I declare that this research report is my own unaided work. It has not been submitted before for any degree or examination at any other university. All significant contributions from the work(s) of other people have been cited and referenced.

_____

(Diemo Masuko)

_____day of_____ 2017

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Abstract

This study explores the experiences of teenage pregnancy and motherhood among two generations of mothers living in Johannesburg, South Africa. This engagement with gendered subjectivity took the form of ethnographic fieldwork conducted with three older women (35 to 42 years old) who gave birth between the ages of 16 and 18; as well as five young women aged 18-19 who became mothers during their teenage years. Using a social constructionist framework, the study explores the gendered nature of teenage pregnancy by discussing the narratives of women before and after having their first child. It argues that gendered experiences of teenage pregnancy play a crucial role in local understandings and practices of good motherhood. In particular, being a good mother for the older women in the study meant doing their best as parents to prevent teenage pregnancy in the younger generation. The women saw this as the best way to safeguard their daughters' social reputations and educational futures in a context that considers teenage pregnancy to be unacceptable. When their attempts at preventing pregnancy proved unsuccessful, the older women were cast as inadequate parents who were partly to blame for their daughters' pregnancies.

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Introduction

Teenage pregnancy is a matter of great concern both internationally (Bonell, 2004; McDerMott & Graham, 2005) and in South Africa (MacLeod, 1999; MacLeod, 2003; Mkhwanazi, 2012). This concern stems from the fact that teenage pregnancy has long been represented as a social problem by local governments, as well as in the scientific literature and the media. This negative perception still persists despite studies that show that teenage pregnancy rates in South Africa have steadily been declining since the 1980s (Ardington et al., 2012; Branson et al., 2013). Today, it is not uncommon to come across local media headlines such as '*Teen, pre-teen pregnancies still rife'* (12 July 2015)[1], '*Alarming stats for teen pregnancy'* (6 September 2015)[2] and *'Shock as thousands of pregnant under-age girls discovered'* (28 August 2016)[3]. All of these titles influence public perceptions about teenage pregnancy and give the impression that teenage pregnancy in the country is out of control.

At a governmental level, South African political officials have suggested that a "tough love" approach in the form of boot camps should be adopted in dealing with teenage pregnancy so as to teach teenage mothers responsibility and remedy the effects of South Africa's so-called 'permissive' social policy (Jewkes et al., 2009). This response to teenage pregnancy is seen as "decidedly unforgiving" and "punitive" (Mkhwanazi, 2012: 73) because it suggests that teenage mothers deserve to be punished for getting pregnant. Rolfe (2008) has pointed out that the problematizing of teenage pregnancy in recent years is tied to society's concerns about teenage sexuality, single motherhood and financial dependence on the state. In

[1]IOL (2015) *Teen, Pre-teen Pregnancies Still Rife.* http://www.iol.co.za/news/south-africa/kwazulu-natal/teen-pre-teen-pregnancies-still-rife-1884094. Accessed 15 November 2015.
[2] Eyewitness News (2015) *Alarming Stats for Teen Pregnancy.* http://m.ewn.co.za/2015/09/06/Alarming%20stats%20for%20teen%20pregnancy. Accessed 15 November 2015.
[3] SABC (2016) *Shock As Thousands of Pregnant Under-age Girls Discovered.* http://www.sabc.co.za/news/a/4c4d55804e08a5ab85b2b55173dc1eac/Shock-as-thousands-of-pregnant-under-age-girls-are-discovered-20162808. Accessed on 12 December 2016.

problematizing teenage pregnancy, the predominantly private and interpersonal nature of teenage sexuality is shifted into the public domain where pregnant/parenting teenagers are exposed to significant judgement and stigma – primarily because the young women are depicted as deviant, irresponsible, delinquent and single-handedly to blame for society's moral decline. At school, pregnant young girls are cast as subversive individuals who are a 'bad' influence to other pupils and invite disrepute into local schools (Shefer et al., 2013).

Dominant discourses on teenage pregnancy mainly view this phenomenon as an individual problem, and in so doing these discourses fail to take into account the broader context that teenage mothers are embedded in. This lack of contextualisation constructs teenage mothers as the cause, rather than a symptom, of deeper and broader social problems (Rolfe, 2008). A more contextual examination takes into consideration the fact that subjective experiences of teenage pregnancy vary according to socio-economic status, culture, race, gender, generation and geography (Mkhwanazi, 2014a). Drawing on the social constructionist theory as a theoretical framework, this study explores how two generations of teenage mothers talk about their experiences of teenage pregnancy and motherhood. The focus on women in particular is important because young women are significantly more affected by teenage pregnancy than their male counterparts due to their visibility within society as pregnant bodies, the social expectations associated with parenting in South Africa and exposure to stigma as a result of being the targets of pathologizing discourses (Morrell et al., 2012).

Despite research that shows that the children of teenage mothers have a higher risk of giving birth in their teenage years (Kahn & Anderson, 1992; Manlove, 1997; Meade et al., 2008), there is limited research that explores and compares the experiences of different generations of teenage mothers within the South African context. By focusing on two different generations, the study hopes to contribute to the existing literature on teenage pregnancy and motherhood in South Africa by providing insight into the changes that have occurred within a

period of more than a decade regarding teenage mothers' perceptions and embodied experiences of teenage pregnancy. Using qualitative data, the study discusses how participants experienced teenage pregnancy at home, school and in their communities; as well as the perceptions of older women (who are currently the primary caregivers to a younger generation of teenage mothers) about early childbearing and motherhood.

Thesis outline

Chapter 1 outlines the theoretical framework used. I discuss the current South African literature on teenage pregnancy, sexual health, motherhood and parenting at school. The literature was chosen particularly for its relevance to the current study and the role it has played in underscoring my thinking about key issues related to teenage pregnancy and motherhood.

In Chapter 2, I focus on the methodology and ethical considerations that underpin this study. A brief overview of the participants and the different methods employed to gather and analyse the data is provided, as well as a reflexive discussion of my positionality as a researcher.

Chapter 3 discusses the narratives of the older women in the study. I use the case studies of Mamello and Ayanda to explore the circumstances that led to their pregnancies and how teenage pregnancy was experienced in different contexts. I discuss three main themes (respect, risk and regret) to suggest that teenage pregnancy is highly gendered and individualised, with young girls having to bear the majority of the consequences of pregnancy.

Chapter 4 focuses on the narratives of the younger women in the study, paying particular attention to sexual health among youth and schooling experiences. I suggest that the stigma against teenage pregnancy remains unchanged in many local communities by examining

commonalities in the narratives of the younger generation of teenage mothers and comparing these narratives to the experiences of Mamello and Ayanda. Particularly within the context of school, pregnant and parenting female students represent a disruption to normative divisions made between adults and children. In spite of the discrimination experienced in this space, the responsibilities associated with their role as parents and the need to disprove common stereotypes about teenage mothers served as a motivating factor to successfully complete their studies.

Chapter 5 illustrates how subjective experiences of teenage pregnancy influence how being a good mother is understood by the older generation of teenage mothers. I borrow from the work of Mkhwanazi (2010) and Salo (2002) to show that women's ideas and practises of good motherhood are highly context-specific. For Ayanda and Mamello in particular, a crucial part of being a good mother was the attempt to prevent their own daughters from falling pregnant at a young age in a context that highly frowns upon teenage pregnancy. Failure to prevent the cycle of teenage pregnancy from repeating itself in the younger generation positioned the teenager's mother as an inadequate parent.

Chapter One

Literature Review

Early childbearing and sexual/reproductive health in South Africa

The recent South African academic literature on teenage pregnancy has investigated the association between teenage pregnancy and HIV infections in young people (cf. Varga, 1997; Varga, 2003; Harrison, 2008; Jewkes et al., 2009), and the social context in which teenage pregnancy occurs (Mkhwanazi, 2010; Ngabaza, 2011; Nkani, 2012; Mkhwanazi, 2014a;. Bhana & Nkani, 2016). Most teenage pregnancies are unplanned, and a majority of teenage mothers come from low-income black and coloured communities (Kaufman et al., 2001; Jewkes et al., 2009). Studies have shown that early childbearing increases the risk of contracting HIV, disrupts schooling, compromises health and wellbeing, and reduces opportunities for improving life chances by reinforcing gendered poverty (Madhavan & Thomas, 2005; Bhana et al. 2010, Nkani & Bhana, 2016). In a recent study, Branson et al. (2013) found that there has been a steady decrease in the rate of teenage pregnancies in South Africa over the last two decades. This decrease has been attributed to educational policies, changing family responses and the introduction of social policies that provide accessible knowledge about sexual and reproductive health rights and sexual risks (Jewkes et al., 2009). Currently young people are better able to navigate issues of sexuality and reproduction due to numerous social and educational interventions such as the mandatory life skills programme in schools, LoveLife campaigns and increased access to contraceptive and termination of pregnancy services compared to the early 1990s. Despite these interventions, various socio-economic, logistical and ideological barriers still exist.

A variety of causal factors have been identified for teenage pregnancy, including risk-taking behaviour, early onset of menarche, dysfunctional family patterns, poverty and coercive

sexual relations (MacLeod, 1999). Another factor that contributes to teenage pregnancy is the difficulty of talking about sex between generations. Conversations about sex are regarded as taboo (Mkhwanazi, 2010; Delius & Glaser, 2002). This belief makes it difficult for young people to access contraception or get advice about safe sex and pregnancy prevention from older nurses and healthcare workers. For instance Wood and Jewkes (2002) have shown that adolescent girls are often treated harshly and refused birth control solutions by nurses at local clinics because of personal beliefs that stigmatise teenage sexuality. This leads to a situation where young South Africans are sometimes forced to negotiate their sexuality on their own in a context of increasing HIV/AIDS infections. Young women in particular have been identified as being the most vulnerable to, and the driving force behind the HIV epidemic in the country – of the approximately 5.2 million people living with HIV in South Africa, young women of reproductive age constitute nearly one-fifth of this group (Statistics South Africa, 2014). In their study of HIV prevalence in South Africa, Shisana et al. (2014) noted that the risk of contracting sexually transmitted diseases is four times as high for young females aged between 15 and 24 as it is for their male counterparts.

Studies also indicate that young people have very limited knowledge about the variety of contraceptive methods available to them. In most cases, the use of condoms is widely emphasised and knowledge about this is generally extensive since this has been the contraceptive of choice for many HIV prevention campaigns and life skills programmes, much to the detriment of other contraceptive services (McPhail et al., 2007). Nkani and Bhana (2016) have suggested that the limited knowledge about alternative contraceptive services can be traced back to inadequate sexual health education that does not place enough emphasis on family planning, a lack of access to health services and the limited availability of contraceptive methods at local health facilities. Relationship dynamics also restrict young women's choices when it comes to choosing suitable contraceptives and negotiating safe sex,

particularly in cases where cultural norms that promote female sexual passivity and male sexual entitlement are enforced.

The legalization of abortion through the progressive *Choice on Termination of Pregnancy Act* (No. 92 of 1996) marked an important milestone in terms of women's sexual and reproductive health in South Africa. Before this Act was passed, women who wanted to terminate their pregnancies were forced to seek help from illegal abortion practitioners or to resort to much riskier methods - such as the insertion of sharp objects into the cervix or the use of abortifacient remedies, emetics and purgatives in order to induce abortion (Hodes, 2016). The *Choice on Termination of Pregnancy Act* enabled young women to access free medical termination of pregnancy services in cases where they did not want to keep their babies. It also stipulated that if they chose to do so, young girls under the age of 18 had the legal right to terminate pregnancy without consent from parents/caregivers. Those in support of this legislation point out that it gives young women the freedom to exercise agency over their bodies, while many opposed to it argue that abortion is the selfish denial of a foetus' right to life and signals the erosion of cultural and national values (MacLeod, 2012). Regardless of the stance taken, MacLeod (2012: 155) argues that the issue of abortion is important because it speaks to and draws on "localised understandings of the role of women, the role of the state, the sanctity of life, society's obligation to women and the right to privacy". The decision not to get an abortion has been shown to be influenced by various personal, cultural and religious reasons for women who do not want to keep their babies but decide against abortion. These reasons include personal beliefs systems that are against abortion, the threat of public exposure and humiliation, and the fear of trauma caused by pain, infection or sterility (Hodes, 2016). The late discovery of pregnancy was another common reason I came across during the course of my research that made it impossible for participants to get an abortion even though one was sought.

For the most part, becoming pregnant at a young age is still considered disgraceful in many communities and greeted with shame, anger and disappointment when it occurs in the family. For pregnant teenagers, unplanned pregnancy is often greeted with feelings of disbelief, denial, disappointment and fear (cf. Mkhwanazi, 2010; Mkhwanazi, 2014a; Ngabaza, 2011). Some parents have been known to punish the young girl when they find out about the pregnancy, others refuse to speak to her and offer little emotional support during her pregnancy and less commonly, some parents kick the young girl out of the house. When teenage pregnancy occurs, it is not uncommon for a young girl's mother to be blamed (Mkhwanazi, 2014a). This is because her mother is seen as being responsible for imparting valuable lessons regarding social conduct onto her daughter. Mkhwanazi (2010) notes that this often puts the young girl's mother in a difficult position because on the one hand, she is expected to uphold the social ideal of not talking to her child about sex. However on the other hand, she is expected to give her daughter enough information about sex to enable her to avoid getting pregnant. Consequently, young girls are advised by their mothers only to 'stay away from boys' when they reach puberty (Mkhwanazi, 2014a). This enables the young girl's mother to uphold dominant social ideals while at the same time informing her daughter about the best way to prevent unplanned pregnancy (Mkhwanazi 2010).

