

The experience of early motherhood amongst Swazi adolescent girls

**A Kotzé
23288515**

Dissertation submitted in partial fulfilment of the requirements
for the degree Magister Artium in Psychology at the
Potchefstroom Campus of the North-West University

Supervisor: Dr S Jacobs
Co-Supervisor: Dr I van Schalkwyk

November 2014

Declaration by student

I, the undersigned, hereby declare that “The experience of early motherhood amongst Swazi adolescent girls” is my own original work and that I have not previously submitted it in its entirety or in part at any university for a degree. All the references that were used or quoted were indicated and recognized.

A handwritten signature in blue ink, appearing to read 'A. Kotzé', is written over a faint, light blue grid background.

7 November 2014

Signature

Date

Ms A. Kotzé

Student number: 23288515

Declaration by supervisors

We hereby declare that this dissertation in article format was prepared under our supervision and we confirm that it meets all academic criteria for the process of awarding the academic degree. The candidate opted to write an article with the support of her supervisor and co-supervisor. We, the supervisors, declare that the input and effort of Alexa Kotzé in writing this article reflects research done by her. We hereby grant permission that she may submit this article for examination purposes in fulfilment of the requirements for the degree *Magister Artium in Psychology*.



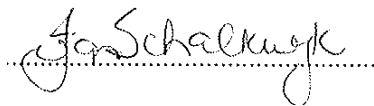
.....

5 November 2014

Signature

Date

Dr S. Jacobs



Signature

5 November 2014

Date

Dr. I. van Schalkwyk

Declaration by editor

Confirmation of editing

I, Anne Kruger, professional, qualified and practising editor, hereby confirm that the Research Report and article of Alexa Kotzé, titled The experience of early motherhood amongst Swazi Adolescent girls was edited by me in preparation for submission in November 2014.

Should you have any queries, kindly contact me on my cell phone no: 072 374 6272.

With thanks



.....

Associate Member of the Professional Editors Group

South African Translators' Institute Member 1002766

Acknowledgements

I wish to express my sincere gratitude and appreciation to the following people:

My friend, counselor and Heavenly Father for giving me the opportunity to take part in this journey. Without His constant guidance, strength and new mercies every morning, I would never have been able to complete this challenge. Praise be to Jesus Christ!

My loving, super-hero husband, Johann Kotzé who daily encouraged me to persevere, who supported me through all the long hours and helped me to translate the siSwati interviews. Your passion for life and research helped me to see the importance of my research.

Dr Susanne Jacobs and Dr Izanette van Schalkwyk for assisting me in this research process, guiding me and encouraging me.

Desre Bates and Thobile Ngwenya who helped me with transcribing the interviews.

Jacky Pretorius, who assisted me with independent data analysis.

All my family and friends who supported me, whether it was by praying for me, phoning me, blessing me with food on the days when time was limited or understanding if I had to work when you came and visited us on the farm. A special thanks to my parents Dirk and Linda Visagie and parents-in-law Gert and Annetjie Kotzé who were always willing to babysit when I had to work and who encouraged me to persevere.

Our baby boy Ludwig Leo who “forced” me to finish this degree and helped me gain a new perspective on life and the experience of motherhood.

To all the adolescent mothers who were brave enough to make their voices heard and were willing to participate in this study.

Preface

This dissertation is presented in article format in accordance with the guidelines set out in the Manual for Postgraduate Studies 2013 of the North-West University and in conjunction with the guidelines of the Journal of Psychology in Africa. Guidelines for the submission to this journal are attached as appendix A.

The researcher used the APA 6 referencing method and the APA 6 guidelines for technical editing throughout the study. According to APA guidelines, Times New Roman, 12 font was used. Double line spacing and two spaces after punctuation marks, that end sentences, were adhered to.

Summary

Adolescent motherhood is a reality amongst South African adolescent girls from all cultures. However, there is a scarcity of information available on Swazi adolescents' experiences of early motherhood. The research consequently aimed at exploring and describing the experiences of early motherhood amongst Swazi adolescent girls. The participants were encouraged to describe their unique lived experiences as to the early period of adolescent motherhood (pregnancy included). Positive psychology provided the theoretical framework, and phenomenology was used as the methodical design for this qualitative study.

Purposeful and snowball sampling was used to find the nine participants. Semi-structured one-on-one interviews were conducted with Swazi girls ranging from the ages of 16 to 20 years. The interviews were conducted in English as a second language of the participants, and they all resided within the Nkomazi municipality in Mpumalanga, South Africa. The collected data were analyzed according to the interpretative phenomenological approach (IPA) and five main themes were identified: (a) The influence of emotions; (b) Social support during early adolescent motherhood; (c) Challenges experienced during early motherhood; (d) Personal growth; and (e) Resilience.

The research findings indicate that early motherhood amongst Swazi adolescents comprises both positive and negative experiences and results in good and bad emotional experiences. All the participants experienced incidences in which their immediate environment (family, friends, community, neighbours, school, and boyfriends) rejected them and were unsupportive. This was especially evident in the ongoing lack of support offered by the biological father of the baby and the deterioration of original friendships.

Ultimately however, it became apparent that the inherent Swazi culture and African principle of “Ubuntu” resulted in their being mostly accepted and supported.

Furthermore, most participants experienced personal growth and a sense of maturity. Insights gained from motherhood resulted in participants making more responsible choices with regards to sexual behaviour, changes in their priorities, developing their characters, becoming more ambitious to achieve their personal life goals and becoming future orientated. The personal growth of most participants was clearly indicated by the mastering of several challenges related to early motherhood. A change in lifestyle was the most significant problem to overcome, and other challenges included the “burden” of being a provider, financial constraints in the present and future, interrupted education, loss of leisure time, and the experience of helplessness in times of need, for example when the baby is ill.

Despite the fact that adolescent motherhood was experienced as a difficult occurrence, most participants (six of the nine) demonstrated high levels of resilience. These participants demonstrated effective coping strategies by taking responsibility and ownership of the difficulties associated with adolescent motherhood, and expressed the desire to be good mothers.

Recommendations are given to enhance the well-being of Swazi adolescent mothers and the findings offer guidelines for a pregnancy prevention program as well as giving ideas on how to support adolescent girls in their journey of motherhood.

Key words: Swazi adolescents, motherhood, phenomenology, positive psychology, adolescent pregnancies

Opsomming

Adolesente moederskap is 'n werklikheid wat voorkom onder Suid-Afrikaanse adolessente meisies van alle kulture. Daar is egter 'n tekort aan beskikbare inligting wat handel oor Swazi-adolesente se belewenis van vroeë moederskap. Die doel van hierdie navorsing was gevolglik om die ervarings van adolessente Swazi-moeders te verken en te beskryf. Die deelnemers is aangemoedig om hulle unieke geleefde en bewustelike belewenis van vroeë adolessente moederskap (swangerskap ingesluit) te beskryf. Positiewe sielkunde is gebruik as die teoretiese raamwerk en 'n fenomenologiese benadering is toegepas as die metodologiese struktuur vir hierdie kwalitatiewe studie.

Doelbewuste en sneeubal-steekproefneming is gebruik om nege deelnemers te kies. Semi-gestruktureerde, individuele onderhoude is met Swazi-meisies tussen die ouderdomme van 16 en 20 jaar uitgevoer. Die onderhoude is in die deelnemers se tweedetaal, naamlik Engels, gedoen en al die deelnemers was woonagtig in die Nkomazi munisipaliteit in Mpumalanga, Suid-Afrika.

Die ingesamelde data is volgens die interpretatiewe fenomenologiese benadering (IPA) ontleed en vyf hooftemas is geïdentifiseer: (a) Die invloed van emosies; (b) Sosiale ondersteuning tydens adolessentemoederskap; (c) Uitdagings ondervind tydens vroeë stadia van moederskap; (d) Persoonlike groei; en (e) Veerkrachtigheid.

Die navorsingsbevindings dui daarop dat adolessente moeders onder die Swazi's uit beide positiewe en negatiewe ervarings bestaan en goeie en slegte emosionele belewenisse behels. Al die deelnemers het beleef dat hul direkte omgewing (familie, vriende, gemeenskap, bure, skool en kêrels) hul verwerp het, of hulle nie ondersteun het nie. Dit het veral voorgekom in die deurlopende tekort aan ondersteuning van die biologiese pa van die kind en die geleidelike beëindiging van oorspronklike vriendskappe. Dit het egter duidelik geword

dat, in geheel, die inherente Swazi-kultuur en Afrika-beginsel van “Ubuntu” daartoe gelei het dat die adolessente moeders meestal aanvaar en ondersteun is.

Verder het die meeste deelnemers persoonlike groei en ’n mate van volwassenheid beleef. Die insigte wat met ma-wees opgedoen is, het daartoe gelei dat deelnemers meer verantwoordelike keuse maak ten opsigte van seksuele gedrag, veranderinge in prioriteite, karakterontwikkeling, meer ambisie om persoonlike doelwitte te bereik en meer toekomsgerigtheid. Die persoonlike groei van deelnemers was duidelik in die manier hoe hul uitdagings tydens die vroeë stadium van moederskap hanteer het. ’nVerandering in lewenstyl was die mees betekenisvolle probleem om te oorkom en ander uitdagings het ingeluit die “las” van versorger, finansiële beperkings in die hede en toekoms, onderbroke skoolonderrig, verlies van vrye-tyd, en die ervaring van hulpeloosheid in tye van nood, soos byvoorbeeld as die baba siek is.

Ten spyte daarvan dat adolessent-moederskap ’n moeilike belewenis is, het die meeste deelnemers (ses van die nege) hoë vlakke van veerkragtigheid beleef. Hierdie deelnemers het effektiewe hanteringsvaardighede gedemonstreer deur verantwoordelikheid en eienaarskap te neem van die uitdagings wat met vroeë adolessente moederskap geassosieer word. Hul het ook hul begeerte om goeie moeders te wees, verwoord.

Aanbevelings is gemaak om die welstand van adolessente Swazi-moeders te verbeter. Die bevindings verskaf riglyne vir ’n swangerskap-voorkomingsprogram (onder adolessente) sowel as idees oor hoe om adolessente moeders te ondersteun.