When a young woman finds out that she is pregnant, she is instructed by her elders to name the father of her child. In some South African cultures, it is also expected that when a young man finds out that he has impregnated a girl, *inhawulo* (or damages) must be paid to the young woman's parents out of respect and as a sign that he is willing to take responsibility for his child (Swartz & Bhana, 2009; Mkhwanazi, 2014b). An affirmative answer to the question of whether or not he 'knows' her obligates him to pay the amount set out by her family in damages (Swartz & Bhana, 2009). Teenage fathers may choose to deny paternity out of fear of how their parents will react to the news of the pregnancy, due to poverty and

financial considerations (for instance the high cost of damages or the cost of financially supporting the child), or out of fear that the responsibilities of fatherhood may pose a threat to their educational and career aspirations (Swartz & Bhana, 2009). In cases of paternity denial, the young girl's family is forced to carry the financial and social burden of teenage pregnancy on their own. However recent research suggests that young men are increasingly embracing fatherhood due to changing notions of masculinity and young men's desire to be part of their child's life (Swartz & Bhana, 2009; Mkhwanazi, 2014a).

Motherhood

The study of mothers, mothering and motherhood has increased steadily within anthropology due to recent developments in feminist anthropology, new approaches to gender and kinship studies, as well as advancements in new reproductive technologies (NRTs) (see Ginsburg & Rapp, 1995; Ragone & Twine, 2000; Faircloth et al., 2013). Anthropologists view motherhood and its social practice (mothering) as crucial to the transmission of culture, the reproduction of society and the constitution of kinship and personhood. Yet despite the vast amount of literature that exists on motherhood within anthropology and across other disciplines, there is still very little consensus on how to conceptualise motherhood given its multiple and shifting meanings. In discussing the literature on motherhood, it is useful to start by highlighting the universalist approach to motherhood before moving onto more contextually-based, particularist understandings of this concept.

Universally, motherhood as a relationship and an institution has traditionally been associated with women due to prevailing discourses that depict women as innately nurturing, attentive and caring (Chodorow, 1978; Phoenix et al., 1991; Arendall, 2000). It is generally women who act as primary caregivers across the world. Consequently motherhood has become intricately linked to female gender identity and idealized notions of femininity. Contemporary

understandings of motherhood draw from Euro-Christian and Victorian-era notions of the Good Mother[4], which portray the ideal (and universal) mother as white, middle-class and heterosexual (Walker, 1995; Arendall, 2000). The imagined mother in this discourse is loving, nurturing, selfless and wholly child-centred in her practise of motherhood (Hays, 1996). The endorsement and enforcement of this particular view of motherhood by Western social policies sought to institute idealized versions of women's roles in society and reward or punish women in accordance with labour market demands. Underlying this ideology is the assumption that all mothers parent within the context of a nuclear family and have copious amounts of energy, time and material resources to devote to parenting.

Tettey (2002) notes that the pervasiveness of this discourse in society has resulted in social definitions of good motherhood becoming primarily focused on putting the child's needs and rights ahead of those of the mother so as to secure a better future for the child. For many women, failure to live up to the social expectations of the 'Good Mother' ideology casts them as bad mothers. Consequently they become self-policing 'docile bodies' (Foucault, 1977) who enact socially appropriate forms of mothering out of fear of being labelled unfit parents in the face of regulatory motherhood discourses. Among the group of women who are seen as unfit for motherhood are unwed or single women, lesbian women, teenagers, women with disabilities and poor, black young women (MacLeod, 1999). Specifically in the case of teenagers, Rock (2007) has argued that this discourse positions teenage mothers as 'Other' mothers in contexts that construct teenage motherhood as a crisis of epidemic proportions. MacLeod (2001) also addresses this issue by illustrating how the regulation of mothering in South Africa portrays teenage mothers as inadequate parents. According to Rock (2007: 24),

[4] This term is used to refer to the dominant discourse on motherhood during the 19th century. Throughout the study, I use the terms 'good' mother and 'bad' mother not as fixed constructs, but as cross-culturally variable terms that have different meanings for different individuals depending on a variety of contextual factors.

"age is not relative to how well one will parent, however, age is [an] assumed criteria for the makings of the 'good mother'".

Feminist theorists have equally criticised the notion of the universal, ideal mother and advocate instead for a more social constructionist view of motherhood that privileges individual women's personal experiences, activities and understandings. Feminist scholarship argues that motherhood is not a universal and private activity between a mother and her child, rather it is a performative social role that is highly influenced by the political economy and multiple intersections of race, class, age, sexual preference and cultural practices (Collins, 1994). At the heart of feminist approaches to motherhood is the understanding that motherhood and mothering practises are created in the context of culture and power relations, and they in turn reflect and reinforce these contexts. Therefore what constitutes a good mother varies between and within different locales. Moreover other social categories co-exist with being a mother (for example student, employee, wife, daughter, etc.) which serve to restrict and refashion the expectations, attitudes and behaviours associated with motherhood. Nancy Scheper-Hughes (1992) illustrated the cross-cultural nature of motherhood in her study of a Brazilian shantytown. She noted that in the context of extreme poverty, political marginalization and appalling living conditions; maternal neglect and indifference act as a coping mechanism for many mothers - a crucial part of learning how to mother in that particular context was learning when to 'let go' (1992: 364). Particularly highlighted in Scheper-Hughes' work is the way that maternal thinking is structured by cultural factors and the meanings attributed to sexuality, fertility, parenting, survival, economic and social support, as well as the characteristics and social evaluations of the child. More recently in *Ideologies and Technologies of Motherhood,* Ragone and Twine (2000) also highlight how matrices of power influence the lives of women attempting to mother along a range of economic, religious and technological fault-lines.

In South Africa, some studies have examined the influence of race, religion, socio-economic status and culture on mothering (cf. Walker, 1995; Youngleson, 2006, Moore, 2013). Walker (1995) suggests that understandings of motherhood differ significantly along racial lines in South Africa - mothers from the white community place more emphasis on the physical and emotional aspect of childcare, while most mothers from the black community privilege financial support, discipline and the social aspects of motherhood. In her ethnographic study of a white Afrikaans-speaking secondary school that teaches pregnant teenagers responsibility and good motherhood, Botha (2010) shows how racial and religious ideals of socially appropriate motherhood intersect with discourses that pathologize teenage pregnancy. Within the predominantly coloured community of Manenberg, Salo (2002) noted that being a good mother was seen as the epitome of local ideologies of idealized femininity and 'respectability'. As the sole breadwinners in a community characterised by high rates of male unemployment, women were responsible for the biological, economic and social reproduction of the community; while individuals were identified and gained personhood in relation to mothers (Salo, 2002). A household's moral reputation and the sexual reputation of its women determined whether or not it would be given social and financial assistance during times of hardship, therefore a crucial part of good mothering was concerned with protecting the social reputation of one's own daughter by policing teenage sexuality. According to Salo,

> "mothers were morally constrained to ensure that their daughters as well as other young women in the community remained sexually pure or *skoon* (clean). In this context, where resources were scarce and where adolescent girls were considered to be fair game for men, women as mothers displayed enormous acumen in safeguarding the household's honour." (2002: 409)

In order to ensure the household's honour, young women were often told to 'stay out of trouble' - this was achieved by moving within designated spaces (school, church and home) at set times only (i.e. during daytime) (Salo, 2002). Venturing out of these spaces was only

permitted if they were modestly dressed and appeared in acceptable company, such as among a group of other young girls or over the watchful eye of older women in the community (or 'mothers', as they were locally known). In this way, teenage female sexuality was closely policed at all times. This became an effective means of ensuring that adolescent girls abstained from sex and did not dishonour the household in any way (Salo, 2002). Abstinence was crucial because as Mkhwanazi (2010) would later show in another part of the Western Cape, the epitome of a bad mother in the township of Khayalitsha was a woman who allowed teenage pregnancy to happen under her roof.

Pregnancy at school and the parent-student role

Globally in the fight against poverty, educating women has been recognised as an important developmental goal. Those advocating for this put forward the argument that educating young women provides them with access to resources and economic security for their families, increases the country's economic productivity, allows them to compete in the global arena and leads to improved social and health outcomes for the mother and her child (cf. Madhavan & Thomas, 2005; United Nations Educational, Scientific and Cultural Organisation; 2013; Shefer et al., 2012; Nkani & Bhana; 2016). Educated women are also more likely to educate others within the household and the community (World Bank, 2011). Women's ability to uplift communities thus becomes an important resource in combatting poverty.

In South Africa, an important Act that was introduced in an effort to promote gender equality in schools and to ensure that becoming pregnant did not end a young girl's access to education was the *South African Schools Act* (No. 84 of 1996) - or simply *SASA* (Department of Education, 1996). Prior to 1996, it was legal (and common) for pregnant learners to be expelled from school, however the introduction of *SASA* made it illegal to exclude pregnant

learners. This Act became vital in terms of guarding against the unfair discrimination of pregnant learners and ensuring that young mothers are allowed to continue their studies after giving birth (Shefer et al., 2013). More recently in 2007, the Department of Education published the *Measures for the Prevention and Management of Learner Pregnancy* which echoed *SASA's* earlier sentiments about encouraging young women to pursue their education (Department of Education, 2007). Although more ambiguous and mostly framed in the discourse of pregnancy prevention; this document was designed to make explicit the rights and obligations of schools, teachers and learners, as well as provide guidelines with respect to pregnancy and parenting at school (Shefer et al., 2013). The need for these guidelines has become particularly important in the current South African context because recent studies show that pregnant and parenting young women are increasing choosing to return to school and complete their secondary education instead of dropping out (Chohan & Langa, 2011; Morrell et al., 2012; Mkhwanazi, 2014a). The key motivating factor behind this decision is the high value placed on education locally by young and older people alike. In her study of three-generational, female-headed African households, Moore (2013) illustrated how the importance of education was passed down to younger generations of mothers and emphasised as a means of attaining financial freedom from men when motherhood is uncoupled from marriage. Madhavan et al. (2013) also found that the completion of secondary school was valued as an essential path to success by youth in Mpumalanga and KwaZulu Natal.

Teenage pregnancy and parenting is common in South African schools – in 2013 alone, 20 833 school-going teenage girls became pregnant (Bhana & Nkani, 2016). Despite this, pregnancy and parenting is still considered unacceptable in schools. Studies focusing on the educational outcomes of pregnant or parenting learners point to a situation wherein the social and cultural environment of school presents numerous challenges for their success at school (cf. Chigona & Chetty, 2008; Bhana et al, 2010; Chohan & Langa, 2011; Shefer et al., 2012).

According to Chigona and Chetty (2008), the experiences of most pregnant and parenting young girls at school is that of misunderstanding and pressure rather than support. In most cases, pregnancy at school is situated within the discourse of shame and stigma, while pregnant students are viewed through the discourse of contamination (Bhana & Mcambi, 2013). Most pregnant learners experience explicit mocking, belittling, scapegoating and marginalization by both teachers and fellow classmates (Morrell et al., 2012).

The discourse of contamination emanates from the intersection between ideologies of reproduction on one hand and childhood on the other. A dominant belief in local schools and communities is that children should not be having children. This trope also underpins the traditional 'children having children' discourse on teenage pregnancy (cf. Mkhwanazi, 2006). Schools are understood as sites of learning where pregnancy and parenting strictly do not belong. This is because childbirth is commonly associated with adulthood and marriage, and given that schools are traditionally institutions bound up in notions of childhood and adulthood, any display of assumed adulthood is considered taboo (Shefer et al., 2013). Often the teenage mother is constructed as a child by educators, yet she has proven her adult capacity to reproduce and therefore destabilises the normative adult-child binary that is integral to the responses of educational authorities. Chohan and Langa note that teenage pregnancy and motherhood are fraught with contradictions since "the teenage mother is no longer classified as a child (she is now a mother), but she is not considered an adult either (she is still young). This is confusing for a teenage mother, who is treated like a child but is expected to act like an adult" (2011: 88).

Another major reason identified for the institutional discrimination experienced by pregnant and parenting young girls is the differential interpretation and implementation of governmental policies as a result of educators' personal beliefs and biases regarding gender,

sexuality and pregnancy. More specifically, the *Measures for the Prevention and Management of Learner Pregnancy* document contains a clause which stipulates that:

> "It is the view of the Department of Education that learners as parents should exercise full responsibility for parenting, and that a period of absence of ***up to two years*** [emphasis added] may be necessary for this purpose. No learner should be re-admitted in the same year that they left school due to pregnancy" (2007: 5).

The above clause and all the other proposed measures have been left to the interpretive discretion of teachers and principals. Due to this, certain schools that subscribe to these measures have been known to use them as justification to turn learners away from school during the early stages of their pregnancies and to prolong their stay at home after the birth of their babies (Shefer et al., 2013). Mkhwanazi (2012: 79) has argued that this constitutes a form of "euphemised violence" against teenage mothers because not only does it violate young women's right to education in a political climate that privileges the protection of women's rights, but it is also detrimental to their educational progress. Fearing exclusion from school, some pregnant students choose to keep their pregnancies a secret and later even induce early birth to ensure that they are able to write exams (Shefer et al., 2012). Furthermore, the highly gendered and visible nature of teenage pregnancy means that female students are the primary targets of institutional discrimination – they are the ones who are asked to stay at home when pregnancy occurs, while teenage fathers are permitted to continue their schooling undisturbed. Coupled with the general lack of resources in many South African schools, the lack of emotional and academic support in educational settings means that young women's decision to stay in school is not made lightly and results in a very challenging period in their lives.

Bhana and Nkani (2016) also point out that the challenges experienced by teenage mothers should be understood in the context of South Africa's gendered and cultural norms where caregiving is considered to be a highly feminized activity, with care often resting on young

mothers and their families. Thus in addition to the social stigma experienced at school and in the community, and the stress associated with managing the demands of schoolwork; teenage mothers also bear a disproportionate burden of responsibility in terms of childcare and domestic chores (cf. Devey & Morrell, 2012). They are expected to mature faster, make more sacrifices and adjust their priorities, career desires and personal interests to cater to their child's present and future needs - especially in the absence of teenage fathers.

For the young mother, prescribed gender norms regarding parenting come into conflict with her role as a student, and it becomes difficult to juggle school and motherhood simultaneously. This results in high levels of stress and at times, poor academic performance. For the participants in Chohan and Langa's (2011) study, some of the main challenges associated with being a parenting student included sleepless nights due to sick or crying babies, less time spent with friends, tough decision-making, as well as not having enough time to cram motherhood, homework and domestic chores into a single day. An important factor that has consistently been found to mitigate the challenges presented by the parent-student role is the presence of social support networks.

In South Africa - which is characterised by the disintegration of families due to labour migration - the ability of extended families to pull together resources in the face of poverty and assist in raising children acts as a vital support system for young mothers during stressful times (Shefer & Fouten, 2012). Female kin (aunts, mothers, grandmothers, sisters, etc.) are particularly important in this regard. In a study exploring the dynamics of childcare among a group of school-going teenage mothers, Shefer and Fouten (2012) found that care-work and young mothers' successful negotiation of school and parenting was highly dependent on socioeconomic standing and the structure of the family as this had an impact on the way that care was distributed in the household and familial support was given. Madhavan and Thomas (2005) also reported similar findings, showing that social support was critical in determining

whether or not young mothers would continue their schooling. They found that when it was available, the social support from parents, teachers, friends and extended family (both maternal and paternal) ensured that the child was taken care of when the young mother was at school or needed to focus on school/domestic work. However even though they are invaluable to teenage mothers' successful return to school, Bhana and Nkani (2016) noted the contradictory nature of caregiving by highlighting how older women's ability to care for and about their daughters' futures in order to break the generational cycle of gendered poverty often results in their own struggles and impoverishment.

Currently there is a lack of literature that offers a comparison between how teenage pregnancy is experienced now and how it was experienced in the past. There is also a dearth of research that has been conducted in South Africa about the caregivers who not only provide guidance during a young girl's transition into motherhood, but also facilitate her successful return to school. Therefore focusing on the experiences of two generations enables a better understanding of both the sociocultural context in which teenage pregnancy occurs, and the impact that early childbearing has on young mothers and their families.

Theoretical framework

In exploring women's experiences of teenage pregnancy and motherhood, a coherent framework was needed to guide my understanding of the key issues and perspectives that I encountered during my fieldwork. The social constructionist theory was used for this. Before discussing this theory, it is necessary to define the term 'discourse' because it forms the basis for understanding social constructionism. A discourse is a set of statements, images, meanings or stories that construct a particular version of events or subjects (Foucault, 1972). Discourses produce the knowledge through which social subjects are formed and represented (Foucault, 1977). Discourses are historically located and play an important role in organising

society and structuring personal experiences. The latter is particularly significant for the purposes of this study.

Within every discourse, subject positions are made available to us and the subject positions each of us decides to take up ultimately gives meaning to who we are (Foucault, 1977). In speaking from a particular position, individuals bring their history as subjects to a particular situation. MacNaughton (2000) encapsulates this idea using the term 'subjectivity', which refers to each individual's way of knowing about themselves in the world. Social constructionist theory aims to explore how people interpret and make sense of their personal experiences. The theory builds on the idea that conventional knowledge is not objective by arguing that it is through daily interactions with people in the course of social life that knowledge is created (Burr, 1995). Hacking (1999) notes that social constructionism challenges the status quo and raises consciousness because it shows that knowledge about the self and the classifications attributed to the self for example, are not inevitable but rather the product of historical events, social forces and ideology.

Contemporary forms of the social constructionist theory have increasingly begun to focus on language as a means of identity construction. Language is fundamental in shaping subjectivity because there are no pre-existing or fixed identities in societies, rather language is used to create the social categories we use to breathe life into ourselves – thereby giving meaning to the self, others and the world (Burr, 1995). The use of this theory as a theoretical framework is particularly appropriate in the current study given that the theory focuses primarily on meaning, context and discourse. In addition to prevalent discourses about teenage pregnancy and motherhood, the narratives of teenage mothers as gendered subjects are also influenced by the sociocultural beliefs and practises of the society they are part of. Since social structures and discourses are historically located and subject to change over time, the theory provides a unique lens through which to explore how two different generations of

women talk about their experiences in the context of changing sociohistorical conditions. By stressing the role of language in identity construction, the theory also makes it possible to examine the participants' use of language in actively constructing the self and making sense of their experiences in light of the various linguistic and cultural resources they have at their disposal.

Chapter Two

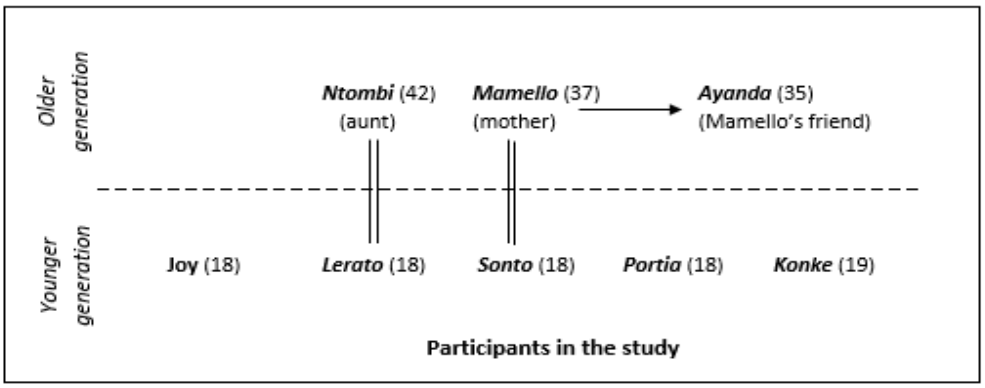
Methodology

My interest in teenage pregnancy arose from interviews I conducted for my Honours research report, which focused on black female subjectivity within historically white university spaces. During my research, I met two undergraduate female students studying at the University of the Witwatersrand who had been teenage mothers in high school. These young women recalled the academic difficulties and stigma they experienced as teenage mothers in high school, and expressed the relief they felt when they came to university because this space was 'big enough' for their role as mothers to go relatively unnoticed. I had never done any work on teenage pregnancy at that point, but I had written and undertaken many academic research projects that focused on telling the stories of different women on a variety of issues including cross-cultural childbirth and motherhood, identity construction, social entrepreneurship and coping strategies within migrant spaces. The narratives of these two young mothers instilled in me a keen interest in investigating the experiences of teenage mothers in high school. During the course of my fieldwork, I became more interested in the subject of motherhood itself and was introduced to older teenage mothers who provided insightful reflections on their own journeys into becoming first-time parents. This input allowed me to expand the research scope to explore both young and older worldviews on the subject of teenage pregnancy and motherhood.

In this chapter, I discuss the methods used in this study to provide a sense of both the initial and final stages of data collection. I provide a brief summary of the participants and data-gathering tools used. The initial decisions that led to acquiring this data are discussed in the second part of the chapter – including how I chose the field-site, negotiated access and recruited participants. Finally, I discuss the ethical considerations that underpin this study.

Data collection and analysis

This study is based on fieldwork that was undertaken between November 2015 and February 2016. I also went back to collect more data during April 2016 and May 2016. During this period of fieldwork, I conducted in-depth interviews with five black African teenage mothers who were in high school at the time and three older black African women between the ages of 35 and 42 who gave birth during their teenage years - all of whom lived in Johannesburg. I also facilitated a focus group discussion with members of LoveLife on adolescent sexuality and attended a number of academic discussions on teenage pregnancy. Four of the younger teenage mothers (aged between 18 and 19) consented to me "hanging out" with them as they went about their daily activities, and one consented only to being interviewed. I was introduced to the older generation of teenage mothers through some of the participants – the older group of women consisted of one participant's mother (Mamello) and her friend (Ayanda), as well as another participant's aunt (Ntombi) (*see below).*



Demographic Information

YOUNGER GENERATION OF TEENAGE MOTHERS					
	Joy	**Konke**	**Sonto**	**Lerato**	**Portia**
Age	18	19	18	18	18
Grade	11	10	12	12	12
Gender of child	Girl	Girl	Girl	Boy	Boy
Age of child	4	2	5 months	3 months	5 months
Relationship status	Single	Married	Single	Single	Single
Area of residence	Braamfontein	Orlando East	Parktown	Parktown	Orlando East
Lives with	Her mother, father, two siblings, uncle and daughter	Her husband and daughter	Her mother, stepfather, aunt and daughter	Her grandmother, sister and son	Her mother, father, two siblings and son
School status	In school	Dropped out of school for two years and resumed in 2015	In school	In school	In school

OLDER GENERATION OF TEENAGE MOTHERS			
	Ntombi	**Mamello**	**Ayanda**
Age	42	37	35
Age of first pregnancy	17	18	16
Highest grade passed	Grade 11	Grade 10	Grade 10
Occupation	Security guard	Retail saleswoman	Cleaner
Number of children	2	1	1
Relationship status	Married	Married	Single
Area of residence	Diepkloof	Parktown	Parktown
Lives with	Her husband, two children and grandchild	Her husband, sister, daughter and grandchild	Her daughter and grandchild

At the time, only Ayanda and Mamello had daughters who were also teenage mothers – Mamello's daughter took part in the study, but Ayanda's daughter chose not to participate in the study. In the chapters that follow, I primarily focus on the narratives of Mamello and Ayanda because as teenage mothers who are now also the parents of teenage mothers, their experiences reveal the nuances of intergenerational relationships. Data from the older generation of women was gathered primarily through in-depth interviews. I had access to all three of these women because they either lived with one of the younger participants, or dropped by frequently for visits. For the younger generation of teenage mothers who consented to me hanging out with them, the consent granted ranged from a period of two weeks to four months depending on the wishes of the participant. Ethnographic observation was also used in addition to interviews because this provided a method of data collection that privileged both the speech *and* the actions of participants. According to Frith and Kitzinger (1998), the researcher always has to keep in mind that talk is grounded within a particular context and the way that people 'talk' about their experiences may not necessarily reflect how these same situations are experienced in real life.

All the in-depth interviews, with the exception of one, were conducted in English. Konke could speak English but felt more comfortable expressing herself in isiXhosa, and a good friend agreed to serve as my translator during these visits. I communicated with Konke in English, and her isiXhosa responses were translated back to me in English. The English translation was then transcribed and used in later analysis. All the formal interviews took place in the participants' homes, but I also occasionally hung out with the younger mothers in public spaces outside of their homes (for instance at shopping malls or at the park). The participant observation I engaged in took the form of watching and interacting with participants while they were relaxing in front of the television, doing chores around the house, taking care of their children and sometimes accompanying them on errands. The time I

spent having free flowing conversations by the kitchen table, casually accompanying one of the ladies to the shop to buy milk and watching TV for hours in between diaper changes taught me a lot about the demands of childcare and motherhood. I also got an opportunity to interact with other people in the participants' lives during the course of my research, including other family members, friends and younger children.

Formal interviews were audio recorded and a notebook was used during the interviews to record any interesting answers that required later follow-up. In most cases, fieldnotes were only written immediately after I got home because it became evident to me early on that jotting down notes in the middle of interactions made participants very suspicious and more reserved than usual. For example there were instances where we would be casually chatting or laughing at something and as soon as I pulled out my notebook to record it, the atmosphere would suddenly change – participants would become more direct and formal in speech compared to the informal language used before. I became aware that this was done in order to express to me what they thought I wanted to hear in the most formal and articulate way possible. I also remember Joy once saying to me: "You carry that notebook everywhere *neh*?!", her not-so-subtle way of telling me that I had just ruined the moment by attempting to document it.

Once all the interview data had been collected, it was transcribed and analysed using thematic analysis. Thematic analysis offers a systematic method of organising, identifying and reporting patterns or themes within the dataset (Braun & Clark, 2006). The thematic analysis carried out for this study involved i) reading and re-reading interview material in order to immerse myself in the data and identify potential themes, ii) reviewing the identified themes using thematic mind-maps, and iii) re-reading the interview material again to refine and define existing themes. This allowed for a complete and detailed analysis of the data without missing or discarding any valuable information in the process. However before this data was

collected and reviewed, important initial decisions had to be made in terms of choosing a field-site, gaining access to participants and contemplating the potential ethical issues involved in data-gathering.

Choosing a field-site

Initially I had planned to concentrate only on one geographic area (the south of Parktown) as my primary field-site. Parktown is one of Johannesburg's largest suburbs and is located north of Johannesburg's city centre. The south end of Parktown neighbours Braamfontein and Hillbrow, and is made up of a predominantly young, black and working-class population. I was fairly familiar with this area, and I noticed that it was usually teeming with high school students during weekdays because a number of schools in the area are only a short distance apart. The initial sampling criteria specified that all participants had to be pregnant or parenting female students currently enrolled in high school. Nearby cafes, bus stops and parks offered a great opportunity to conduct fieldwork in spaces where young people congregate. It would also offer insight into how the participants chosen for the study interact with their peers. Purely by chance however, the referrals obtained from snowball sampling allowed me to broaden my field-site to include the areas of Braamfontein and Orlando East. Braamfontein is a culturally diverse business district in the Johannesburg inner city, while Orlando East is a township in Soweto populated by African families from various socio-economic backgrounds. This diversity in terms of population profiles and built environment enabled me to observe how social networks were structured, childcare was provided and space was navigated within and outside of the household by the participants in the study.