Sleutelwoorde: Swazi-adolessente, moederskap, fenomenologie, positiewesielkunde, adolessent-swangerskappe

Table of contents

Declaration by student	p. I
Declaration by supervisors	p. II
Declaration by editor	p. III
Acknowledgements	p. IV
Preface	p. V
Summary	p. VI
Keywords	p. VII
Opsomming	p. VIII
Sleutelwoorde	p. IX
Table of contents	p. X
SECTION A PART I: ORIENTATION TO THE STUDY	p. 1
Problem statement	p. 2
Adolescence as a life phase	p. 3
Motherhood	p. 4
Motherhood and adolescence: Two different life realities	p. 4
Difficulties associated with being an adolescent mother	p. 5
The effect of adolescent motherhood on their children	p. 8
Experiences of pregnancy and motherhood by girls from different cultures	p. 9
Positive experiences and outcomes of motherhood amongst adolescent girls	p. 12

Central research question	p. 13
Rationale of the study	p. 13
Lack of research with regards to the experience of motherhood specifically	p. 13
Lack of research amongst Swazi adolescents in South Africa	p. 14
Necessity of doing a phenomenological study	p. 14
Significance of adolescent-specific research	p. 15
Theoretical framework	p. 15
Aim of the research	p. 19
Central theoretical statement	p. 19
Definitions of concepts	p. 20
Adolescence	p. 20
Defining adolescence	p. 20
Motherhood	p. 21
Early motherhood	p.21
Motherhood: The role of culture and context	p. 22
Culture	p. 23
Swazi culture and early motherhood	p. 23
Research methodology—An empirical investigation	p. 25
Research method and design	p. 25
Participants	p. 25
<i>Inclusion criteria</i>	p. 26
<i>Exclusion criteria</i>	p. 26
Procedures	p. 27
Data gathering	p. 28
Data analysis	p. 31

<i>Looking for themes</i>	p. 33
<i>Connecting the themes</i>	p. 33
<i>Continuing the analysis with other cases</i>	p. 34
<i>Writing up</i>	p. 34
Ethical aspects	p. 34
Trustworthiness	p. 38
Summary	p. 41
Conclusion: Section A Part I	p. 41
SECTION A PART II: INTEGRATED LITERATURE STUDY	p. 42
Adolescence	p. 42
The nature of adolescent development	p. 42
Main theorist: Erikson	p. 43
Adolescence and well-being (Keyes's model)	p. 45
Psychological well-being	p. 45
Emotional well-being	p. 46
Social well-being	p. 46
Ecological model: The role of context	p. 47
Microsystem	p. 47
Mesosystems	p. 47
Exosystem	p. 48
Macrosystem	p. 48
Chronosystems	p. 49
Motherhood	p. 49
Mother-child attachment	p. 49
High functioning mothers	p. 50

Positive experiences of motherhood	p. 50
Culture	p. 51
South African cultures	p. 51
Swazi culture	p. 51
Phenomenology	p. 54
Background on phenomenology	p. 54
Lived experience	p. 55
Types of phenomenology	p. 56
Hermeneutic phenomenology as described by van Manen	p. 56
Conclusion: Section A: Part II	p. 57
Reference list	p. 58
SECTION B: ARTICLE	p. 77
Abstract	p. 79
Introduction	p. 80
Method	p. 83
Aim of the study	p. 83
Design	p. 83
Participants and setting	p. 83
Data gathering	p. 84
Procedure and ethical concerns	p. 85
Data analysis	p. 85
Trustworthiness	p. 86
Findings and discussion	p. 86
Theme: The influence of emotions	p. 86
<i>Sub-theme: Negative emotional experiences</i>	p. 86

<i>Sub-theme: Positive emotional experiences</i>	p. 89
Theme: Social support during early adolescent motherhood	p. 90
<i>Family support</i>	p. 90
<i>Culture</i>	p. 91
<i>Community support</i>	p. 93
<i>Friends</i>	p. 94
<i>School</i>	p. 95
<i>Father of the child</i>	p. 95
Theme: Challenges experienced during early motherhood	p. 96
Theme: Personal growth	p. 99
<i>Sub-theme: Self-acceptance</i>	p. 99
<i>Sub-theme: Increased ambition after becoming a mother</i>	p. 100
<i>Sub-theme: Responsible decision making after birth of the baby</i>	p. 101
<i>Sub-theme: Character development and personal growth/strengths</i>	p. 101
<i>as a result of having a baby</i>	
Theme: Resilience	p. 103
<i>Negative experiences of motherhood</i>	p. 105

Conclusion p. 106

Limitations of the study p. 108

Recommendations p. 109

Concluding remarks p. 110

References p. 111

SECTION C: INTEGRATED SUMMARY OF THE STUDY, CONCLUSIONS p. 120

AND RECOMMENDATIONS

Overview of the research topic and problem statement p. 120

Summary of findings p. 120

Personal reflection on the research p. 122

Discussion p. 123

Conclusions of the study p. 123

Strengths and implications of the research p. 126

Limitations of the research p. 127

Recommendations p. 129

Recommendations for health workers p. 129

Recommendations for schools p. 130

Recommendations for future research	p. 131
Final comments	p.133
References	p. 134
APPENDICES	p. 137
Appendix A: Instructions to authors	p. 137
Appendix B: Ethical clearance	p. 143
Appendix C: Permission from Mpumalanga Department of Health to conduct research	p. 144
Appendix D: Consent to participation of study	p. 146
Appendix E: Interview Guide	p. 149
Appendix F: Examples of unsuitable interviews	p. 151
Appendix G: Example of transcribed interview	p. 155
Appendix H: Clustering of themes from first analysed interview	p. 166
Appendix I: Excerpt of themes from the first interview with verbatim quotations from participants to substantiate each theme	p. 169
Appendix J: Reformulation of themes (Excerpt)	p. 171
Appendix K: The final master theme table	p. 174
Appendix L: Translation of quoted text used in article	p. 176

Section A: Part I

Orientation to the research

—When a girl becomes pregnant, her present and future changes radically, and rarely for the better. Her education may end, her job prospects evaporate, and her vulnerabilities to poverty, exclusion and dependency multiply” (United Nations Population Fund [UNFPA], 2013a, p. ii). Although there are many challenges associated with early motherhood, it is not necessarily all doom and gloom for adolescent mothers and their children. President Barack Obama, the 44th President of the United States of America and the first African-American to hold this office, is a child born from an adolescent mother. Ann Dunham—president Obama’s mother—fell pregnant at the age of eighteen years and the American president remarked that her strength was shown in many ways. President Obama’s mother managed to raise her children successfully, and achieved her dreams by completing her Doctorate in Anthropology. It is considered that she played a major role in teaching him values and shaping him into the man that he is today (Scott, 2012).

The focus of this study was to explore and describe the experience of early motherhood amongst Swazi adolescent girls in its entirety, not giving prevalence to just the negative experiences but also highlighting the positive experiences as to these girls’ lived realities. The first part of this chapter commences with the stating of the problem by providing a broad statistical overview of the predicament that the world and more specifically South Africa, is in with the current state of adolescent pregnancies. Literature is used to give an explanation about the types of difficulties adolescent mothers experience at their specific phase of development and the impact it has on their lives, as well as the possible experiences their children might have, being born in this specific environment. The theoretical framework underpinning this study, the rationale of the study and the research methodology is discussed and the chapter will end off with a summary and conclusion before giving an

integrated overview of other important literature focusing on the underlying theories and models suitable for the study of adolescent motherhood in part II.

Problem statement

Adolescent pregnancies and early motherhood are rife all around the world and it is a dilemma that exists across all cultures in both developed and developing countries (UNFPA, 2013a). It is estimated that worldwide annually 13.1 million girls between the ages of 15 to 19 years give birth, with 95 % of these births occurring in developing countries with a low or middle income (UNFPA, 2013a). Amongst the developed countries, the United States of America has the highest tendency towards adolescent pregnancies with 329,772 births being recorded in the year 2011 (UNFPA, 2013a). As for the developing world, almost one in five women fall pregnant before they turn 18, and up to one in four in East and Southern Africa (UNFPA, 2013b). Poorly educated, impoverished and rural adolescent girls have a higher risk of becoming pregnant than wealthier urban girls (UNFPA, 2013a). This is evident when looking at some of South Africa's neighbouring countries, Swaziland, Zimbabwe and Mozambique, which present statistics indicating that twenty percent or more of woman aged 20-24, gave birth before the age of 18 years (UNFPA, 2013a). Since South Africa is part of the statistics regarding developing countries, it means that South Africa is one of the countries where the largest percentage of adolescent pregnancies occurs.

In South Africa, African adolescents have the highest rate of adolescent pregnancies (13 percent), contrasting with Whites and Indians both at two percent and Coloured adolescents at ten percent (Department of Health, Medical Research Council, OrcMacro, 2007). This implies that adolescent pregnancies are a reality in South Africa across all cultures and that this matter should be taken seriously.

According to the South African demographic and health survey of 2003 (Department of Health, Medical Research Council, OrcMacro 2007), 12 % of South African women

between 15–19 years are mothers or are pregnant with their first child. The latest statistics show that approximately 4.5 % of all South African adolescents aged 13–19 reported to be pregnant during the year preceding the General Household Survey in South Africa 2009–2011 (Statistics South Africa, 2012b). It is important to emphasize that in the latter survey, the number of already existing adolescent mothers was not accounted for and therefore the researcher argues that a realistic indication of the phenomenon was not given. In the same year that the General Household Survey commenced, research indicated that although fertility rates in South Africa are declining, adolescent pregnancies are declining at a slower pace than overall fertility (Maholo, Maja, & Wright, 2009; Panday, Makiwane, Ranchod, & Letsoalo, 2009), implying that adolescent pregnancies and early motherhood in South Africa remain a predicament.

In order to capture the full extent and impact of being an adolescent mother, the researcher is of opinion that a basic understanding of what adolescence and motherhood as separate entities entail, should be understood. These concepts, namely motherhood and adolescence will be discussed in more detail in section A part II.

Adolescence as a life phase

Adolescence as the transition phase between childhood and adulthood is characterized as a stage entailing great psychological and physiological changes and challenges (Reber, Allen, & Reber, 2009). In short, this life phase is a particular confusing and uncertain time in a person's life. Apart from several physical, social and emotional milestones, adolescence entails many developmental tasks, such as the development of identity and self-image, refining of morals and values, experimentation with risky behaviour, dealing with peer pressure, and making future-related choices (Collins, 2008; Macleod, 2003; United Nations Children's fund [UNICEF], 2011). Also, Sigelman and Rider (2011) underline the changes and challenges associated with physical growth and puberty in order to reach sexual maturity.

One of these physical changes involves the possibilities of being sexually active, being pregnant and becoming a mother (Collins, 2008; Macleod, 2003).

Motherhood

Becoming a mother is a life changing situation for any woman (Paris & Helson, 2002). Motherhood and pregnancy is associated with physical and psychological change, loss or adaptations and attachment for the mother (Burmeister, 2005; Gross & Pattison, 2007). According to Akujobi (2011, p. 2), motherhood elicits “an automatic set of feelings and behaviours that are switched on and triggered by pregnancy and the birth of a baby”. Behavioural changes could already occur in the first trimester and a shift of consideration from the self to the foetus occurs commonly (Darvill, Skirton, & Farrand, 2010). In addition, women’s accounts of motherhood show that the process of becoming a mother is rarely unproblematic, being characterized by disruption and ambivalence, as well as happiness and fulfilment (Miller, 2005; Shelton & Johnson, 2006). Besides the physical changes, some of the main psychological struggles in the mothering-process have been described in the following manner: Being drained, feeling alone and unsupported, unready, experiencing a sense of loss, and a process of trying to understand the meaning of motherhood (Barclay, Everitt, Rogan, Schmied, & Wyllie, 1997). It seems that despite common positive perceptions surrounding motherhood, it can be a very challenging experience, since it is seldom trouble-free. Taking into account the several physical, social and emotional changes and challenges that both adolescence and motherhood entail, it seems that being an adolescent mother could further complicate the situation.