Negotiating access and recruiting participants

The first time I visited Charlotte Maxeka Public Hospital, I had to gain entry through the Wits medical campus. Immediately after entering the hospital, I was confronted with the

overwhelming smell of disinfectant and a long vacant corridor with linoleum floors and walls plastered with posters offering instructions on how to treat tuberculosis. Feeling hopelessly lost, I was given directions to the antenatal ward by a young lady in grey scrubs.

After duly making my way through numerous corridors filled with the humming of respirator machines, uniform-clad nurses and impatient patients waiting to be attended to, I got to the antenatal clinic. I briefly explained the purpose of my visit to the senior nurse sitting behind the massive counter, and she proceeded to explain hospital procedure regarding participant recruitment in hospitals. Although she was familiar with the procedures involved, she had no idea who I had to speak to in order to get official permission to recruit teenage mothers. So began my seemingly endless bureaucratic journey to find the right person to talk to about possibly recruiting participants from the hospital. The person I was referred to referred me to someone else, and this person further referred me to two other people who were either conveniently unavailable, or could not be tracked down. Hours later, I was finally referred to the person in charge of research ethical clearances – however, I was told that he was unavailable for the day. After this, I was advised by an elderly nurse to seek alternative ways of recruiting participants because going through departmental channels was usually a long and tedious administrative process.

I went to another public hospital and a clinic after this encounter, and was told the same thing at each location: I cannot recruit participants within the hospital premises without official permission, and my application may take several months to process. Attempts to obtain a sample right outside the hospital gates were also unsuccessful because pedestrians were highly suspicious of strangers. Although I was handing out participant information sheets with a university logo on them, they could not be sure that I was really the researcher I was claiming to be. Thus gaining access to these spaces and obtaining participants for the study proved to be more difficult than I had anticipated. This difficulty was further compounded by

the fact that I had decided very early on in the research process that I would refrain from recruiting participants at schools and conducting research in or around school property. The reason for this was because doing so had the potential of drawing unnecessary attention to teenage mothers in an environment that frowns upon teenage pregnancy, and my presence as a researcher could also result in significant discomfort for the young women around teachers and fellow students.

Running out of options, I decided to follow up on local organisations targeting the issue of teenage pregnancy and approach social workers in the Parktown area who work directly with teenage mothers. The two young mothers that were suggested to me by a local social worker agreed to participate in the study initially, but then declined upon learning that they needed their parent's consent because both of them were under 18. In an attempt to resolve the issue of parental consent, the sampling criteria was re-worked to include *only* pregnant or parenting students that were between the ages of 18 and 19. I was referred to another young mother attending the same school and she agreed to take part in the study. I used snowball sampling thereafter to obtain four other participants from different schools who matched the sampling criteria. And it was through spending time with two of these participants that I was introduced to older women who had also been teenage mothers.

So, are you in or out? Insider/outsider positions

During participant observation, I spent a lot of time building relationships that developed into friendships. This enabled participants to feel comfortable around me as a researcher, and culminated into the sharing of experiences, fears and aspirations. During the course of my research, I became increasingly aware of my position as both an insider and an outsider as far as the different generations of women were concerned. My paradoxical status as both an

insider and an outsider elicited a mixture of feelings that ranged from mistrust and confusion in the initial stages of data collection, to enthusiasm and trust as the research progressed.

I gained insider status mostly among the younger generation of teenage mothers as a young, black female student who looked closer to their age in appearance. I received invitations to hang out with friends, was volunteered as a tutor for a weekly peer group and was entrusted to play with and look after young children in the different households. I was viewed as an outsider by virtue of being a researcher. My presence was often very warmly welcomed, but sometimes experienced as an intrusion under certain circumstances such as an argument with a family member or a particularly hectic and tiring day at school or work. I learnt to recognise the signs of my potential intrusion and to remove myself from the space accordingly without being told to do so. The linguistic gap that existed between me and some of the participants also served to highlight my status as an outsider because I could not speak isiXhosa or isiZulu. Consequently English was chosen as our primary language of communication.

Ethical considerations

The methods and ethical considerations guiding this study were shaped by the *Ethical Guidelines and Principles of Conduct for Anthropologists* (2005). The ethical dilemmas that are inherent in working with minors were considered before the commencement of this research, and central to this was the need for parental consent. During my search for participants, I discovered that getting parental consent was tricky due to stigma and privacy issues. As a result, I chose to include only participants who were 18 years or older. Therefore parental consent was not required for the younger generation of teenage mothers, although signed informed consent was compulsory for all the participants taking part in the study. Before consenting to participate in the study, the aims of the study and what voluntary participation entails were outlined in the participant information sheets provided. I also found

it useful to verbally explain the purpose of the research to participants at the beginning and throughout the duration of the data collection process because as participants grew more comfortable around me, they would often ask me to elaborate in "simple" English what they were unclear about. Verbal explanations proved to be very useful in order to prevent misunderstandings.

Teenage pregnancy and young motherhood are very emotionally-charged topics. Unsurprisingly, being a teenage mother in high school is also very stressful. As a researcher, I made sure that I was mindful and respectful of this at all times. I tried as much as possible to ensure that my presence in the participants' lives did not disrupt their schooling/work and parenting responsibilities. I also went into the field having done thorough research on local counselling organisations that offer free professional counselling and whose contact details I could recommend where psycho-social support was needed. Once rapport was established, sensitive information was divulged to me in the hopes that this information would be kept confidential. Consequently I chose not to include the names of the workplaces/schools attended by the participants. I also used pseudonyms in order to adhere to the principles of confidentiality. To make sure that I had fully understood and correctly documented all our previous encounters, I ensured that I briefly went over everything that was said in the previous meeting and was corrected accordingly by participants if needed. The danger of projecting one's own thoughts and interpretations (rightly or wrongly so) is captured by Sherry Ortner when she noted that ethnography in its essence is the "attempt to understand another life world using the self – as much of it as possible – as the instrument of knowing" (1995: 173). By employing this reiterative process to check and double-check my fieldnotes, I could ensure that the notes taken in previous meetings were not just saturated with my own interpretations of the encounter, but that there was a co-creation of knowledge between myself as a researcher and those whose experiences I sought to document.

Chapter Three

Teenage Pregnancy in the 90s

Introduction

In this chapter, I discuss the experiences of Mamello and Ayanda - two of the older women in the study - to demonstrate how gender intersects with dominant beliefs about teenage pregnancy and established cultural norms regarding respect to influence the lived experiences of teenage mothers. Teenage pregnancy often has the biggest social and emotional impact on young women. This is evident both in the way that teenage pregnancy is individualized, and in the disproportional amount of social blame that is levelled at teenage girls when pregnancy occurs. I begin the chapter with a discussion of Ayanda and Mamello's narratives about how they felt when they found out that they were pregnant for the first time, and how their families and other members of their community reacted to this. I then conclude the chapter with an analysis of these narratives, focusing particularly on the salience of three themes – namely respect, risk and regret – in shaping the subjectivities of two women who became teenage mothers in the late 1990s.

Discussing pregnancy: Mamello and Ayanda

It was Saturday afternoon and 37 year old Mamello had invited me over for lunch at her flat in Parktown. I had met Mamello through her daughter Sonto, who was a participant in my study at the time. During our first meeting, Mamello suggested that I get in touch with a close friend of hers who lived nearby and wouldn't mind answering a few of my questions. Mamello's friend Ayanda had also been a teenage mother. In 1997, Ayanda was 16 years old when she first discovered that she was pregnant – two years younger than Mamello and Sonto, who both became mothers at the age of 18. Ayanda's daughter Khanya was also a teenage mother. The lunch had been arranged as an opportunity for us to get better acquainted

with each other. I arrived at the flat just after 1pm and was politely ushered into the kitchen by Mamello's husband. I found the three women chatting around the kitchen table. Mamello introduced me to Ayanda – a friendly, heavyset woman in her mid-30s. As we sat around the kitchen table watching over pots and speaking in soft tones so as not to wake the sleeping baby in the next room, the conversation gradually shifted into a discussion about my research.

During our discussion, the women recalled how they felt when they found out that they were pregnant for the first time. Mamello and Ayanda both explained that their initial reactions were a mixture of shock, panic and fear about how to break the news of the pregnancy to their parents. This was primarily because disclosing their pregnancies meant admitting to their parents that they had been sexually active at least once, and the latter confession on its own carried a strict punishment. Both women had received little to no information about safe sex and pregnancy prevention, and were therefore ill-equipped to take precautions against getting pregnant. Having never discussed sexual and reproductive matters with her parents, the limited information that Mamello had about sex and menstruation came from her peers at school. She had only heard about condoms in passing during conversations with her schoolmates, but she had no idea how to use them and was too embarrassed to bring up the subject with her boyfriend Thabo, who was 19 years old at the time of their first sexual encounter.

> I suspected something might be wrong when I didn't get my period. We had just started having sex and we weren't really using anything *(contraceptives)* then. I knew I was in trouble because you'd hear some of the girls at school talking about your periods not coming when you're pregnant and things like that. Thabo went with me to the clinic that day (Mamello 37 years old).

Although Thabo had been supportive of the pregnancy initially, their relationship began to deteriorate during the last stages of Mamello's pregnancy and they eventually broke up a few months after the baby was born. Similarly Ayanda had never been taught about sex before,

and she thought that it was impossible for her to get pregnant – not only because it was her first time having sex, but also because she believed that she was too young to get pregnant. The pregnancy was a particularly painful experience for Ayanda since the father of her baby later denied any involvement in the pregnancy.

> I never heard back from the boy after I told him and we weren't even together back then - it was just a one-time thing. I doubt he even believed that the baby was his. So I just decided to forget about him from then. The whole thing was just too painful for me (Ayanda, 35 years old).

When I asked them about the reactions of their respective parents, both women reported that their parents' first reaction was anger. Mamello in particular was so afraid of how her parents would take the news that she decided to confide in Thabo's mother instead, who in turn told her parents on the teenagers' behalf.

> We were both shocked when the nurse told us that I was pregnant, and we didn't know what we were going to do. Thabo came up with the idea that we should tell his mother first because my parents would kill us. We told his mother and she…she was upset but you couldn't really tell, she didn't really show it at first. She was the one who told my mother. My parents were very angry about the pregnancy. It was worse because I didn't tell them myself, I couldn't face them with something like that. They didn't talk to me for days after that and my father wouldn't even look at me, he was *that* mad at me. But then things went back to normal after a while, they just had to make peace with the situation (Mamello, 37 years old).
>
> The reaction from my parents was bad…bad bad…I was punished for it, but at least I'd prepared myself for the worst before I told them (Ayanda, 35 years old).

In both cases, no discussion ever took place about whether or not they should keep their babies - getting an abortion was unacceptable as far as both families were concerned. Having already defied their parents once before by engaging in sex at a young age (and subsequently fallen pregnant), the young women unquestionably submitted to their parents' wishes out of respect. From their parents' perspective, pregnancy was seen as a lesson intended to teach the young girl that what she had done was unacceptable.

> My parents told me that I went out looking for trouble, so I had to face the consequences. My mother made it very clear that I had to learn my lesson. It was my responsibility to care for the baby that I went looking for, whether I liked it or not. I did what she said because I felt like it was my fault anyway, I shouldn't have been doing that *(having sex)* in the first place (Mamello, 37 years old).

Noticeably absent from Mamello's account above is the role played by her boyfriend Thabo in the conception. The expectation was that Mamello would take sole responsibility for the baby, which implicitly absolved her boyfriend from his parental responsibilities in the future. Besides keeping the baby, the only other conceivable option available to the two women was terminating their pregnancies. Their parents had already forbidden this, and accessing safe abortion services was not possible at the time. The subject of abortion made Ayanda visibly uneasy during the course of our discussion. Ayanda reported that she had not seriously considered getting an abortion back then because terminating her pregnancy would have been a risky decision that carried negative social and health implications.

> I had to keep my baby, abortions weren't done much back then. You just had to learn from your mistakes and keep away from trouble in the future. There were only dirty backdoor abortions available, but those ones were too risky. And nobody really knew where to get one *(an abortion)*, so you had to ask around from different people. Imagine how humiliating it would have been to my parents when people found out that I was asking about that, because news travels fast in the township (Ayanda, 35 years old).

However by keeping their babies, Mamello and Ayanda's growing stomachs became a physical indication of their sexuality and served to isolate them from their peers. This hyper-visibility also exposed both women to stigma and ridicule in their respective neighbourhoods and at school, where teenage pregnancy was understood as shameful and wrong.

> Everyone just turns their backs on you, that's how it is and you feel like you deserve it. I lost a lot of my friends back then. And maybe if I had been in their shoes I would have done the same thing too, because we have always been raised to see it *(teenage pregnancy)* as a shameful thing. People suddenly stopped talking to me and said things behind my back. It was the same at school too. I'd sometimes come home crying from school, but there was nothing anyone could do (Mamello, 37 years old).