Motherhood and adolescence: Two different life realities

Jomeen (2010) states that the experience of motherhood is difficult for modern women who do not have children in the right circumstances at the appropriate time. This statement can refer to young mothers who have to deal with challenges of adolescence and

being a mother simultaneously; two realities which seem to be in conflict with one another (Sadler & Cowlin, 2003). The adolescent girl is suddenly forced to rapidly go from one life phase to the other and shifting her energy and time away from her own developmental tasks to those of motherhood (Sadler & Cowlin, 2003). While the adolescent mother is still in the process of “finding herself”, figuring out who she is in the world and amongst her peers (Sigelman & Rider, 2011), her newly acquired maternal role hinders her developing identity (Sadler & Cowlin, 2003). Her role as mother compels her to care and plan for her baby instead of spending time with her peers (Sadler & Cowlin, 2003). The young mother’s egocentric way of thinking, which is inherent in adolescence (Elkind & Bowen, 1979) is challenged when having a baby. An adolescent might not have developed the cognitive ability and reasoning that is required in order to plan for the child’s future, safety and various needs as is expected of a mother (Sadler & Cowlin, 2003). The adolescent’s desire to function independently becomes difficult as she often needs to rely on family members for financial and social support and guidance. Finally, adolescent mothers, although being sexually active, might still feel slightly uneasy with their developing bodies and sexuality (UNICEF, 2011), and must now all of a sudden cope with the bodily changes associated with pregnancy, breast feeding and the post-partum period (Sadler & Cowlin, 2003). In summary, adolescent motherhood poses numerous challenges that require adjustment and many compromises (Kaufman, De Wet, & Stadler, 2001).

Difficulties associated with being an adolescent mother

Being an adolescent mother can give rise to several social and psychological problems (Richter & Mlambo, 2005). Adolescent mothers have a higher risk for post-natal depression (Figueiredo, Bifulco, Pacheco, Costa, & Magarinho, 2006), which in turn could influence parenting skills (Reid & Meadows-Oliver, 2007) and result in a greater likelihood of poorer attachment styles with their children (Flaherty & Sadler, 2011). Some adolescent mothers

report on the negative influences their pregnancy and motherhood have on relationships with their families, friends and the fathers of the child (Rolfe, 2008; Spear, 2004).

Adding to these challenges are the incidences of fathers who reject the mothers and babies and choose to disappear with new girl-friends, refusing to take responsibility for their children and their role as a father and partner (Kaye, 2008; Lehana & Van Rhyn, 2003). This is of great concern, seeing that a good and satisfying relationship with the father of the child has proved to enhance the mother-child attachment and decrease maternal distress (Parekh & De la Rey, 1997). Some adolescent girls experience the loss of friendships due to their own preoccupation with their babies—their new responsibility—(Dlamini, Van der Merwe, & Ehlers, 2003) and others experience the disrespect and mocking attitudes of their peers during pregnancy (Mkhwanazi, 2010).

Although South Africa's Constitution permits adolescent mothers to return to school after giving birth (Chohan, 2011), dropping out of school because of pregnancy and not returning to school after the birth of the baby still remains a predicament (Grant & Hallman, 2006). This can lead to limited future career options and lowering the adolescent's socio-economic status (Grant & Hallman, 2006; Lehana & Van Rhyn, 2003; Macleod, 1999). Then again, in contrast with these findings, about a third of adolescent mothers (Panday et al., 2009) do return to school to complete their education (Chohan, 2011; Maholo et al., 2009), but seemingly not without encountering challenges (Kaufman et al., 2001). Girls who do return to school often find it hard to balance their school responsibilities and looking after their babies (Kaufman et al., 2001), especially if their babies are ill (Chohan, 2011).

Even though schools in South Africa are obliged to support young women who become mothers, it is unfortunately not always the case (Bhana, Morrell, Shefer, & Ngabaza, 2010). Bhana and Mcambi (2013) have shown that seven African girls from a KwaZulu-Natal school—consisting of low-income to middle class learners—experienced limited

support from their school and educators. The adolescent girls felt stigmatized during their pregnancies and were exposed to insensitive educators and peers. Panday et al.(2009) report similar findings and further mention that pregnant learners, namely girls, are sometimes expelled from school.

Adolescent mothers seldom have any income to support a child and have to rely on family members (Spear, 2004), and/or child support grants to provide in the financial needs of their children. However, research shows that between 1999 and 2005 fewer than three per cent of recipients of the child support grant in South Africa have been adolescents, despite the fact that the total fertility rate in 2005 was as much as 15 percent (Makiwane, 2010). This highlights the financial stress that most South African adolescent mothers endure.

Despite the difficulties and hardships accompanying adolescent pregnancy, many adolescent mothers fail to commit to the postponement of a second child (Whitman, Borkowski, Keogh, & Weed, 2001) and have their second child within two years of their first child. These statistics are especially high for mothers in the US with 25 % of them falling pregnant within two years of having their first baby. This can be ascribed to the fact that adolescent mothers develop a sense of independency and responsibility after raising their first child (Whitman et al., 2001). However, a recent South African study has indicated that the use of contraception amongst adolescent mothers has increased to such a point that increasingly adolescents postpone the birth of a second child to their mid-twenties (Panday et al., 2009). It is also proposed that educational opportunities for adolescent mothers are an incentive to delay a second birth (Kaufman et al., 2001). It seems overall that being an adolescent mother is linked to various difficulties and hardships. Besides the mother, these complications influence the lives of their babies and/or children.

The effect of adolescent motherhood on their children

Another aspect that must be considered is in what way adolescent motherhood affects the adolescent mothers as well as their babies. Adolescent pregnancy has been found to be intergenerational (Kirby, Laris, & Roller, 2007). In other words, it is often a negative cycle that repeats itself. Daughters of adolescent mothers are more likely to become adolescent mothers themselves, and sons of adolescent mothers are more likely to be imprisoned (Hoffman, 2006).

Research indicates that children of adolescent mothers are mostly unplanned (Finer & Zolna, 2011; Mkhwanazi, 2010; Whitman et al., 2001), often born prematurely (Panday et al., 2009) or have low birth weight (Hoffman, 2006) and are prone to developmental and intellectual delays (Whitman et al., 2001). They are also at risk for developing poor attachment styles (Belsky & Fearon, 2002). Attachment can be defined as “... an emotional bond formed between an infant and one or more adults”, usually the mother (Reber et al., 2009:69). The attachment styles of children are especially important since failure to form a good attachment with a parent can result in their sense of self being incomplete, fragmented and with a limited sense of autonomy. The implication is that their ability to handle difficult situations as well as the relation to others and the world around them both as children and as adults is influenced (Hughes, 1997). Adolescent motherhood disrupts normal adolescent development and the attainment of the appropriate emotional and cognitive capacities essential for maternal behaviours that foster secure attachment (Flaherty & Sadler, 2011). However, it seems that with appropriate interventions and support in developing attachment, children of adolescent mothers can obtain higher rates of secure attachment than normative samples in this population (Flaherty & Sadler, 2011).

Since many toddlers of adolescent mothers are exposed to enduring poverty, they are more likely not to attend pre-school and are often more exposed to dysfunctional parenting,

such as aggressive behaviour of their parents or care-givers (Whitman et al., 2001). Also, children of adolescent mothers are more prone to dropping out of school, have poorer academic performance and poorer school attendance (Kirby et al., 2007; Panday et al., 2009).

Macleod (2003) stresses that although adolescents are no longer children, neither are they adults, which implies that in general the adolescent mother cannot take care of her child independently as she herself still needs to be looked after (Flaherty & Sadler, 2011).

Children of adolescent mothers are therefore often sent away to be raised by other family members, for example the grandmothers, to improve the life chances of the adolescent mother (Kaufman et al., 2001) or to allow the mother to return to school (Maholo et al., 2009). Kaufman et al. (2001) argue that although this is not necessarily a bad thing, little research has been done about the well-being and fate of the first-born child being raised by the extended family in South Africa. The afore-mentioned issues must be viewed from a 21st century perspective, and the role of culture and context should be considered.

Experiences of pregnancy and motherhood by girls from different cultures

Although the experiences of motherhood such as being pregnant, giving birth and nurturing children are universal and part of human existence, motherhood is a subjective and unique experience and is embedded in a woman's culture and context (Akujobi, 2011). The following section gives a bird's eye view of how adolescents from different cultures experienced pregnancy and motherhood.

From the literature it becomes clear that Sesotho adolescents in Maseru experienced the initial reality of pregnancy with a combination of disbelief, confusion and disappointment which suggested that they were far from being ready for the prospect of motherhood (Lehana & Van Rhyn, 2003). In the Sesotho culture it used to be a common traditional practice for the elders to give sexual education to the young people through initiation school or gatherings but a recent study suggested that the Sesotho adolescents felt that it was not as

popular anymore. These adolescents especially felt that their mothers failed to give them information about the “facts of life” (Lehana & Van Rhyn, 2003). The neglect by parents to discuss sexual matters like contraceptive use, and pregnancy with their children was also experienced by the English and Xhosa speaking girls in Nyanga township in Western Cape province. This neglect was recognized as one of the reasons why teenage pregnancy occurred amongst these girls (Mkhwanazi, 2010).

The majority of the Sesotho girls from Maseru interviewed by Lehana and Van Rhyn (2003) experienced their pregnancy in a negative way and felt that they had forfeited their experience of being an adolescent. English girls, from different ethnic groups in Britain, also voiced regrets by not applying principles of family planning and regretted not waiting longer before having a baby, therefore mourning the loss of childhood experiences (Rolfe, 2008).

The Sotho girls further felt robbed of their future educational possibilities and their opportunity for a good life with reference to the socio-economic aspects. They did however state that they didn’t perceive the pregnancy as the complete destruction of their future dreams. Many of them expressed the desire to complete their education, to find a job and to work hard in order to provide successfully for their children (Lehana & Van Rhyn, 2003).

The Sotho adolescent girls from Maseru experienced support from their mothers during their pregnancy, but then again, the lack of support from their friends was experienced as distressing. They pointed out the need for new friendship of girls in similar situations (Lehana & Van Rhyn, 2003). It was shown that these adolescents felt the need to verbalise their experiences and difficulties and elaborated on the rejection they had experienced from the baby’s father after falling pregnant (Lehana & Van Rhyn, 2003). Four of the five women from a rural area in South Africa, who became mothers during their adolescent years, also experienced the impact their motherhood had on the relationship with the father of their babies and that their social relationships in general were adversely affected (Sodi & Sodi,

2012). Two of the girls indicated the difficulties they had had with their own fathers and the resentment experienced from them due to their pregnancies. Caution was also expressed over investing in new romantic relationships as this could lead to their babies feeling neglected or diminishing their need to feel independent (Sodi & Sodi, 2012).