> My father was very strict and religious, so he was respected by a lot of people in the township. He just was…he was ashamed of me walking in the streets with my pregnant stomach around the other kids and people who knew us, so I didn't go out of the house unless I had to. It made him even more angry because the boy just denied the whole thing. I became the laughing stock of that place and people thought it was okay to say the nastiest things about me, even the people I thought were my friends (Ayanda, 35 years old).

Of respect, risk and regret – Dealing with teenage pregnancy

In general, appropriate and respectful conduct regarding sexual matters within intergenerational relationships dictates that parents should not talk to their children about sex. (Delius & Glaser, 2002; Mkhwanazi, 2010). Most parents are uncomfortable talking to their children about sexuality because there is a taboo attached to sex outside of marriage, and there is also an associated belief that discussing sex with children actually encourages it because they are more likely to try it out of curiosity (Nkani & Bhana, 2016). Teenagers also frequently keep their sexual relationships hidden from their parents, fearing parental disapproval. In line with these findings, Mamello and Ayanda's parents' attempts to uphold the social ideal of not talking to children about sex meant that neither of them had ever discussed sex with their parents. Ayanda's parents' justification for this was grounded in their cultural and religious beliefs (i.e. Christian notions of 'respectability' that forbid intergenerational sexual socialisation), while Mamello's parents were less religious and were mainly motivated by cultural reasons not to broach the subject of sexuality. Thus the only knowledge that both women had about sexual and reproductive matters came from their peers at school. Owing to the lack of a life skills programme like Life Orientation in schools at the time, the information they received from their peers about the reproductive system could not always be trusted to be complete or even medically accurate (cf. Wood & Jewkes, 2006).

Given that Mamello and Ayanda were still regarded as children in their parents' eyes and within the community, the women were expected to respect and obey their elders

(Mkhwanazi, 2014b). A crucial part of obeying their elders in this case meant not engaging in sex and getting pregnant at a young age, since both actions were heavily frowned upon in their respective communities. Having failed to do this, one of their initial thoughts upon discovering that they were pregnant was panic over how to tell their parents about their pregnancies, and how their parents would react to this news. Ayanda kept her pregnancy a secret until she could find the courage to tell her parents. Mamello was unable to face her parents because she knew that she had done something that her parents would not approve of (i.e. fallen pregnant) and that she would be punished for this, so she made use of a mediator in the form of her boyfriend's mother in order to resolve the potential conflict between herself and her parents (Mkhwanazi, 2014b). This provided her with a platform to adequately articulate the situation to her parents in a respectful manner, while simultaneously receiving guidance from Thabo's mother as an elder.

In both cases, their parents' first reaction to their pregnancy was anger. From their parents' perspective, Mamello and Ayanda's decision to have sex was not understood as a "normal" expression of teenage sexuality but rather as a form of rebellion against parental figures, and pregnancy was seen as a visible consequence of this rebellion. Feeling that they had been disobeyed, their parents decided to punish them for their disobedience. One form of punishment was a beating from Ayanda's father, and the silent treatment received by Mamello from her parents. Another form of punishment was obligating them to keep their babies in order to teach them a lesson – the lesson being that their actions had consequences and that they had to take full responsibility for these actions (Mkhwanazi, 2010). This finding is consistent with Bhana et al.'s (2010) assertion that teenage sexuality is framed by adults as a moral problem that incites anger, hostility and censuring. For their part, Mamello and Ayanda had to accept their parents' decision to signify that they were remorseful for their conduct, and also because of the implicit understanding that the advice of elders is full of

wisdom that should not be questioned by children (Mkhwanazi, 2014b). Keeping their babies meant that both women were able to maintain the social and financial support provided by their parents, while in turn demonstrating to their parents that they were mature enough and prepared to handle the responsibilities that accompanied parenthood. The latter was particularly important to them because they were later forced to parent without the emotional, social and financial assistance of their male partners.

Aside from keeping their babies, the women could have opted to get an abortion. The idea that terminating a pregnancy is 'wrong' is not uncommon in many communities (Mkhwanazi, 2010; MacLeod et al., 2011). However their reluctance to have an abortion was not influenced by the belief that this would rob their parents of the chance to have a grandchild, as suggested by Wood and Jewkes (2006). Rather Ayanda was opposed to abortion because of the perceived risks it involved. These risks could be understood from a physical health and social perspective. In terms of physical health, Ayanda pointed out that she did not know how to access safe medical abortion services and that the "dirty backdoor abortions" that were more common at the time were often performed by untrained individuals and could result in serious (and potentially fatal) health complications for pregnant young women like herself (Varga, 2002). The implementation of the *Choice on Termination of Pregnancy Act* in 1996 meant that abortions were already legal in South Africa during the course of the women's pregnancies. However opting for a safe and legal abortion was still uncommon during this time for young women like Ayanda and Mamello - in addition to issues related to accessibility and the lack of knowledge regarding the legal status of abortion in South Africa, this decision was also influenced by local perceptions surrounding the recently legalised practice and the expertise (and willingness) of local healthcare professionals to perform the procedure (Varga, 2002; Wood & Jewkes, 2006). From a social perspective, terminating their pregnancies risked further angering their parents because abortion was against their parents'

wishes. Moreover Ayanda was also concerned about the possibility of people in the community finding out that she had sought out or underwent an abortion because that would have been an additional source of embarrassment for her and her family - especially bearing in mind her father's reputation in the community as a highly respected religious man.

Morrell et al. (2012) posited that young women have to bear the brunt of pregnancy, institutional discrimination, childcare and having to support their children on their own in the absence of young fathers. This was also the case for Mamello and Ayanda. During their pregnancies they were exposed to significant social stigma and discrimination in their communities and at school – both of which are environments that have consistently been shown to portray teenage pregnancy as unacceptable and construct pregnant/parenting young girls as 'Other' (cf. Chigona & Chetty, 2008; Bhana et al., 2010; Shefer et al., 2013; Bhana & Mcambi, 2013). This perception of teenage pregnancy manifested itself in the discrimination and marginalization of Mamello and Ayanda by those around them, i.e. being stared at, ridiculed and gossiped about when their pregnancies became visible. Both women dropped out of school shortly after their babies were born – Mamello chose not to return to school when her baby was born because she feared how the teachers and other learners would react to her coming back to school as a parent. After giving birth, Ayanda went back to school but failed her Grade 11 exams that year. Not wanting to repeat the grade, she decided to drop out of school and devote all of her time to being a mother.

In talking about their experiences of teenage pregnancy, the older women employed what Mkhwanazi (2014b: 116) referred to as the "discourse of shame and regret". According to Mkhwanazi (2014b), teenage mothers make use of this discourse when talking about their experiences in order to show regret for the action of falling pregnant – thereby somehow alleviating the blame of bad parenting from their parents. Similarly Ayanda and Mamello expressed regret for getting pregnant because in their view, they should not have been having

sex at such a young age. The women's overall experience of pregnancy was also marked by immense shame because they felt (and were made to feel) out of place in their own surroundings, and particularly among their peers. More importantly this adverse treatment was normalized by both women, who eventually began to think of this conduct as justified and deserved in light of the way that teenage pregnancy was perceived in their communities. This illustrates how those who are marginalised often internalise dominant discourses about themselves, and come to view themselves as negatively as they are viewed by others (Holgate et al., 2006).

In conclusion, this chapter has discussed how the older women in the study talk about their experiences of teenage pregnancy. In doing this, the chapter has highlighted the influence of gender, cultural norms and dominant discourses in shaping women's embodied experiences. Despite being ill-equipped to prevent pregnancy due to a lack of formal sexual education and culturally-sanctioned silences about sex and reproduction, both women were blamed and stigmatised for falling pregnant. A lack of support from the genitor, as well as the visibility of their pregnancies meant that teenage pregnancy was a highly gendered and alienating experience for Mamello and Ayanda. The adverse treatment directed at the women from inside and outside of the classroom stemmed from the understanding that teenage pregnancy was shameful and unacceptable. Consequently Ayanda and Mamello internalized these discourses and spoke about their experiences as pregnant teenagers mainly in terms of shame and regret. In the next chapter, I explore the narratives of the younger generation of teenage mothers in order to highlight some of the socio-political changes that have affected young people's experiences of teenage pregnancy and motherhood in contemporary South Africa.

Chapter Four

Contemporary Narratives of Teenage Pregnancy

Introduction

In South Africa, the mainstream discourse on teenage pregnancy is still generally that of moral outrage, with teenage pregnancy being depicted as objectionable and socially unacceptable (Ngabaza, 2011). The daily experiences of pregnant and parenting teenage learners are further complicated by the pressures of juggling schoolwork and childcare, the lack of support from educational institutions and the difficulties associated with single parenting (cf. Chigona & Chetty, 2008; Shefer & Fouten, 2012; Bhana & Mcambi, 2013). This chapter explores the narratives of the younger generation of teenage mothers, i.e. Konke, Lerato, Portia, Joy and Sonto. I begin the chapter by exploring sexuality and the discovery and management of teenage pregnancy using the participants' own accounts. I then discuss how pregnancy and parenting was experienced at school. I suggest that the same characteristics that set the young women apart from their classmates at school (i.e. pregnancy and motherhood) also became the primary motivation to not only complete school, but to excel in their studies in hopes of creating a more financially secure future for their children. Finally, I conclude the chapter by comparing the experiences of the younger women with those of Mamello and Ayanda from the previous chapter. This serves to highlight some of the changes that have taken place in South Africa between the 1990s and presently, particularly with regards to teenage sexual health, pregnancy and parenting.

A pregnancy is discovered – Lerato's story

When I first met 18 year old Lerato, she was eight months pregnant and in Grade 12. At the time, Lerato was faced with the dilemma of either dropping out of school to look for a job so

that she could provide for her unborn son, or enlisting the social and (already stretched) financial help of her aging grandmother to take care of her son so that she could complete her Grade 12 studies. She lived with her grandmother and younger sister in the Parktown area of Johannesburg, and the family of three survived on her grandmother's monthly pension and her younger sister's social grant. She never knew her father, and had last seen her mother when she was 8 years old. Since then, her grandmother had been raising the siblings on her own.

Lerato and the father of her baby first met when they were both completing their Grade 11 at the same high school, and started dating a month later. Their relationship progressed fairly quickly after that and soon her boyfriend started pressuring her to have sex with him, or else he would leave her. Afraid that she might lose her boyfriend, Lerato decided to have sex with him for the first time. He invited her to his older cousin's house-party one weekend, and it was there that the couple engaged in unprotected sex. She found out that she was pregnant five months later when she went to the clinic complaining of light-headedness.

> That feeling of finding out that you're pregnant is indescribable…it was like it was the end of me. Like it's the end of the world. I didn't know what to do with myself. The timing is worse because my grandmother is really struggling and I'm almost done with school, then this had to happen. When I told her, my grandmother was sad, heartbroken and everything. She even cried. I'm sure she also thought that my life is over, everything was ruined now.
>
> My ex-boyfriend, *ai* that one…that one at first wanted me to get an abortion. But like when I went to the clinic they said that it was too late because I found out when it was already too late. I also didn't know, and then he was like 'How come you didn't know and you're a girl?'. I was shocked because I mean it happens sometimes, you don't always know *(that you are pregnant)*. I think that he is regretting it (*the pregnancy)*, but there's nothing he can do about it now. It was my first time and obviously I was scared, but he was the one who was like "It's fine, I know everything" and stuff like that. I knew about having safe sex but he didn't have any condoms on him, and that's how it happened (Lerato, 18 years old).

Lerato gave birth to a healthy baby boy a few weeks after our initial meeting. Both families agreed that it would be best to wait until the baby was born to pay damages in order to give the young man's family a chance to accumulate the money. By the time the baby was born, the couple were no longer romantically involved but had decided to stay friends so that his family could help take care of the child. Her grandmother allowed Lerato to make her own decision about whether or not to return to school after her baby was born, and Lerato decided to go back and finish her matric.

> I really didn't want to leave school and go back again next year because I felt like it's a waste of time. I really wanted to finish this year and know that I'm finally done. We *(her and her grandmother)* discussed it and sometimes she would tell me "This year you are not going to school, you'll go back to school next year". And then again she'd say "I think you should finish this year". But she let me decide for myself. Now I'm sure that I want to finish this year (Lerato, 18 years old).

I chose to begin the chapter with Lerato's story because her narrative highlights some of the common themes I encountered in my interviews with Portia, Konke, Sonto and Joy. Unlike their older counterparts, the younger generation of teenage mothers displayed increased knowledge about safe sex, as well as some of the measures needed to prevent unplanned pregnancy. This knowledge was gathered from a variety of sources including mass media, peers, life skills programmes and even parents. The use of condoms was the most frequent answer I received when I inquired about their knowledge of contraceptives, and this was also the most common form of contraception used by the younger participants. Although this cohort made reference to 'other' forms of contraception, they were often unable to name them or were uncertain about how to use them properly.

> *(In Life Orientation)* They taught us that you may fall pregnant if you are not careful, the sexually transmitted illnesses that go with unprotected sex, condom use and about other contraceptives (Portia, 18 years old).
>
> My mom was also a teenager when she first got pregnant, so she prepared me by telling me to be careful and protect myself if I was going to start having sex, that kind

> of stuff. Getting pregnant was a mistake though, like I knew I was supposed to use protection *(condoms)* but I wasn't really thinking about those things at that moment (Sonto, 18 years old).
>
> Our Life Orientation teacher advised us about preventing pregnancy, and also the dangers of having unprotected sex. Mostly just making sure that you use condoms every time you have sex. I've also heard a friend of mine talking about implants, they had to watch something about it at school. I'm not sure how that one works though (Konke, 19 years old).