For these Tshivenda, Xitsonga and Sepedi speaking girls in the above mentioned study, the experience of motherhood included several negative emotional problems. Feelings of self-blame, sadness, isolation and lack of interest were expressed and one of the participants had strong feelings of depression. For these girls, motherhood was unplanned and led to significant lifestyle changes (Sodi & Sodi, 2012).

Similarly, significant lifestyle changes have also been experienced by Zulu adolescent mothers from a semi-rural area in KwaZulu-Natal. Parekh and De la Rey (1997) reported that one of the greatest lifestyle changes included balancing the roles of being a scholar and a mother simultaneously and making sure that enough attention was given to both the baby and their school work. Just like in previous studies mentioned, these adolescent mothers also experienced varying support from their friends and not having enough time to visit friends resulted in lost friendships. Although they eventually experienced support from their families, their family relationships were not without difficulties. Several participants felt that they had to be exceptionally well-behaved in order to make up for the disappointment that they had caused their families and they were subjected to initial reactions of shock and anger from parents and caregivers. The fathers of the adolescent girls were once again, just as in the case of the Sotho girls from Maseru (Lehana & Van Rhyn, 2003), more reluctant to offer acceptance and their anger was more visible than that of the mothers of the adolescents. The mothers and grandmother were experienced as most supportive (Parekh & De la Rey, 1997). It is evident that although the experiences amongst the adolescent mothers differ in different cultures, there are also many similar experiences.

Positive experiences and outcomes of motherhood amongst adolescent girls

During the literature review it became apparent that there is often an overemphasis on and general assumption that adolescents experience motherhood as negative, resulting in mainly negative outcomes. Chohan (2011) proposes that adolescent motherhood does not necessarily only have negative outcomes. This South African study with eight adolescent girls from a public school in Johannesburg indicates that girls showed significant personal growth and maturity through the process of motherhood. It became evident that being an adolescent mother increased their sense of responsibility and encouraged them to persevere and to complete their education. Chohan (2011) indicates that the experience of positive emotions, such as happiness, excitement and a sense of fulfilment were an integral part of motherhood for these adolescents. It is interesting to note that a study done with young people in Brazil suggested that the adolescents regarded adolescent pregnancy as neither a social nor a health problem. Findings indicated that youngsters in Brazil described pregnancy and motherhood as assisting girls in developing a positive identity and equipping them with status and visibility in the community (De Carvalho, 2007).

Studies amongst other cultural groups have also indicated that some adolescents have positive experiences in becoming mothers (Furstenberg, Brooks-Gunn, & Morgan, 1990). For example, the account of unmarried adolescent girls in Maseru reported acceptance and support from families, boyfriend/sexual partner, friends and community members during their pregnancies (Lehana & Van Rhyn, 2003). Macleod (2003) emphasizes how teenagers may see becoming a mother as a pathway to the desired status of adulthood. There is an assumption that where gaining adulthood through marriage is delayed, the girl may attain adulthood status through bearing a child.

Furthermore, adolescent girls from Swaziland are of the opinion that starting childbearing whilst still being a teenager (18 years of age) is ideal and would enable a woman to bear the optimum number of children in her lifetime (Ziyane & Ehlers, 2006).

Central research question

What are the experiences of early motherhood amongst Swazi adolescent girls?

Rationale of the study

Lack of research with regards to the experience of motherhood specifically

The myriad of difficulties associated with adolescent motherhood are considered important background information for promoting further studies with regards to: i) adolescents' experiences of motherhood; ii) how early motherhood impacts their lives; and iii) how adolescent mothers can be supported. However, the existing research globally and in South Africa on adolescent pregnancies has focused more on the perceptions on the use of contraceptives, HIV and risky sexual behaviour. Limited research is available with regards to adolescent motherhood per se. Shaw and Lawlor (2007) who performed a Medline search between January 2000–September 2003, discovered 256 qualitative research articles, reviews or papers on any aspect of adolescent pregnancy. Amongst the 256 research papers only 4 % were aimed at supporting adolescent mothers, indicating support focused primarily on the antenatal or immediate post-natal period. Forty percent of the articles were aimed at analysing adolescent pregnancy prevention strategies and 26 % of the studies focused on the potential health and social problems associated with adolescent pregnancy. Research addressing the varied South African circumstances in relation to the experience of motherhood is largely absent from the literature (Kruger, 2005) and therefore this study will contribute to this gap in research.

Lack of research amongst Swazi adolescents in South Africa

Besides limited research on adolescent motherhood in South Africa, there remains a void in the literature regarding adolescent Swazi girls' experience of motherhood, and research amongst the Swazi cultural group in general. In South Africa, 129 7046 people are siSwati speaking of which 110 6588 siSwati people reside in Mpumalanga (Statistics South Africa, 2012a). The Swazi people in South Africa have strong family, cultural, traditional and economic ties with Swaziland, thereby increasing the probability that studies from Swaziland would have similar findings in the area of study. In Swaziland, 28% of girls became pregnant before their eighteenth birthday for the time period 2000 to 2009 (UNICEF, 2011). Compared to the world average of 15% (calculated in the same study), Swazi girls seem to be especially prone to adolescent pregnancies making this cultural group particularly valuable for research purposes.

Necessity of doing a phenomenological study

Youngleson (2007) proposes that there is a need to focus on the emotions and feelings that mothers experience concerning motherhood. By engaging with the adolescents themselves, first-hand information could be gathered on the experiences of how adolescent girls from a Swazi culture experience early motherhood, instead of relying on assumptions and perceptions from girls of other cultures e.g. the Vendas from Lesotho (Lehana & Van Rhyn, 2003) or Coloureds from Kylemore community in the Western Cape (Youngleson, 2007). The phenomenological approach therefore allowed the researcher to focus on the ~~how~~ of the adolescent Swazi girls' personal experiences, feelings and convictions on motherhood in the present moment rather than trying to interpret the reasoning or the ~~why~~ behind the lived phenomena (Joyce & Sills, 2009).

Significance of adolescent-specific research

Adolescent participation in discussions related to development, health and security has become more prevalent in the literature. Internationally, adolescents are now given the opportunity to make their voices heard by participating in conventions, forums and strategic planning such as the State of the World's Children report (UNICEF, 2011). In view of the above-mentioned it is important to recognize the valuable descriptions and knowledge that can be obtained by interviewing adolescents. Afafe-Munsuz, Speizer, Magnus, and Kendall (2006) verify this by outlining that a phenomenological study on the personal experience of adolescent motherhood can be important to inform other adolescents more effectively on the topic of adolescent pregnancy and motherhood.

In summary, the problem that exists is that there are many incidences of adolescent Swazi mothers in South Africa and little is known about their personal, subjective experience of this occurrence in their lives.

Theoretical framework

Positive psychology comprises the scientific study of optimal human functioning. This approach does not deny problems or difficulties that people might experience (Peterson, 2009), but it embraces two dimensions, namely, well-being as well as pathology. It must be stated that for this research the well-being dimension was chosen. The perspective of positive psychology is a suitable theoretical framework for this study, seeing that the participants of the study were not suffering from disease or disorder, and could be viewed as belonging to the non-clinical population of South Africa.

Health is described as a state of complete physical, mental and social well-being and not merely the absence of disease (World Health Organization, 1948). Well-being is a complex construct that concerns "optimal experience and functioning" (Ryan & Deci, 2001:141), namely the eudaimonic component of well-being, as well as the hedonic

component which embraces the subjective dimensions of wellness such as emotions and feelings. For purposes of this research, high levels of psychosocial well-being are conceptualized in terms of flourishing as described by Keyes (2007). Keyes (2003, 2007) defines flourishing as a state in which an individual feels positive emotions toward life, and is functioning well psychologically as well as socially. He links the concept of flourishing or high well-being to approaches aimed at enabling people towards positive human health.

Van Schalkwyk and Wissing (2013) emphasized that the mere absence of ill-being does not mechanically imply well-being, just as the mere absence of an illness, such as pneumonia, does not indicate high levels of physical fitness. Not all people who are free of a mental illness feel healthy or function well in everyday life (Keyes, 2005). Keyes (2003) refers to the absence of mental health, without the diagnosis of a mental illness, as languishing. He further explains this by saying that languishing refers to a person who is not functioning well psychologically or socially, but s/he is not suffering from depression, but rather is lacking positive emotions towards life (Keyes, 2003). Languishing can therefore be regarded as the indication of low levels of well-being. An individual who is moderately mentally healthy is neither flourishing nor languishing in life (Keyes, 2005). Then again, flourishing is indicated by healthy relations; positive emotions; resilience; superior health; and, optimal functioning. One of the leading researchers in the area of positive psychology, Martin Seligman, has indicated that although positive psychology originally focused on authentic happiness, he is now of opinion that the topic of positive psychology is that of well-being and the measuring of the degree to which a person is flourishing (Seligman, 2011).

Van Schalkwyk and Wissing (2010) indicated that South African adolescents experience flourishing as purposeful living; experiencing positive relationships with primary caretakers, friends and God; having role-models to guide them and being a role-model to others; having self-confidence and positive self-regard; partaking in a constructive lifestyle;

are constructively coping; are experiencing positive emotions and are having a positive approach on a daily basis. Languishing was understood and experienced by the adolescents as having a meaningless life; impaired relationships with family, friends and God; identifying and associating themselves with dysfunctional people; having low self-confidence; partaking in destructive behaviours for e.g substance abuse or criminal behaviour; not acknowledging emotions or having negative emotions; and continuously experiencing a sense of hopelessness. It was found that approximately 60 % of the adolescents that participated in the study were not flourishing (i.e. functioning at optimal level of mental health) indicating the dire need for facilitating well-being in adolescents in order to ensure flourishing (Van Schalkwyk & Wissing, 2010).

Although positive psychology provides a scientific perspective to examine well-being, it does not imply a polyanna approach (Diener, 2009), but it can be seen as the lens to fortify when dealing with life challenges. In this sense it is of crucial importance to state that resilience is linked to high well-being, namely flourishing (Keyes, 2002) since resilience is seen as a building block of well-being and rooted in positive psychology (Koen, Van Eeden, Wissing, & Koen, 2013). Resilience signifies patterns and processes of positive adaptation in the midst of significant risk (Masten & Wright, 2010; Obrist, Pfeiffer, & Henley, 2010). A focus on resilience does not imply the treatment of disorders but rather the enhancement of the well-being of individuals, families and communities under stress and emphasizing the observable mechanisms and processes they use to cope, adapt and overcome adversity (Ungar, 2012). This means that resilience is about the experience of and effective dealing with contextual difficulties and personal challenges.

The definition of resilience centres around two conditions: firstly, the individual has been subjected to risk or adversity; and second, the individual managed to achieve a positive outcome despite the adversity and has returned to original level of functioning or is

functioning at a higher level of well-being (Masten, 2001). Resilience can manifest as different processes depending on the culture and context and therefore resilience is best understood if culture and context is kept in mind (Ungar, 2012; Van Schalkwyk & Wissing, 2013). Also, apart from personal protective or risk factors (Masten 2001), resilience entails the interacting of individuals and their environment in such a way that the individual benefits psychosocially. This interaction can be described as a dynamic process influenced by internal factors and environmental factors that lead to positive outcomes (Richardson, 2002; Tugade & Fredrickson, 2004). In order for resilience to occur, a person must take action to engage support and the environment in which the person is rooted must actively offer support (Masten & Wright, 2010; Theron, 2013). In other words, resilience is both dependent on an individual's personal traits and characteristics for example, having a strong sense of self-worth, having empathy, autonomy, problem solving skills and the capacity to self-regulate (Gunnestad, 2006; Masten & Wright, 2010) as well as being exposed to wellness-promoting resources in the individual's socio-cultural milieu for example, having positive attachments to significant others and having existential support in the form of cultural traditions, spirituality, values and belief systems (Masten & Wright, 2010). Many researchers have identified protective factors that can create resilience by building a positive self-image, reducing the effect of risk factors, breaking a negative cycle and creating new opportunities for an individual (Rutter, 1990).

Protective factors can be defined as factors within the individual and in the individual's environment, and the interaction between these factors that give a person the strength, skill and motivation to cope with adversities and to re-establish normal life (Gunnestad, 2006). The challenge model of resiliency suggests that a stressor / risk factor can be treated as a potential enhancer of positive adaptation provided that the challenge is not too difficult.

If the individual is successful at overcoming the challenge it will strengthen the person but if unsuccessful, the individual may become vulnerable to risk (O'Leary, 1998). Research on resilience further suggests that the presence of positive emotions are important tools for ensuring well-being and enhancing coping and resilience (Folkman & Moskowitz, 2000; Fredrickson, 2013) .

Hall and Torres (2002) emphasize the need for researchers to focus on adolescent well-being. Previous research has identified the need for a balanced perspective on adolescents by focusing both on the risk factors that increase vulnerability amongst adolescents and the protective factors that allow them to adapt despite adversities; in other words to be resilient (Van den Berg et al., 2013). It is important to note that previous research have found that the well-being of adolescents and their ability to be resilient is closely related to the social support they receive; the ability to experience a sense of mastery; experiencing a sense of relatedness; school functioning; emotional regulation and emotional reactivity (Van den Berg et al., 2013).

Aim of the research

The aim of the study was to explore and describe the experience of early motherhood amongst Swazi adolescent girls.

Central theoretical statement

By exploring and describing the lived experiences of early motherhood amongst Swazi adolescent girls in the Nkomazi area of Mpumalanga province, first-hand information from the adolescents themselves can be obtained in order to gain an understanding of their experience of early motherhood. This information can be used in future to provide guidelines for an educational pregnancy prevention programme in South Africa by increasing awareness of the challenges associated with motherhood, the impact it has on the lives of adolescent girls and the importance of responsible motherhood. Furthermore the information can also

provide guidelines for establishing a support programme that will equip the girls for the task of early motherhood.

The next section will cover some important definitions of this research, namely, adolescence; motherhood and early motherhood; motherhood and the role of culture.

Definitions of concepts

Adolescence

Defining adolescence.

In order to understand the full extent of the experiences, consequences and significance regarding adolescent pregnancies and adolescent motherhood, it is necessary to recognise certain information and “truths” versus myths concerning the definition and nature of adolescent development and adolescent sexuality.

Adolescence can be defined as “the period of development marked at the beginning by the onset of puberty and at the end by the attainment of physiological and psychological maturity” (Reber et al., 2009:15). According to Kaplan and Sadock’s Synopsis of Psychiatry (Saddock & Saddock, 2003), adolescence is frequently divided into three periods: Early (ages 11–14), middle (ages 14–17), and late (ages 17–20). However, authors, psychologists and organizations differ in opinion of what ages can be attached to the term “adolescence”. Both the United Nations Population Fund (UNFPA) and the World Health Organization (WHO) classify adolescence between the ages of 10 and 19 in contrast with the World Programme of Action for Youth and the International Labour Organisation (ILO) who describe adolescence as between the ages of 15 and 24 (Department of Economic and Social Affairs [DESA], 2007; UNICEF, 2011). Children reach puberty at different ages and their physical, mental, sexual and psychological growth occurs along a continuum that differs from individual to individual (Saddock & Saddock, 2003; UNICEF, 2011), therefore it is hard to assign a specific age category to the term adolescence and it should rather be seen as a transitional

phase between childhood and adulthood (DESA, 2007). Donald and Dawes (1994) argue that in countries such as South Africa that has a mixture of different races, classes and cultures, there are both commonality and discrepancies in the way childhood [and adolescence] is construed, implying that the meaning of childhood and adolescence differs in various contexts. Macleod (2003) affirms this by stating that the education system with extended schooling in South Africa lends itself to extending the age of adolescent participants to 21 years of age. It was thus decided to include adolescent girls from the ages of 12 to 21 years in the inclusion criteria for this study in order to cover the whole spectrum of adolescent-hood.

In short, adolescence can be described as the phase in which the body changes and prepares for sexual maturity with increased production of gonad hormones. Girls typically show physical signs of puberty earlier than boys with menarche, the first menstruation, being the most dramatic event in their sexual maturity (Sigelman & Rider, 2011). The adolescent developmental phase constitutes a period of great change, challenges and development particularly in a girl's life and should not be taken for granted when doing research with this particular age group.

Motherhood

Early motherhood.

Adaptation to motherhood is a transition that commences prior to pregnancy with the decision-making process of when to have a child (Benzies et al., 2006) and continues throughout the early weeks and months after the birth of the baby (Tulman & Fawcett, 2003). The post-partum period is characterized by the new mother's adaption in the form of role acquisition, learning how to nurture her infant and bonding with her child (Mercer, 1995) whilst still fulfilling existing roles, for example, employee, friend, wife (O'Hara, Hoffman, Philipps, & Wright, 1992). The period between three weeks post-partum up to four to six

months post-partum is characterized by the integration of new feelings and experiences relating to identity, relationships and functioning, leading to the adoption of a new identity as a mother (Mercer, 1995; Tulman & Fawcett, 2003). Although each woman's experience of becoming a mother is unique, most women find adaptation to motherhood challenging yet positive (Aber, Weiss, & Fawcett, 2013). The biggest disruption of a woman's lifestyle takes place in the early post-partum period when adjustment to a new reality needs to be made. Yet motherhood is a lifelong commitment. Challenges such as loss of personal time and space and infant care demands are ongoing (Aber et al., 2013) and high levels of post-partum fatigue can persist well into the second year after childbirth (Parks, Lenz, Milligan, & Han, 1999). Mercer (2004) describes becoming a mother as a dynamic and evolving process as opposed to a state that is attained. It is evident that with every new challenge associated with child rearing, the mother needs to adapt and normalise the occurrence in her day-to-day reality. The demanding nature of this process can be stressful (Beck, 1996) and exceed the mother's expectations of motherhood (Logsdon, Wisner, & Pinto-Foltz, 2006), but generally a mother's overwhelming love for her baby motivates her to persevere despite these stressors (Weaver & Ussher, 1997).

Motherhood: The role of culture and context.

It is important to highlight that the experience of motherhood differs from woman to woman and the issue of social context and culture should be taken into account (Akujobi, 2011). It also differs with regards to what is considered socially appropriate practices of childbirth and child rearing (Hays, 1996), causing the concept of motherhood to be invested with ideological meaning that is culturally specific (Parker, 1997). While adaptation to motherhood has many normative aspects across generations and cultures (Aber et al., 2013), the woman's cultural beliefs, religion, socio-economic status and social norms strongly influence her transition to motherhood (Meleis, Sawyer, Im, Hilfinger Messias, &

Schumacher, 2000). In other words, in order to fully understand a woman's experience of motherhood, her specific culture should be kept in mind. Many religions and cultures all over the world assign a very important status to motherhood in a woman's life. In Africa, motherhood is seen as a gift from God and a sacred role that women need to play and is associated with characteristics such as nurturer, provider and goddess (Akujobi, 2011). The centrality of motherhood in African society is emphasized by the act of self-sacrifice and regardless of the woman's desires, talents and dreams, her primary function is that of motherhood (Akujobi, 2011).

Cultural expectations, as indicated have ignited many feministic movements and research to proclaim that although motherhood is vital, women should be given a choice whether they want to experience motherhood or not (Akujobi, 2011). The social concept of the experience of motherhood can be misleading and may lead to disillusionment and depression for the new mother (Weaver & Ussher, 1997). Feminists encourage women to throw away the yoke of discomfort and oppression and embrace the feeling of dignity, freedom of choice and success (Ogini, 1996). Feminists in Africa often argue that the meaning attached to motherhood leads to victimisation of women (Akujobi, 2011) and encourage women to contest misconceptions and stereotyping associated with motherhood (Wilson-Tagoe, 1997). Nevertheless, in Africa motherhood remains a blessing, a status symbol and an attribute that is revered in African society (Akujobi, 2011).

Culture

Swazi culture and early motherhood.

Whilst an adolescent girl in the Swazi culture is given "adult" status when becoming a mother, rejection by peers is often experienced. Adolescent mothers are expected to mix with older community members and are denied access to Swazi cultural maiden groups partaking in the annual reed dance festival, where Swazi men choose their virgin wives (Dlamini et al.,

2003). A study done in the Hho-Hho region of Swaziland concluded that Swazi adolescent mothers experienced problems in almost all the dimensions of their lives, that is social, cultural, educational, economical, spiritual and emotional. One of the major problems experienced was the lack of support before, during and after pregnancy by health professionals, teachers, peers, family and the larger community. This leaves adolescent Swazi mothers with feelings of devastation, fear, humiliation, frustration and isolation (Dlamini et al., 2003).

A lack of knowledge on how to prevent pregnancy and how to cope with the tasks of motherhood is one of the main complaints amongst Swazi adolescents mothers as it is a cultural taboo to talk about sex with parents (Dlamini et al., 2003). Ziyane and Ehlers (2006) report that family planning providers reportedly fail to address adolescents' sexual and reproductive needs, wanting adolescents to practice abstinence, and ignoring the fact that young people are indeed sexually active. Consequently, adolescents do not get sufficient information about contraceptives, even condoms from clinics. This situation is aggravated by the lack of sex education in homes, communities, schools, and social clubs (Ziyane & Ehlers, 2006). Also, in Ziyane and Ehlers's (2006) study discrepancy exists between urban adolescent boys and the rural adolescent boys' opinions on the use of contraceptives and the girl's involvement in sexual decision making. The rural boys were more prone to rely on cultural beliefs. However, research on this topic is scant and highlights the need for more phenomenological enquiries.