Some of the reasons cited by the younger participants for their inconsistent use of contraceptives were firstly that their boyfriends sometimes preferred to have sex without a condom as this was thought to be more pleasurable, secondly, that their partner did not have condoms with him at the time and finally, that they simply forgot to use protection in the moment. Out of the five younger participants in the study, three of them discovered that they were pregnant at a much later stage and often by accident because they had not experienced some of the common signs associated with pregnancy during their first few months of pregnancy - such as a protruding stomach or the cessation of menstruation.

> I really didn't know *(about the pregnancy)* until it was already too late. Everything was just normal for me, I even still had my periods. The only thing that changed I guess was that I was always hungry for no reason. Then people at school started noticing that I was gaining a lot of weight and one of my friends joked about my fatness being baby weight (Portia, 18 years old).
>
> I was 13 years old when I first found out that I was pregnant. He was 20 or 21 when I turned 13. A whole lot of people in the building were like "Joy is pregnant" and all that. I didn't want to believe it. I was thinking that I can't be pregnant, I'm still a child. But my mom started suspecting that something was off. So she came back from work one Saturday and we took *(pregnancy)* tests in the house. Both of them came back negative. So a few days afterwards, my mom decided that we should both go to the clinic. When we got there, the nurse put some blue gel on my stomach, looked at the screen and told my mother: "That's the baby - your daughter is 5 months pregnant". I was shocked! (Joy, 18 years old).

Similarly to Lerato, most of the young women seriously considered terminating their pregnancy. This was usually upon the insistence of their boyfriends or older male relatives. But when they went to the clinic to get an abortion, they were told by hospital officials that

the procedure could not be performed because they were already too far along in their pregnancies.

> My father wanted me to have an abortion. He even took me to the clinic, but the nurses there said I was too far in my pregnancy and it is impossible to abort the baby (Portia, 18 years old).

Only one participant (Konke) was already traditionally married (with the consent of her parents) when she first found out that she was pregnant at the age of 16. In most cases, the young women's romantic relationship with the genitor ended either shortly after the pregnancy was announced, or shortly after the baby was born.

> We went to his family and told them that I was pregnant and all that stuff. He *(the father)* said no, the baby is not his. He told them that he never had sex with me. My mom was mad, she was furious. She was disappointed by the pregnancy, but I think the only thing that disappointed her more was that the father of the baby denied everything. It was too much for her. My mom didn't even ask his family for any money, she only said "I just want you to know that my daughter is pregnant with your son's baby". That's it. Both his parents thought that the kid was actually his. But if he was saying that it's not his, then there was nothing they could say to that. And I just thought "Okay, whatever. I'll get over it". That was the last time we spoke to each other. My daughter has never even met her father (Joy, 18 years old).

> We were still dating for most of the pregnancy, but it wasn't the same anymore. I don't know if it was me or him, but things changed completely. Like when he didn't come visit me, I felt depressed and a bit neglected. He stopped checking on me like he used to before, and didn't want to be seen with me around a lot of people. When I brought it up, he'd always say that I was imagining things. He broke up with me in the end. It was painful and very hard to handle for me. But our parents came together and got us to start talking to each other again for the sake of the baby (Lerato, 18 years old).

Pregnancy and parenting at school

At the time of my fieldwork, all the younger participants in the study were still in school. This presented another set of difficulties for the young women as far as negotiating the dual role of being a mother and a student. Being pregnant at school was a challenging experience for all of the younger participants. When pregnancy was initially discovered, only one of

them reported confiding in her friend at school about the pregnancy. In most cases, the pregnancy was kept a secret until it became fully visible. This served to lessen the fear and anxiety associated with disclosure. Moreover the participants expected that they would face judgement and rejection from their peers if they told anyone. Thus keeping the pregnancy a secret seemed like the "easier" option.

> I never told anyone at school that I was pregnant, I waited until people could see it. It was easier that way. At some point it was very visible…like you could see it. It wasn't nice going to school with a big stomach. I felt so out of place there *(at school)*. After they found out, that's when all the talking started. But that's usually how it is. I had this one best friend that I was friends with since Grade 3. When someone at school first started the rumour that I was pregnant, she just started ignoring me and making up excuses. We stopped talking to each other completely. I'm sure she was scared of what people would think about her if they saw us together (Joy, 18 years old).

Being stared at, teased, singled out and gossiped about when their pregnancies became visible were some of the most common schooling experiences reported by this group of participants. These experiences suggest that social attitudes regarding teenage pregnancy remain largely unchanged in most communities. The younger participants also experienced difficulties in their interactions with teachers and headmasters, many of whom disapproved of teenage pregnancy and were not in favour of allowing pregnant learners into their classrooms.

> When I was pregnant, whenever I'd go "Sir, I don't understand this" or "Miss, I don't understand that"; I would get things like "Well, you should have listened then. When I was explaining to the class, where was your mind? Because these babies make you sleep instead of being at school". Things like that (Portia, 18 years old).
>
> One of the teachers in one of my classes was like "If you are pregnant, there is no way you can complete school because we chase you away from school. And we are not midwives. You girls need to know that we teachers are not midwives". From the way she was speaking, that comment was obviously directed at me (Lerato, 18 years old).

None of the young women were chased away from school after their pregnancies were discovered, however comments such as those voiced by Lerato and Portia's teachers suggest that pregnant teenagers are not welcome at certain public schools. This institutional

discrimination was gendered and targeted mainly at the participants as pregnant schoolgirls. Some of the young women were also hurt and offended by the fact that their male partners were unsupportive and were not subjected to the same social criticism that they had to deal with - especially in instances where both of them attended the same school and it was widely known (or at least suspected) that the young man was the father.

> I saw him *(the father of her baby)* all the time during break and after school, and he always acted like he didn't know me. Like he just went on with his life. I stopped caring after a while. When the people at school made comments about my pregnancy, I just laughed it off or walked away (Sonto, 18 years old).

In Sonto's case, the negative treatment at school mirrored the constant judgement she felt that she had received in her community. Therefore pregnancy for her was associated with significant social and physical discomfort.

> I really didn't like being pregnant hey. On weekends when I went to the shops, I would always see a group of girls standing at the corner wearing nice clothes. And then when I looked at myself with my big belly, I just felt like… I felt like everyone was watching and judging me all the time. When I went out of the yard, my neighbours were always very friendly when they greeted me. They were nice, but I know. Like I could tell that in the background…just the way they would sometimes stare at me. Obviously there's not going to be a person that I can definitely say wasn't talking about me behind my back, everyone gossips. Even when that person is smiling at you when they talk to you, I knew that when they went back into their houses I was the topic…the subject of discussion (Sonto, 18 years old).

The perceptions that others had about teenage pregnancy and motherhood, together with the participants' own sense of responsibility as young mothers motivated them to work harder and excel at their studies so as to ensure a better future for their children. Working hard and being more responsible was important because in our interviews, the common societal stereotypes that I came across were that teenage mothers were irresponsible, promiscuous and lazy. Becoming mothers meant that participants no longer had only themselves to consider,

but that they also had to take into consideration the best interests of their children in making decisions and acting on those decisions.

> It *(being pregnant)* actually didn't disturb my school work because I was thinking that I'm pregnant, so the only way for me to prove myself was to do well in school because the principal didn't like me. The principal actually said that I'm pregnant at a young age, I love men and all that. So I thought the only way to prove him wrong was if I pass. And I passed my Grade 8 with flying colours. Even now whenever I'm feeling depressed about my situation because it gets really hard sometimes - now it's not so easy - my mother always tells me "You just have to pull up your socks because it's not only about you this time, you have to think of the life that you brought. If you're going to be lazy, she *(Joy's daughter)* is also going to suffer in the future" (Joy, 18 years old).

Given that the participants were from poor and working-class families, significant emphasis was placed on education as a means of attaining upward mobility and financial freedom – and doing well in school was key to this. Even with the occasional assistance of female kin, this often meant that they had to work twice as hard compared to other students in order to successfully juggle schoolwork, childcare and domestic chores.

> When I come back from school I have to feed her *(my daughter)* throughout and I have to look after her. I just try and do the best I can especially when school is out. I go to the library, study for that time and when I get home I look after her. I put her to sleep and when she's sleeping, I just go through my books again quickly, do mind-maps and everything. There's usually a lot of work to do, so I have to stay focused. Most of them (*the teachers)* actually asked what keeps me motivated, and I was thinking that I can't fail because the first thing is my daughter. I can't fail because the only way I can have a bright future, not only for me but for her too, is if I pass because at the end of the day I'll be able to help her with homework as well (Sonto, 18 years old).

Sexual health, pregnancy and parenthood

In this section, I elaborate on the narratives presented in the previous two sections and point out some of the similarities and differences that existed between the two generations of teenage mothers.

Firstly, the younger generation of teenage mothers I spoke to had some exposure to sexual education. They differed from Mamello and Ayanda in this respect, and also in the fact that conversations about sex were no longer as rare as they had been in the past. This may be due to the fact that in the context of rising HIV infections in the country, young people are exposed to messages regarding sexuality and contraception from a variety of sources – including peers, mass media, parents and formal institutional sources such as life skills programmes and family planning services (MacLeod & Tracey, 2010). By far the most widely referenced source of sex education was the Life Orientation curriculum at school (cf. Prinsloo, 2007). According to participants, pregnancy prevention was an essential component of Life Orientation; however this programme did have some shortcomings. Evidence of this can be seen in the participants' heavy reliance on the use of male condoms without a secondary means of protection and their ability to identify only one alternative to condoms. This finding is not surprising because besides being widely accessible and free of charge at most healthcare facilities, the use of male condoms is often emphasised at school in teachings about contraceptive use – as some of the younger participants pointed out.

Aside from limited knowledge about other methods of protection, the non-availability of a wider range of contraceptive methods may have led them to rely on their boyfriend's use of condoms, putting them at risk for sexually transmitted diseases and HIV in addition to pregnancy (Nkani & Bhana, 2016). It has also been shown that young women experience significant challenges from healthcare workers when attempting to access contraceptive services such as the contraceptive injection, which provides women with more discretion in their sexual relationships (Wood & Jewkes, 2006). Alternative contraceptive methods that are specifically targeted at women (such as female condoms, implants, contraceptive pills and injections) afford them more agency in terms of practising safe sex, however these methods were not emphasised as much in the classroom. Most of the participants had also never heard

of the emergency pill that could be taken the morning after engaging in unprotected sex, and this resonates with previous findings by Hoffman-Wanderer et al. (2013) that knowledge about emergency contraception among South African teenagers is very low. Sonto was the only participant who had ever experimented with another contraceptive method – when I first inquired about her knowledge of contraception, she only mentioned condoms as a reliable method of protecting against STIs and pregnancy. I later learned from her mother that she had previously been put on the contraceptive injection when she first started her periods at the age of 15 (see next chapter). When I asked her about this, she told me that she had stopped using the injection because it caused her to experience menstrual irregularities. Since then, she had only used condoms.

Male condoms as the primary (and only) form of contraception used by the young women served to decrease their agency when it came to protecting themselves. This is because they had limited choice in terms of enforcing their partner's condom use – as seen in the reasons provided for the inconsistent use of contraceptives. These reasons pointed to a situation where the male partner was expected to be the one who carried condoms at all times, while the use of these condoms usually depended on his level of comfort and pleasure with having protected sex. Expecting their male partners to initiate condom use could also be linked to the belief that females who carry condoms or attempt to initiate condom use are sexually experienced or promiscuous, and this has previously been shown to make a young woman vulnerable to violence from her boyfriend if he thinks that she may have multiple sexual partners (Varga, 2003).

Secondly, pregnancy was discovered much later and often by accident for the younger participants, which was not the case for Mamello and Ayanda. Mkhwanazi (2014b) has shown that it is not uncommon for pregnancy to be discovered at a later stage, and that it was often in attempting to disprove pregnancy accusations by others that pregnancy was revealed.

Both Joy and Portia were accused by others of being pregnant before their pregnancies were uncovered. A few of Joy's neighbours started gossiping that she was pregnant, and it was in trying to dispel these rumours that Joy's mother administered the pregnancy tests and then took her to the clinic, where her pregnancy was discovered. Similarly Portia's friend at school jokingly accused her of being pregnant, and this motivated her to take a pregnancy test soon after.

Once their pregnancies were discovered, the participants sought out abortion services but were told that they were too far among in their pregnancies for the procedure to be performed. According to the *Choice on Termination of Pregnancy Act* (No. 92 of 1996), a woman may request a termination of pregnancy in the first 12 weeks of pregnancy and after this period of time, a termination of pregnancy can only be obtained under specified conditions. The topic of abortion was greeted more favourably among the younger participants, whereas older participants saw it as an undesirable option given the social perceptions about abortion and the lack of access to professional healthcare services at the time. The younger generation's favourable attitudes towards abortion can be linked to young people's increased awareness of their sexual and reproductive rights, as well as increased access to termination of pregnancy services (Jewkes et al., 2009; Mkhwanazi, 2014a). Furthermore the decision to get an abortion was supported by boyfriends and some parents, as illustrated in Portia and Lerato's accounts. This also points to the de-stigmatization of abortion within communities.

Thirdly, in most cases the genitor's family was approached by the young woman's family and paternity was either denied or acknowledged in this way. This is consistent with previous findings by Madhavan et al. (2013) in Mpumalanga, who found that when a pregnancy occurs out of wedlock, more emphasis is placed on securing support and paternal recognition for the child. After her mother discovered that Joy was pregnant, she and Joy went to the young

man's family to inform them of the pregnancy and to give him the opportunity to claim the child as his – in this case, paternal recognition was more important to Joy's mother than the payment of damages. The young man refused to recognise the child as his own and claimed that he had never slept with Joy, even though both his parents knew that he was lying about this. In Joy's case, the denial of paternity could have been a result of the young man's unwillingness to provide the social, and especially the financial support that comes with being a father – although it later became clear that Joy's mother had not wanted any money from his family. Also given the fact that Joy had only just turned 13 when she first found out that she was pregnant and he was in his early 20s at the time, another factor that may have caused him to deny paternity is the fear of being arrested. In admitting that he did in fact have sex with Joy, he could have been charged with statutory rape for engaging in a sexual relationship with a 12 year old if Joy's mother decided to go to the police.

In Lerato's case, paternity had been acknowledged and the negotiation of damages were underway when the young couple's relationship began to disintegrate. The occurrence of pregnancy put a lot of strain on Lerato's relationship with her boyfriend, resulting in tension and her feeling resentful towards him because she thought that he was not as supportive as he should have been. By the time the baby was born, the couple had already split up but it was decided that her ex-boyfriend would remain in her life so that the baby could be raised by both families. This is consistent with recent research on teenage fatherhood that suggests that young men are increasingly embracing the role of becoming fathers (Swartz & Bhana, 2009; Nkani, 2012; Mkhwanazi, 2014a). After an intervention from both of their parents, Lerato's ex-boyfriend was willing to become more involved in the baby's life after the birth. Konke's husband was also fully committed to fulfilling his duties as a father. Even with the active role played by young fathers in their child's upbringing, the gendered nature of care-work in South Africa coupled with cultural beliefs that dictate that a child born out of wedlock should

be raised by the maternal family means that the daily responsibilities of childrearing are likely to be heavily skewed towards the young mother's side – resulting in unequal parenting duties and responsibilities (Shefer & Fouten, 2012).

Finally, the difficulties experienced by the younger women at school mirrored those that Ayanda and Mamello faced as pregnant learners. The main reason provided by the younger participants for going back to school was socio-economic in nature. The participants wanted to be able to provide for their families, become financially independent and build a better life for their children. Finishing school was emphasised as a means of achieving this because as Nkani and Bhana (2016) have shown, there is a correlation between educational qualifications and economic possibilities - especially in a context like South Africa which is rife with unemployment, poverty, financial insecurity and the continual marginalisation of underprivileged women. However when the younger participants returned to school, they found that many schooling officials saw pregnant teenagers as a bad influence to other learners. Their teachers were very vocal about this and it made the participants feel embarrassed and even more out-of-place than they already felt. This was in part because school is an environment that traditionally thrives on homogeneity among students (for instance standardized school uniforms, established codes of conduct, etc.), and a clear hierarchy between children and adults. Teenage pregnancy within this environment is viewed as a disruption to this hierarchy since pregnancy is often associated with adult femininity, resulting in pregnant schoolgirls being constructed as a source of alarm, fear and scorn within South African schools (Pillow, 2004; Bhana & Mcambi, 2013). Moreover despite the introduction of national education policies that advocate for gender equality in accessing education (*South African Schools Act of 1996)* and the fair treatment of pregnant/parenting learners (*Measures for the Prevention and Management of Learner Pregnancy of 2007)*, these two policies were undermined by educators' personal beliefs regarding gender,

sexuality, pregnancy and motherhood in order to rationalise the discrimination of the younger participants (Shefer et al., 2013). In hopes of dispelling negative stereotypes about teenage mothers and creating a more financially stable future for their children, the young women put a lot of effort into excelling in their studies.

In addition to the treatment they received from schooling officials, participants also felt marginalized by schoolmates that they were close to. Joy's best friend was reluctant to be seen with her during school hours, while Sonto's ex-boyfriend completely ignored her whenever they crossed paths at school. Particularly in Joy's case (who was in Grade 8 at the time), she was viewed by her fellow classmates as a child with adult experiences – thus any association with her posed a potential threat to her friend's social reputation and need for acceptance at school. Much like the participants in Chohan and Langa's (2011) study, juggling motherhood and schoolwork after their babies were born was reported as another factor that set the young women apart from their age-mates because they became more mature and responsible compared to most of their classmates. Having compared and contrasted the lived experiences of teenage pregnancy from the perspective of two different generations of teenage mothers, in the next chapter I explore how Mamello and Ayanda's gendered experiences of teenage pregnancy have influenced their understanding and practise of motherhood.

Chapter Five

Being a Good Mother

Introduction

The concept of motherhood is shaped by various sociocultural factors and influenced by women's own intimate experiences of mothering and being mothered (Walker, 1995). Based on these unique social elements and experiences, individuals construct their own ideas about what it means to be a good mother and conversely, a bad mother. In this chapter, I draw on the work of Salo (2002) and Mkhwanazi (2014b) to demonstrate how ideas about good motherhood are influenced by context. Specifically I explore how two of the older women in this study conceptualised and practiced motherhood. For the older women in Salo's (2002) study, where personhood was premised on adult women's control over their own and other women's sexuality, a woman was judged as a good mother mainly based on her ability to protect the social reputation and sexual purity of her daughter. Mkhwanazi (2014b) illustrated that a woman was regarded as a bad mother when teenage pregnancy occurred in her household, because her daughter's pregnancy indicated that she had failed to teach her child 'appropriate' social conduct. In both cases the young women's mothers - as the people tasked with raising the next generation of morally responsible mothers - were either praised or blamed for their daughters' behaviour.

This chapter aims to illustrate how gendered experiences of teenage pregnancy play a crucial role in shaping local understandings of good motherhood. I begin the chapter by discussing Mamello and Ayanda's reactions to their daughters' pregnancies. In particular, I focus on what these reactions reveal about the women's understandings of what it means to be a good mother. I argue that for both women, being a good mother was understood primarily in terms

of preventing teenage pregnancy in the younger generation. In supporting this argument, I establish a link between good motherhood and pregnancy prevention by examining the main motivations behind the prevention of teenage pregnancy – including the need to protect one's daughter from the responsibilities associated with parenthood and avoiding being labelled a bad mother within the community when teenage pregnancy occurs. I conclude the chapter with an examination of how these understandings of good motherhood were applied in the daily practise of motherhood by discussing the different strategies employed by the older women in an attempt to prevent their own daughters from getting pregnant. These strategies in turn reveal dominant beliefs about teenage sexuality and the different ways that sexual education is negotiated within intergenerational relationships.

"This was not supposed to happen"

It was a warm Thursday afternoon when Ayanda and Mamello finally decided to open up about their daughters' pregnancies. For weeks they had been subtly changing the topic when the subject came up, and I sensed that this may have been caused by Sonto's presence in room whenever I attempted to question them about the events that led to them becoming grandmothers. Ayanda had dropped by to visit Mamello after work that day, and found me and Sonto chatting around the kitchen table as usual while Sonto prepared dinner for the family. Mamello had arrived from work just a few minutes earlier, and summarily ordered Sonto to get started on her homework after she had put the baby down for her afternoon nap. Sonto excused herself shortly after this. While Ayanda waited for Mamello to change into more comfortable house-clothes, she struck up a conversation with me. This exchange soon turned into a conversation about babies and whether or not I was planning to have any children of my own someday. Comfortably-clad Mamello walked in while we were having this conversation, and almost immediately chimed in about the importance of scheduling motherhood and a career. Sensing an opportunity to explore the subject of birth scheduling

further, I inquired about the women's thoughts on motherhood, childcare and the days leading up to their daughters' pregnancy announcement. I was told that the news of the pregnancy was greeted with a mixture of shock, disappointment and sadness. While chronicling the events of that day, Ayanda also expressed empathy for her daughter's situation at the time – having been in the same position herself years earlier.

> When she first told me, I was shocked. I even cried in front of her. *Yho* that feeling…I couldn't believe it. But I was scared for her, you know. And it made me think back to how my mother must have felt when I told her about me. I just thought 'How is she going to cope?'. It's such a lot of work and she's still got school (Ayanda, 35 years old).
>
> To tell you the truth, I was really very disappointed in her when I heard *(about the pregnancy)*. This *(the pregnancy)* was not supposed to happen, I prepared her to prevent all of this (Mamello, 37 years old).

Neither family received a payment of damages from the young men's families. The reasons provided for this was because *inhawulo* was never requested for Sonto's baby, while negotiations between Ayanda's family and that of the genitor were completely abandoned when the young man's family became hostile. Consequently the respective maternal families were the ones who welcomed the baby into their households and assumed sole responsibility for the infants' care. In recalling their own experiences of being marginalized by friends, schoolmates and community members; the older women spoke about how a crucial part of their role as mothers was an attempt to prevent their own daughters from falling pregnant at a young age. I soon realized from this conversation and two subsequent ones weeks later that for Mamello and Ayanda, pregnancy prevention was intricately linked with notions of good parenting for a number of reasons. Firstly according to Mamello, a good mother was someone who wanted to protect her daughter from some of the difficulties that pregnant and parenting teenagers like herself had to go through – including having to endure social judgement for falling pregnant in school and shouldering the responsibilities of being a single mother.

> I didn't want her to go through the same things that I went through when I had her. Just all of it - the pregnancy, the labour, all the drama and stress of feeling like no-one understands what you're going through. Everything falls on your lap and everyone is against you from the start. Those first few years of pregnancy and becoming a mother taught me a lot, but as a mother you want to protect your children from such things. That's why you *(as a parent)* go through them, so that they won't have to. It's fun being young and experimenting with this, this and that – I've been through that stage and I know. But when tomorrow comes you'll have to answer for everything. She knows that I told her all this before, but did she listen?! (Mamello, 37 years old).

Secondly, preventing pregnancy was important because of the high value that the women placed on education and the awareness that teenage pregnancy could possibly have jeopardised their daughters' chances of successfully completing high school.

> We had a plan. I planned with her that she was going to study hard, get good marks and finish high school because she's always been a good student. Then we'd use those results to apply for bursaries so that she could go to university and get a good job. Not to say that it can't still happen because she has a baby, but it's just that now it's going to be even harder for her. Imagine…And I don't want her to drop out of school, not now (Mamello, 37 years old).

Mamello and Ayanda felt very strongly about this issue because both women had dropped out of school shortly after their babies were born and did not get the chance to complete their studies. For Ayanda in particular, the third reason for delaying pregnancy in the younger generation was because she was concerned that her family and community members would blame her for her daughter Khanya's pregnancy – especially because she had been a teenage mother herself.

> I know for a fact that everyone I know, especially the people in my family, were thinking 'Of course her daughter is pregnant. Everyone was expecting it anyway'. Just like that, like it's in the genes or something. Some of them even joked about it to my face at family gatherings and when they came to visit. It hurt me. I knew they would think it's my fault if she ever got pregnant at school, that's why I've always been so strict with her. But that's how people are. People talk. I felt guilty as her mother because I was judged as a mother. Like I should have known what she was getting up to, but you can't be with your children all the time. And I mean I tried to…Their mistakes as children will always fall back on us as parents, like we weren't paying attention and that's why our kids went out to make babies – because we left them to go run around at parties or whatsoever (Ayanda, 35 years old).

In both cases, the social judgement and blame levelled at the women was twofold - initially for having become mothers at a young age, and later on for being the parents of teenage mothers. In the next section, I discuss the measures taken by the older women in an attempt to prevent their own daughters from getting pregnant.

Policing young (female) bodies

Jewkes et al. (2009) have argued that women's subordinate position in the gender hierarchy constrains their ability to make real choices around pregnancy prevention, resulting in young women being more vulnerable to peer pressure from their male sexual partners and not always being able to successfully negotiate condom use. An awareness of this, as well as their own experiences of teenage pregnancy and motherhood caused Mamello and Ayanda to intervene and take active steps towards preventing their teenage daughters from falling pregnant. The prevention of pregnancy in particular was seen as absolutely crucial because if ever teenage pregnancy did occur in their households, neither woman felt comfortable encouraging their daughter to get an abortion as this would have been hypocritical on their part.

> But just like me I know she won't regret keeping the baby. I thought as her mother, I kept her. So why should I force her to get rid of her baby? (Mamello, 37 years old).

The divergent strategies of pregnancy prevention employed by the older women were both premised on the belief that teenage girls have the most to lose by getting pregnant. Mamello made the decision to speak openly to her daughter Sonto about self-care, safe sex and reproduction when she was old enough.

> I sat her down and spoke to her openly about menstruation, condoms, taking care of her developing body and having safe sex if she ever decided to become sexually

> active. I didn't have that growing up and these talks are important for understanding how and why your body is changing as a young woman. Her aunt helped me talk her through all the sex stuff. She *(Mamello's sister)* understood these things better than me because she used to volunteer for these HIV prevention programmes. We even put her on the injection when she first started menstruating (Mamello, 37 years old).

However Mamello's husband repeatedly expressed his disapproval of this approach to parenting, arguing that it was inappropriate to talk to a child about sexual matters.

> My husband tried to talk me out of it, he said that it's inappropriate and I shouldn't be putting ideas like that inside her head. But with kids you never know, so you need to be a few steps ahead of them with these things. And I really didn't want her to end up like me (Mamello, 37 years old).

For Ayanda, abstinence was thought to be the best method of preventing unplanned pregnancy. Her daughter's coming of age was associated with an increased vulnerability to sexual advances from the opposite sex, therefore being strict as a parent (as well as channelling her daughter's energy into other activities such as household chores and schoolwork) was seen as a way of ensuring that her daughter would have limited opportunities of acting on these sexual advances.