Research methodology—An empirical investigation

Research method and design

This study used a qualitative research method to study human experience and was done from a phenomenological perspective. The aim of a phenomenological design is not to generate theories or models of the phenomenon being studied but to accurately describe the (lived) experiences of the people (Van Manen, 1990). Merriam (2009) argues that a phenomenological research design is effective for studying intense human experiences containing effective and emotional components. The phenomenological research design was therefore most suitable for exploring and describing the experiences of early motherhood amongst Swazi adolescent girls as it is concerned with the human being as a whole and all the parts that contribute to the experience. Although it is possible that human beings experience similar situations in similar ways, every person has different perceptions and interpretations of the shared world (Woldt & Toman, 2005) and has their own subjective reality of the lived experience (Grove & Burns, 2008). The phenomenological approach presents the best viewpoint for the current study, seeing that an individual can be studied as in the case of a narrative approach but also the lived experience of a common life event as perceived by a group of individuals can be studied (Creswell, 2007; Roulston, 2010).

Participants

Purposeful sampling (Struwig & Stead, 2001) was initially used to select adolescent girls according to specific criteria. This method of sampling was specifically applicable to this research since the inclusion criteria ensured that rich detailed information was gathered regarding the early experiences of motherhood. An additional means of data collection known as snowball sampling was used due to the fact that the participants were seen as “hard-to-reach” (Strydom & Delport, 2011), in other words not easily accessible or approachable.

Two of the selected participants suggested other community members as possible candidates for the study, which initiated the process of snowball sampling. These possible candidates were telephonically contacted only after permission was obtained via the referring participant and a face-to-face meeting was arranged to discuss the purpose of the study and whether they would like to take part.

Inclusion criteria:

- English second language speaking Swazi girls in the adolescent developmental phase (between the ages of 12 and 21 years), residing in the Nkomazi area, Mpumalanga, South Africa with a first-born child between two and 18 months.

Exclusion criteria:

- Adolescent mothers who had premature babies.
- Adolescents who have more than one child.
- Adolescents not suffering from a known disease or disorder, who would be otherwise vulnerable and predisposed to more negative experiences.

Thirteen siSwati-speaking African girls from the ages of 16 to 20 years who are able to speak English, residing within the former homeland area within the Nkomazi municipality in Mpumalanga, South Africa, were selected as participants for this study. The Nkomazi area is densely populated ranging from one hundred to even more than one thousand people per square kilometre for different wards within the area. The participants all come from poor to middle-class households. All participants have access to primary health care clinics, walking distance from their houses, as well as to one of two district hospitals in the surrounding area. About a quarter of the dwellings in the Nkomazi area have piped water to their homes, however generally less than 5% have flushing sanitation systems (Statistics South Africa, 2012b). All participants make use of outside non-flushable toilets and have access to at least one outside water point. Although unemployment and illiteracy is common in the Nkomazi

area with percentages fluctuating within the 40's and 20's respectively (Statistics South Africa, 2012b), all participants have at least passed grade 5. All participants have access to electricity, public transport, personal cell phones and television. Eight of the 13 participants indicated that they come from broken homes (i.e. single parented houses, looked after by a grandmother, one or more parent deceased) and five of the 13 girls had returned to school to resume their education at the time the interviews took place.

Procedures

Permission was obtained (appendix B) from the Ethical Committee of the North-West University (NWU-0011-10-A1) as well as from the Mpumalanga Health Department (appendix C) to undertake the study. The district hospital's medical manager was approached to conduct the planned research study by making use of the hospital's birth registers to identify possible participants. All Swazi adolescent mothers registered in the birth register at the district hospital since September 2010 were considered as possible participants to ensure equality. After permission from the Department of Health was granted, the hospital files were collected and the possible participants were contacted. Unfortunately due to many unforeseen circumstances for example, telephone numbers that had changed, stolen cellphones, and death of some of the patients and so forth, not enough possible participants for data saturation could be found using this means. Some of the already interviewed participants suggested other participants in their communities that matched the criteria, hence the term snowball sampling (Babbie, 2007). Snowball sampling was used until data saturation. Possible participants were telephonically contacted and individual meetings were scheduled either at the district hospital or at the primary health clinics in the surrounding areas, during which the aim of the study and ethical considerations were explained and clarified. Great care was taken to adhere to ethical considerations as suggested by (Mouton, 2001) and (Strydom, 2011) in order to minimize any possible harm, protect the identity of the

participants and respect their privacy. Written consent (appendix D) was obtained before the interviews of 35 – 60 minutes were conducted and the purpose of the study was thoroughly explained. The researcher practiced a phenomenological attitude, setting aside judgment and pre-conceptions about adolescent motherhood and refraining from importing external ideas and beliefs about the topic being studied (Finlay, 2009). This is often referred to as “bracketing” (Joyce & Sills, 2009). The attitude of bracketing allowed the researcher to make sense of the lived experiences without an expectation of what can be found (Joyce & Sills, 2009). The recorded data was transcribed verbatim by the researcher, coded and analysed accordingly.

Data gathering

Data collection in phenomenological studies often consists of interviews (King & Horrocks, 2010) either in the form of in-depth interviews (Creswell, 2013) or semi-structured interviews (Barbour, 2007; Smith, 1995), or by making use of other forms of data namely art, music, journals, written work or observations (Creswell, 2013). In this study, semi-structured interviews, consisting of open-ended questions (to allow for free expression on the sensitive topic of adolescent motherhood) were used (Smith & Osborn, 2007). One-on-one interviews were specifically chosen as the method of data gathering as opposed to focus groups to ensure that participants from a vulnerable life stage could feel comfortable in sharing detailed information about their personal experiences without being concerned with peer pressure or judgment from others (Greef, 2011). Smith (1995) argues that semi-structured interviews allow flexibility and are helpful to gain a detailed picture of the participants’ perceptions, beliefs and accounts of a specific topic. The semi-structured interviews provided a loose structure of open ended questions to explore the participants’ experiences and attitudes as well as exposing the issues or concerns that have not been anticipated by the researcher (Pope, Van Royen, & Baker, 2002). Consistent with the phenomenological approach, the

researcher is not expected to strictly follow the questions but rather to use it as a platform to engage participants and allow them to freely discuss issues that are of importance to them (Smith & Osborn, 2003). Smith (1995) describes semi-structured interviews and the purpose of qualitative analysis as a natural fit. Barbour (2008) amplifies this by stating that when using the interpretative phenomenological approach (IPA) as the method of data analysis, semi-structured interviews are the preferred method of data collection. Although phenomenological studies often only make use of one central question namely “What is the experience of a certain phenomena?”, Kvale and Brinkmann (2009) highlight that more specific studies requires breaking up the central research question in more than one question, thereby implementing semi-structured interviews. The central research question, on what the experiences of early motherhood amongst Swazi adolescent girls are, was divided into four issue-oriented sub-questions. Issue-oriented research questions divide the central research question into subtopics for examination (Creswell, 2007) and address the main concerns and perplexities to be resolved (Stake, 1995). The sub-questions guided the design of the interview guide (Greef, 2011) but could not be reproduced as such, since it would compromise the participants’ understanding. Instead the sub-questions were paraphrased, and sometimes expanded into a few separate questions as indicated in (Table 1).

Table 1: *The Relationship Between the Research Sub-Questions and the 11 Questions on the Interview Guide.*

Research sub-questions	Corresponding interview guide questions in appendix E
What was the experience of the events leading up to falling pregnant?	Question 1
What was the participant’s experience of pregnancy?	Question 2–Question 3
What has the participant’s experience of being a mother been thus far?	Question 4–Question 8
What life experience (perceived wisdom and understanding) has the participant gained through the whole process?	Question 9–Question 11

The interview guide (Greef, 2011) consisted of 11 questions which were grouped under the four sub-questions. These questions were chosen after consulting with siSwati-speaking professionals (that work with adolescent girls) who advised that the participants would be reluctant to share feelings and experiences of such a personal nature (especially when answering in English). They further advised that it is culturally unusual for adolescent girls to freely express themselves without being probed to some extent. A flexible interview guide with questions that probe for more in-depth responses was therefore considered more appropriate (appendix E). Furthermore, questions did not address mutually exclusive aspects of the phenomena, thereby enabling the interviewee as well as the interviewer to reflect on the phenomena from different angles. As each of the 11 questions were asked, the question was handed to the participant written in both English and siSwati in order to overcome possible language barriers when it came to the understanding of the verbal questions.

Participants were encouraged to answer in English, but if necessary could express themselves in siSwati (the interviewer has basic siSwati speaking skills helping her to follow the conversation). As suggested by Nieuwenhuis (2011) the researcher made use of reflection, paraphrasing and clarification of answers when siSwati phrases were used in an attempt to keep track and understand clearly what the participants were saying. The interview commenced with an opportunity for the participant to share about herself, thus putting her more at ease, after which the main questions followed. Where the participant struggled to express herself, appropriate open-ended sub-questions were asked and participants were encouraged to answer in siSwati.

All interviews were recorded and transcribed verbatim. Answers given in siSwati were transcribed and translated by a native siSwati speaking person and checked by another skilled siSwati person to ensure reliable translation. No further possible participants were

sought once the interviews produced clear, repeating themes, provided that a minimum of at least five interviews had been completed (Polkinghorne, 1989).

Data analysis

The researcher made use of the interpretative phenomenological approach (IPA) to analyse data. This approach falls within hermeneutic phenomenology as discussed by Van Manen (1990) and it is a popular form of data analysis in psychological studies (Smith, 2010). It is different to Moustakas's (1994) transcendental or psychological phenomenology that focuses more on a description of the experiences of the participants rather than a combination of description and interpretation (Creswell, 2007). Interpretative phenomenology aims to describe, understand and interpret the participant's experiences (Tuohy, Cooney, Dowling, Murphy, & Sixsmith, 2013), investigate how participants perceive a said phenomenon within their particular life context and how they make sense of their personal and social world. IPA is primarily an interpretive technique that explores to a deeper level than other techniques (Hefferon & Gil-Rodriguez, 2011). The in-depth analysis not only allows for a hermeneutical exercise on what is said but also serves as an analysis of other clues emanating from the participant – such that the researcher might gain insight into the experience that the participant themselves might be less aware of (Smith & Osborn, 2007). “... meaning is central, and the aim is to try to understand the content and complexity of those meanings rather than measure their frequency.” (Smith & Osborn, 2007:66).

According to the researcher's experience doing counselling with Swazi teenagers, a discourse on feelings and emotions often contains little detail and can be poorly descriptive. This is undoubtedly partly due to the language barrier but might also be attributed to a specific cultural tendency. The researcher foresaw that gathering significant statements (such as is done in Moustakas' horizontalization) that can be arranged into clusters of meaning and themes would have been a difficult and probably ineffective exercise in this study population.

Therefore a form of data analysis such as IPA that is less dependent on a good choice of descriptive words by the participant, but allows for a wider interpretation, would be more suitable. IPA recognizes a participant as a cognitive, linguistic physical being, for whom the chain of connection between the emotional state and self-expression might be difficult to access. Consequently, it's up to the researcher to interpret the mental and emotional state from what is said (Smith & Osborn, 2007).

The IPA steps as explained by Smith and Osborn (2007) were used as a guideline with a few important deviations. It is often recommended that in IPA studies, numbers of participants are kept to a minimum (Hefferon & Gil-Rodriguez, 2011). In this study, more participants had to be interviewed to compensate for the poor responses given by some participants. Despite the described efforts to overcome the language barrier, some participants clearly did not understand the questions and gave responses that did not make sense and that were not related to the subject matter. The researcher was forced not to consider such interviews especially when a description of the lived experience was not forthcoming from the interview. Because of this constraint, data saturation was achieved much later (at 13 interviews) than what is normal for IPA studies. The first step of the data analysis was therefore to remove those interviews from the analysis that did not provide a meaningful description of the phenomena. This was the most significant deviation from the traditional methodology but was unavoidable due to the nature of research. The measure of meaningfulness was judged objectively by the researcher considering the three criteria: appropriateness of the response to the question, the linguistic sensibleness of the response and the length of the response. The researcher ended up using 9 of the 13 transcribed and analysed interviews (examples of unsuitable interviews given in appendix F). The above process together with the translation and transcription allowed the researcher to familiarize

herself with the transcripts, an important first step in IPA (Smith & Osborn, 2007). Data was analysed in the following manner:

Looking for themes.

Whilst reading and rereading the transcript, any significant or interesting comments were noted in the left margin of the transcribed interviews. This process is described by Smith and Osborne (2007) as similar to a free textual analysis and division of text into meaning units was not required. The comments attempt to summarize, paraphrase or highlight what was said. Through studying a transcript, attention was given to similarities, differences and contradictions in what the participant was saying and this was recorded. This process was followed for the entire first transcript. The researcher then returned to the beginning of the transcript and noted emerging themes in the right margin of the text by transforming the initial comments into specific phrases that capture the essential quality of what was said. When similar themes repeated themselves in the transcript they were noted again as before. See appendix G for an example of a transcribed interview and the first steps of data analysis.

Connecting the themes.

The themes identified in the previous step were listed chronologically on a new sheet of paper. After listing they were re-read analytically in order to cluster similar themes together (appendix H). The researcher constantly referred back to the text to make sure the emergent themes were consistent with the primary source. To substantiate the themes, the original text (direct words of the participant) was copied next to the theme using the translated material (appendix I). The themes were presented in table format and logically ordered. At the same time similar themes were clustered together to represent super ordinate themes.

Continuing the analysis with other cases.

The researcher adopted an approach put forward by Smith and Osborn (2007) to use the themes from the first analysis to orient the subsequent analysis. Each of the remaining transcripts was scrutinized in a similar manner to the first; looking for common convergent themes as well as divergent themes. This was a more suitable way of analysis since the researcher worked with a high number of transcripts.

Once all transcripts were analysed and all of the themes tabulated, the researcher had to prioritise the themes. This process involved ranking the themes on factors such as their prevalence within the data, the richness of the supporting phrases and how the particular theme linked with other prominent themes (Smith & Osborn, 2007). The final master table was drawn up containing the ordered themes in a column on the left, followed by a column with transcript references for each of the participants. Appendix J illustrates how the researcher continuously revisited the original transcribed interviews, connected themes from different interviews and reformulated themes in order to draw up the final master table (appendix K) with main themes and sub-themes.

Writing up.

The final phase of the analysis was translating the themes into a narrative. The account had a logical flow, explaining and expanding on each theme in depth, while supporting the statements with verbatim extracts of the transcripts. As the themes were covered the analytic commentary was expanded with links to existing literature supporting the findings.

Ethical aspects

In identifying possible participants, the inclusion and exclusion criteria were specifically selected to allow fair participation in this research study without unfairly disadvantaging possible participants. Seeing that this study focused on the experience of early motherhood, adolescent mothers with premature babies were purposefully excluded.

Prematurity adversely affects the experience of motherhood (Hall, Kronborg, Aagaard, & Brinchmann, 2013; Melo, Souza & Paula, 2014) and would directly place the mother in a vulnerable position. The adolescent mother further more had to only have one child in order to give a sincere account of her experience of adolescent motherhood. The data collection commenced after ethical clearance and permission was obtained from the Ethical Committee of the North-West University (NWU-0011-10-A1) and the Mpumalanga Department of Health. Before conducting the research study the participants were informed that participating in the study was on a voluntarily basis (Neuman, 2003; Struwig & Stead, 2001). This was done telephonically and later in a face-to-face meeting both verbally and in writing. A thorough explanation on the purpose, procedure and extent of the study was given in a written format (Neuman, 2003; Rubin & Babbie, 1997) and verbally discussed with the participants in English and in siSwati. This was done on an individual basis and by making use of an interpreter. The potential advantages, disadvantages and dangers of the research were also discussed. Care was taken not to deceive the participants (Strydom, 2011) into believing that they would directly benefit from the study by for example, receiving a financial incentive or obtaining fame. The indirect benefit of health care workers possibly using the information of their experiences of early motherhood in setting up an educational support program for adolescents with regards to adolescent motherhood was explained. The interview process didn't pose any direct physical, economic or social harm to the participants and any secondary physical harm (e.g., headache or fatigue was overcome by conducting the interviews in a well-ventilated area and allowing participants access to water should they wish to quench their thirst). Participants were further allowed to take important phone calls or attend to their babies if they were present.

The researcher made sure that the participants were psychologically and legally competent to give consent to participate in the study (Terre Blanche, Durrheim, & Painter,

2006) and as suggested by Babbie (2010) this was done by the signing of a written document. Due to the fact that seven of the nine participants were above the age of 18 years, they had the right to give their own consent and therefore parental signatures were not needed. An exception was made for two of the girls aged 16 and 17 who indicated the desire to participate in the study in order to give voice to their experiences as adolescent mothers but who preferred not to involve their caretakers. Human-Vogel's (2007) policy guidelines on the inclusion of minor children in research investigations was considered and the researcher considered the possible risks and benefits of these two girls participating in the study. One of these two girls indicated the desire to participate in the study but pointed out that the financial and time constraints of having to return home from the clinic to meet with her caregiver to sign the consent letter would disqualify her from participating in the study. The other girl indicated that it might cause unnecessary friction between her and her parents but that she wished to participate in order to make her "vote count". Based on the virtues of beneficence (Grinnell & Unrau, 2011) and equality the researcher argued that all adolescent mothers should have a fair chance to participate in the study and consequently the researcher argued that the risk of participation for these two adolescents was negligible and the indirect benefits for the adolescent themselves outweighed the risks involved and therefore an exception was made.

The researcher ensured the participants of right to privacy and confidentiality and emphasized that personal information regarding identity would only be known to the researcher (Struwig & Stead, 2001) and this information will be kept for five years in a safe place (locked cabinet) which is only accessible to the researcher (Flick, 2009). Confidentiality was further maintained by assigning a code to each participant. By doing this, the participants' personal details were not used during the use of interpreters' transcription of the Siswati interviews. It was explained to the participants that examiners

and certain supervisors from North-West University would have access to the transcribed interviews; however without knowing the identity of the participants in order to evaluate the researcher's work. It was also explained that names would not be mentioned in any article or research report, to ensure confidentiality.

Responsibility was taken in the setting up and structuring of the interview to avoid physical or emotional harm to the participants (Babbie, 2010; Flick, 2009; Strydom, 2011). The researcher took great care in respecting the participants' culture and social practices by consulting Swazi professionals working with adolescent girls in the setting up of the questionnaire and the appropriateness of the content of the questions in order to avoid any possible harm. Questions were fairly posed to the participants in both their first and second languages (i.e. siSwati and English). One-on-one interviews were purposely used to ensure participant privacy and to allow for freedom of expression (Greef, 2011). Any emotional harm was minimized by highlighting that nobody was under obligation to answer questions that caused discomfort as well as the right to withdraw at any given moment during and after the completion of the interview (Strydom, 2011). The researcher provided the participants with her cellphone number should they decide after the interview had been conducted to withdraw from the study. Keeping in mind that talking about the experience of motherhood might be a sensitive topic for some of the adolescents, the possibility of arranging a debriefing session after the conclusion of the research study to resolve any misconceptions that might have surfaced during the study was offered (Strydom, 2011). The participants' benefits were maximized by providing them with therapists' numbers at the nearest district hospital that could assist them with information on child support and development and possible therapeutic treatment for any child-related problems. For the participants' convenience, an appointment could also be scheduled at any primary health clinic seeing that

a multi-disciplinary team consisting of occupational therapists, physiotherapists, speech therapists and dieticians offer outreach services at the clinic on a monthly basis.

During the conduction of the research study, the researcher, a registered occupational Therapist, was constantly aware of her ethical responsibilities and was adequately equipped and skilled to conduct the planned research (Strydom, 2011). The researcher took great care to avoid judgment or have her personal values influence the research findings (Thomas & Hodges, 2010). This was done by writing down and reflecting on any preconceived ideas the researcher had on adolescent motherhood. Throughout the research process, any judgemental ideas were acknowledged and neutralized through discussion with other professionals. Transcribed interviews were given to more than one independent researcher to comment on in order to avoid biased interpretation.

The results of the study were released in the format of a written article (Strydom, 2011). Recognition was given to all sources used to avoid plagiarism (Babbie, 2010) and the researcher reported honestly about the limitations and errors that occurred during the research process (Strydom, 2011).

Trustworthiness

The trustworthiness of research is integral to the legitimacy and credibility of its findings. To warrant trustworthiness, the propositions of Lincoln and Guba, (1985) were used (Table 2), which include credibility, dependability, transferability and conformability.