> I honestly just wanted to keep her busy and off the streets so she wouldn't be tempted to go around sleeping with boys. She always knew that when she comes home from school, first priority is on her homework and her chores. No hanging around the schoolyard and street corners after school like I see most of these young girls in uniform doing nowadays. I didn't discuss sex and things like that with her, I mean where would I start? And besides today's generation know all about these things from school. Everywhere you go it's just 'condomise, condomise'. She knew that I don't allow boys in my house and exactly what time she's supposed to come home during weekends, otherwise I lock the gate and she can sleep outside. You need to be very strict nowadays, even if you have to go through her things to make sure she's not lying or hiding things (Ayanda, 35 years old).

Good motherhood

The findings of this chapter indicate that older teenage mothers also believe that the role of motherhood and the practise of mothering should be carried out under 'appropriate'

circumstances. In our conversations, Mamello implied that these 'appropriate' circumstances coincided with having a successful career and being older (or at least in one's early 20s). The prospect of marriage for their daughters or parenting within the context of marriage was never mentioned by either of the older women, and this may be because of their own experience of parenting as single teenage mothers. In such a situation, the young mother and her family is responsible for catering to the child's every need with very little to no assistance from the father of the baby (Shefer & Fouten, 2012). In order to ensure the idealised scenario where parenting took place only under the 'appropriate' circumstances, an important part of being a good parent was making sure that pregnancy did not occur before their daughters had reached a particular age (i.e. were past their teenage years), had completed their education and had established a career for themselves. Although their attempts were ultimately not as successful as they had hoped, Mamello and Ayanda's ability to delay pregnancy in their children offered the older women an opportunity to prove to themselves and other people that they were good parents who were fully capable of safeguarding their daughters from the emotional, physical and financial investment associated with being a parent - especially a single parent at school.

The value placed on education was also one of the factors underlying the prevention of teenage pregnancy, and remained equally as important even after the birth of the women's grandchildren. Chohan and Langa (2011) have noted that for many teenage mothers and their parents, education is associated with economic empowerment and offers a young girl the best chance at employment in contexts characterised by high rates of unemployment. This belief is evident in the fact that even after their daughters became pregnant and gave birth, Mamello and Ayanda were adamant that they would do their best to support them throughout their schooling years because dropping out of school was unacceptable. It was deemed imperative for the young mother to complete her studies so that she could get a good job to financially

support her child, especially since welcoming an additional child into the household places financial strain on families with limited resources. An emphasis on female financial independence could also explain why the subject of marriage was never raised (Madhavan & Thomas, 2005; Moore, 2013). As mothers, caring about their daughters' education was a way of caring for their daughters since good parents would ideally like to see their children becoming successful in life. Much like the participants in Bhana and Nkani's (2016) study, their failure to be supportive of their daughters' education was thought to be akin to negating the responsibilities of a good mother. Mamello and Ayanda's decision to support their children's education as parents also translates into eventual financial support for the household when their daughters become employed. This is because certain households are tied together by a 'bond of education' (Hunter, 2014: 490), premised on a reciprocal situation in which parents support the educational aspirations of their teenage daughters while their daughters in turn financially provide for the family in the future – thereby ending gendered poverty by improving the family's socio-economic conditions.

Ayanda's fear of being perceived as a bad mother demonstrated that her construction of motherhood was partly influenced by the need to establish a good reputation and gain the social respect accorded to women who were locally thought to be good mothers. Discontinuing the cycle of teenage pregnancy in her household served to not only protect Ayanda's daughter Khanya's reputation in the community as a 'respectable' young woman (Salo, 2002) who managed to avoid pregnancy as a teenager, but Ayanda's reputation as Khanya's mother as well for having raised a well-mannered daughter (Mkhwanazi, 2014b). When Khanya fell pregnant, it was suggested that Ayanda was partly to blame for her daughter's pregnancy because she should have known what her daughter was "getting up to" at all times. Mkhwanazi (2014b) has shown that it is not uncommon for a teenager's mother to be blamed for her daughter's pregnancy because as an elder (by virtue of social and

biological age), her mother is responsible for imparting dominant social norms by guiding her through acceptable forms of behaviour. However what differentiates these findings from those of Mkhwanazi (2010; 2014b) is the fact that Mamello and Ayanda had been teenage mothers themselves, and therefore their ability to be adequate mothers was already being questioned by the local community even before their daughters became pregnant – as seen in Ayanda's assertion that very few people were surprised when her daughter became pregnant and that she felt judged as a mother. Therefore it could be argued that instead of trying to maintain their existing status as good mothers in the community, the women were in fact attempting to establish themselves as good parents through the prevention of teenage pregnancy. This no longer became possible when they became grandmothers.

Both women thought that puberty was a period characterised by experimentation, and parental intervention was deemed necessary in order to ensure that this experimentation did not result in consequences such as sexually transmitted diseases or unplanned pregnancies. Despite objections from her husband, Mamello openly discussed sexuality and reproduction with her daughter, which challenged the taboo against talking to children about sex (Mkhwanazi, 2010). Having never been taught about sex and reproduction when she was growing up, Mamello wanted to provide her daughter with knowledge that would enable her to have more agency when it came to practising safe sex. Menarche signalled that a young girl could now have children of her own (Mkhwanazi, 2014b) and by explaining that as a mother she needed to be a few steps ahead of her daughter at all times to prevent unplanned pregnancy, Mamello illustrated that being observant of her daughter's sexuality once she reached puberty was a duty that was essential to her practise of motherhood.

Consistent with the findings of both Salo (2002) and Mkhwanazi (2010), Ayanda tried to ensure that her daughter remained abstinent by regulating her physical movements and paying closer attention to the people she socialised with as she got older. By never discussing

sexual matters directly with her daughter, Ayanda reproduced the social ideal of not talking to children about sex. In her view, speaking to her daughter about such issues was inappropriate not only because she wanted to encourage abstinence, but also because doing so threatened to disrupt the hierarchical relationship that exists between parents and their children. Ayanda's belief that discussing sex with children was inappropriate may have also been used as a strategy to conceal her own limited knowledge about contraceptives and the practise of safe sex (Mkhwanazi, 2010). Although she thought that such information was crucial for her daughter to know if Khanya wanted to avoid sexually transmitted diseases and unplanned pregnancy, Ayanda believed that it was more appropriate to delegate the responsibility of providing knowledge about safe sex to schooling officials so as to avoid the discomfort associated with talking about this subject.

In conclusion, this chapter has addressed how ideas about good motherhood were constructed and put into practise by two of the older participants in this study. The chapter has also demonstrated that personal experiences, as well as social, educational and financial considerations play a role in the way that the older generation of teenage mothers conceptualise good motherhood and parenting in the best interests of their children. In their active attempts to prevent teenage pregnancy from occurring in their households, the measures utilised by the women revealed dominant understandings about intergenerational relationships, gendered relations and teenage sexuality.

The discussion of sex between parents and children is still largely characterised by discomfort, despite appeals by public health campaigns urging parents to educate their children about sex (MacLeod & Tracey, 2010). However the findings presented in this chapter have shown that parents have an important role to play in the sexual and reproductive education of their children. Mamello's decision to have an open discussion with her daughter about sex served to arm her daughter Sonto not only with the information required to

understand the changes that were taking place in her body as a result of puberty, but also with the means to prevent unplanned pregnancy if she ever decided to engage in sexual activity. It should be emphasised however, that being knowledgeable about pregnancy prevention does not necessarily mean that this knowledge will consistently be put into practise.

Even though she did not directly discuss safe sex and pregnancy prevention with her daughter; Ayanda's attempts to regulate her daughter's behaviour and movements shows that at the very least, parents do express concern about their children's sexuality and attempt to prevent unsafe sexual practises by channelling young people's energies and attentions into other productive activities. Moreover not talking about sex is another way of educating young people about sex because it teaches them that sex as a subject (as well as the practise of having sex) is taboo and should be avoided at all costs – even if they may not be aware of the reasons for this. In Ayanda's case, this decision was influenced by her own lack of knowledge about the subject (unlike Mamello, Ayanda did not have someone to guide her through this discussion). This points to the importance of educating parents/guardians about how to talk to their children about sex. It is often not enough to advocate for dialogue about sexual and reproductive matters within intergenerational relationships, but parents/guardians also need to be provided with the knowledge and tools to do so.

Conclusion

The findings of this study suggest that teenage pregnancy is still considered as highly undesirable now for young women and their families as it was in the past, with older caregivers actively attempting to prevent their daughters from becoming parents at a young age. A number of reasons have been provided for this, including the fact that caring for an additional child increases the financial burden of households that already have limited resources, puts into question the reputation of the household within the community, exposes young girls to adverse social treatment during pregnancy and places an additional burden of responsibility on school-going mothers.

I began by arguing that teenage pregnancy has the biggest impact on young women by demonstrating how gender intersects with local discourses on teenage pregnancy and established cultural norms to shape how the older women in the study spoke about their experiences of teenage pregnancy. Their recollections were often punctuated with feelings of shame and regret, and this was primarily because of teachings that heavily stigmatised (and punished) teenage sexuality and those who fell pregnant at a young age. Parents served as the primary source of sexual guidance in the absence of formal institutional means of sexual education, however the taboo about not talking to children about sex meant that these conversations never took place between the older women and their parents – leaving them unprepared to prevent pregnancy when they decided to engage in sexual activity. When pregnancy occurred, they were seen as solely to blame for the pregnancy and lacked essential support from the genitor because he either denied all involvement in the pregnancy from the beginning (Ayanda) or slowly began distancing himself from the situation at a later stage (Mamello). Although the women had initially contemplated getting an abortion when they first found out that they were pregnant, they decided against this due to a combination of factors including i) a lack of knowledge about the legality of abortion in South Africa, ii) a

lack of access to health facilities that could provide safe termination of pregnancy services, iii) unfavourable social attitudes towards abortion at the time and iv) the need to respect their parents' wishes with regards to keeping their babies. In accordance with the stipulations of the *South African Schools Act of 1996*, both Mamello and Ayanda were allowed to continue their schooling during pregnancy and after giving birth. However the visibility of their pregnancies at school and within the community exposed both women to significant discrimination, while the lack of support from schooling officials, community members and even certain family members served to further marginalize them. This caused enormous physical and emotional strain on Mamello and Ayanda, and eventually led to them voluntarily dropping out of school.

By focusing on the narratives of the younger participants in the study, I demonstrated that the stigma against teenage pregnancy remains unchanged in many local communities. Even though the schooling experiences of the younger generation of teenage mothers were very similar to those of Mamello and Ayanda (despite the introduction of a new school policy in 2007 that was specifically targeted at the treatment of pregnant and parenting students), I made the argument that for the younger participants, what set them apart from other learners (i.e. pregnancy and motherhood) also became the primary motivating factor to stay in school and excel at their studies in hopes of providing a financially secure future for their children. Thus in their view, they could not afford to drop out of school regardless of the challenges that each of them faced at school. This change reflects the increased social support provided to teenage mothers by family members and the increasing constitutional emphasis on access to education as a means of female empowerment and success. Other social and ideological changes were also evident when the experiences of the two generations were compared. The younger participants were exposed to an environment characterised by more open dialogue about sexual and reproductive matters, and therefore they were better equip to practise safe

sex and prevent unplanned pregnancy. This can be traced back to improved access to sexual and reproductive health information through the media, family planning services, mandatory life skills programmes and in some cases, even parental guidance. Young people's knowledge regarding pregnancy prevention was nonetheless undermined by i) the inconsistence use of protection, ii) the lack of knowledge about dual methods of protection, iii) unequal relationship dynamics, iv) the lack of access to alternative forms of conception and in some cases, v) the side-effects that accompany certain types of contraception. The de-stigmatisation of abortion and improved access to medical termination of pregnancy services led to more favourable and supportive attitudes about abortion being found – in most cases, the younger participants were ready to exercise the option of abortion before being told that they were too far along in their pregnancies to have the procedure performed. The decision to stay in school after giving birth meant that the younger women experienced challenges when it came to juggling motherhood, schoolwork and domestic chores. For some of them, the social and financial responsibilities of parenting were also slightly eased by the recognition of paternity and the willingness of some young men to play an active role in their children's lives. This speaks to changing ideas about masculinity in society. For Konke at least, this is also consistent with the findings of Wood and Jewkes (2006), who found that some young men take pride in fathering a child because this raises their social status in the community.

In the final chapter, I discussed caregivers' perceptions about early childbearing and motherhood. By analysing the older women's reactions to their daughters' pregnancies, I argued that being a good mother for these two women was understood primarily in terms of preventing teenage pregnancy in the younger generation. An emphasis on female academic achievement and financial independence, as well as living in a context of economic insecurity and impoverishment which makes it increasingly difficult to support large families meant that teenage pregnancy was considered to be highly undesirable in these households. Furthermore

having experienced the social, emotional and physical consequences of teenage pregnancy personally, caregivers preferred that their own daughters not be subjected to this. When their daughters reached puberty, ideas associating good motherhood with pregnancy prevention became evident in both women's daily practise of motherhood. On one hand, this took the form of complete transparency about sexual and reproductive matters in line with public awareness campaigns that encourage open intergenerational dialogue about sex. On the other hand, overt policing of teenage sexuality coupled with secrecy about sex and reproduction was practised. This points to the persistence of the perception that conversations about sex between different generations are both uncomfortable and inappropriate – a perception that is also partly fuelled by parents' own lack of knowledge about the measures that need to be taken to avoid unplanned pregnancies, as well as the transmission of HIV and other sexually transmitted diseases.

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