Table 2: *Strategies for ensuring trustworthiness*

Strategy	Criteria	Application
Credibility	Authority, background and qualifications of the researcher	The researcher is a qualified Occupational therapist from the University of Pretoria and has worked in a District Hospital with primarily siSwati clients for the past 6 years. She has further familiarized herself with the Swazi culture by being involved with outreach programs in the Nkomazi area in Mpumalanga since 2006 and this was where the curiosity for the research topic originated. She has attended several counseling, adolescent and pediatric development courses on a post- graduate level. She did a research project as part of the requirements to become an Occupational therapist and has had training in interviewing and data gathering.
	Appropriate, familiar research methods	Earlier on in this chapter, the choice of research methods and the motivation thereof were explained. By means of a thorough literature study, well-established research methods were researched and investigated in order to select the most appropriate method that would ensure the best results for this specific study.
	Interviewing process	A flexible interview guide was used. Questions were reformulated and repeated to elicit a thorough description of the participant's experience as far as possible. Open ended questions provided opportunities for participants to voice their individual lived experience on the sensitive topic of adolescent motherhood. The interviews were guided and not dictated by the interview guide (Greef, 2011). Further questions were asked where necessary to make sure that participants understood the question and to detect any falsehood or contradictions. The main interview questions were provided in a written format in both English and siSwati. Switching over from English to siSwati was allowed to enhance free and precise expression.
	Researcher's reflective commentary	Due to the phenomenological nature of the study, the researcher wrote down initial biased opinions and knowledge about the experience of Swazi adolescent motherhood as well as reflective notes on the patterns appearing and themes emerging in different phases of the research process.
	Ensuring honesty of the participants	As discussed in the previous section, it was made clear that refusal of participation or withdrawal by participants at any stage was allowed. Rapport was established in the introduction of the interview and with emphases on the fact that no right or wrong answers exist. Participants were encouraged to be truthful about their lived experience of motherhood.

Strategy	Criteria	Application
Credibility	Examination of previous research	It was necessary to review literature in order to write the research proposal needed to fulfil the requirements of the North-West University and therefore it was impossible to have no prior knowledge of the phenomenon under study in order to adhere to the ground rules of the Phenomenological approach. The researcher limited the literature necessary for the protocol in order to avoid bias and a more in-depth literature review was done after the results of the study had been obtained.
	Debriefing sessions between researcher and supervisors	Continuous discussions between the researcher and the supervisor were held throughout each phase of the research process, ethical procedures and guideline policies.
Transferability	Dense description	Dense descriptions of methods, data gathering and analysis (Merriam, 2009) were represented in a comprehensive discussion in chapter 1 and 2. The findings were supported by direct quotes from participants.
	Participants	To ensure that transferability was maintained in this research, a comprehensive and detailed account of the research context has been included. The background information and the thick description of Swazi adolescent girls' experience of motherhood can therefore provide a platform for doing a similar study in another milieu and will enable other researchers to compare the instances of the phenomenon described with those that they see emerge in their own research.
Dependability	Audit trail	All stages of the research process were accurately reported and recorded.
	Dense description	A full description of the research methodologies allows for the replication of the study.
Conformability	Audit trail	Full description of research methodologies allows for the replication of the study.
	Peer examination	To ensure rigour, findings were validated by means of a process of inter-rater reliability (Jasper, 1994). The data was also analysed by another researcher with a Doctorate degree in Research at North-West University and the findings and discussions were subjected to various discussions in order to exclude researcher bias
	Reduced bias	Transparency of preconceptions through acknowledgement adds to the trustworthiness of a phenomenological study (Lowes & Prowse, 2001) and therefore shortcomings in the methods and the potential effect will be explained in Section C.

Summary

In section A part I the researcher gave a discussion of the rationale and motivation of the study, formulated the research question and aim of the study and presented an introductory literature review of the main concepts that were identified. The research methodology, ethical aspects and trustworthiness were also discussed.

Conclusion: Section A Part I

The aim of section A Part I was to give an overview of the problem statement, discuss the rationale of the study and define important concepts and previous research on the experiences of adolescent motherhood. The research methodology, ethical considerations and trustworthiness were also given attention. Section A Part II will provide information on theories and models underpinning the study of adolescent motherhood.

Section A Part II: Integrated literature study

This sections aims to give an overview of the theoretical framework and existing literature with regards to adolescence and motherhood and the different theories and models applicable to this topic through discussing Ericson's theory of adolescent development, Keyes's model of well-being, the ecological model of Bronfenbrenner and phenomenology. These theories are defined, explained and contextualised within the parameters of this study in the sub-sections below.

Adolescence

The nature of adolescent development

Adolescence is distinctly known as the phase in which the body changes and prepares for sexual maturity with increased production of gonad hormones. Girls typically show physical signs of puberty earlier than boys with menarche [the first menstruation] being the most dramatic event in their sexual maturity (Sigelman & Rider, 2011). Girls often react to the maturation process with mixed feelings and worry about their self-image, their physical appearance and their skills and abilities. Youths within the adolescent phase of life are known to be ignorant of reproductive issues (Macleod, 2003), taking part in risky sexual behaviour (unprotected sex, sex with a non-marital or non-cohabitating partners). According to the 2011 State of the World's children report, adolescent boys between the ages of 15–19 years are more likely to engage in higher risk sex than adolescent girls of the same age, however the risk of HIV infection is higher amongst adolescent girls than adolescent boys (UNICEF, 2011).

With regards to cognition the early stages of adolescence are characterized by concrete thinking abilities that later develop into abstract thinking and reasoning in the middle and late stages of adolescent hood (Collins, 2008). Socially, peer relationships start influencing adolescent decision-making processes and shaping identity.

Choices about morals and values are established and adolescents begin defining their own uniqueness (Collins, 2008; UNICEF, 2011). In terms of behaviour, early adolescence is characterized with experimenting with new behaviour, while youth in the middle stage of adolescence are more prone to risky behaviour for example, drug and alcohol use, eating disorders, sex, and so on, (Collins, 2008), which further develops into the assessment of their own risk-taking as they get older (Sigelman & Rider, 2011). Not only do adolescents need to adjust to all the changes but they also need to start making choices about careers and future. One of the pioneers of American psychology in the early 1900s, G.S. Hall, was of the opinion that young people struggle to adjust to the confusing and dynamic process of adolescence and therefore are experienced by others as rebellious, stressed, emotional and prone to inner conflict (Collins, 2008). It is evident that the adolescent developmental phase constitutes a period of great change, challenges and development particularly in a girl's life and should not be taken for granted when doing research with this particular age group.

Main theorist: Erikson

Erik Erikson, a prominent developmental theorist of the 1950s, formulated a theory of human development that envelops the entire life cycle span from infancy and childhood through to old age (Saddock & Saddock, 2003). Erikson used the term "crisis" to suggest a series of internal conflicts that are linked to eight developmental stages. According to Erikson's theory, if a person does not successfully resolve each "crisis" in each life stage, it will influence their personal identity and future development (Saddock & Saddock, 2003). If a child masters each psychosocial "crisis" in each stage, he/she will gain new ego strength (Sigelman & Rider, 2011). The eight stages can be summarized as (1.) trust versus mistrust; (2.) autonomy versus shame and doubt; (3.) initiative versus guilt; (4.) industry versus inferiority; (5.) identity versus role confusion; (6.) intimacy versus isolation; (7.) generativity versus stagnation; (8.) integrity versus despair (Sigelman & Rider, 2011).

The fifth stage (12–20 years) corresponds to adolescence, when the child struggles between identity and role confusion. Erikson describes adolescence as being a period where the child tries to develop her own sense of identity (Sigelman & Rider, 2011). During adolescence the child is faced with questions of who she is, how she fits into the world and how the world's view of her correlates with how she feels about herself. Childhood fantasies and roles are not appropriate anymore, yet the adolescent has not yet attained adult status (Saddock & Saddock, 2003). It is typically during adolescence that the individual will defend against role diffusion by joining a cult or clique or identifying with her heroes (Saddock & Saddock, 2003). If the adolescent receives proper encouragement and reinforcement through personal exploration, she will learn to successfully deal with the "crisis" during adolescence and will have the freedom to associate with others without losing her own identity. This will result in a strong sense of self and a feeling of independence (Cherry, 2014) and will lead the adolescent into attaining fidelity as a virtue which will enable her to deal with conflicting issues like intimacy versus isolation in the next stage of life (Oswalt, n.d.). If there is a loss of direction and purpose she might experience role confusion and an identity crisis. The adolescent might be unsure of her beliefs and desires and might experience insecurity and confusion (Cherry, 2014). Role confusion—not knowing who you are—can manifest in several difficulties such as running away, psychosis, questioning gender role and confused sexual orientation (Saddock & Saddock, 2003) and becoming socially cut off or isolated (Oswalt, n.d.).

Erikson's theory of adolescent development has particular bearing on the experience of adolescent motherhood as adolescent motherhood might have the ability to hamper her in attaining the necessary ego strength during the adolescent phase, in order to establish an autonomous sense of self and resolve the next stage of intimacy (Hurlbut, Culp, Jambunathan, & Butler, 1997). Adolescent mothers are faced with dealing with different life

stages simultaneously (Sadler & Cowlin, 2003) and are forced to cope with the stage of generativity, which has to do with parenting, before they are necessarily ready for it (Hurlbut et al., 1997). According to Erikson's theory and the literature, this puts their parenting skills at risk. Furthermore it might influence the ability to successfully attain fidelity by making and respecting commitments to another person (Saddock & Saddock, 2003). Erikson was of the opinion that one must know oneself in order to be able to love another person. The young adult with a distorted sense of self might find it difficult to commit to long term relationships or might become overly dependent on a partner as a way of finding her own identity (Sigelman & Rider, 2011); and previous research also suggested that adolescent mothers were cautious with pursuing new romantic relationships (Sodi & Sodi, 2012).

Adolescents and well-being (Keyes's model)

Keyes (2002) argues that mental health or well-being measures psychological, emotional and social well-being. These three dimensions of well-being will be discussed in short.

Psychological well-being.

Psychological well-being refers to the subjective and personal account of one's satisfaction and functioning in life and consists of six dimensions namely (1) self-acceptance—positive evaluation and attitude towards the self, liking the different parts of the self; (2) positive relations with others—the ability to form quality, trusting relationships with others; (3) personal growth—experiencing continued self-development and seeking challenges; (4) purpose in life—experiencing one's life as having meaning; (5) environmental mastery—the ability to effectively manage one's life, and; (6) autonomy—being self-determined and being guided by internal values and standards (Keyes, 2005; Ryff & Keyes, 1995). Psychological well-being does not only measure whether a person is coping with life, but actually to what extent they are flourishing (Keyes, 2002).

Emotional well-being.

Keyes (2002) defines emotional well-being as a group of symptoms reflecting the existence or non-existence of positive feelings about life. Emotional well-being is measured by an indication of the presence of positive affect, the absence of negative affect and persons' satisfaction with life.

Social well-being.

Social well-being typifies the social and public criteria that persons use to evaluate every-day functioning in society (Keyes, 2002). Keyes (1998) describes several social challenges experienced and constructed these different social dimensions into a measurement scale in order to establish if individuals see themselves thriving in their social lives (Keyes, 2002). The first dimension described by Keyes (1998) is "social integration" and measures whether a person feels as if they are part of society and what the quality of their relationship is with the community that they live in. Secondly the degree of "social acceptance" is measured. This implies an understanding of the nature and qualities of society as a whole and a belief that others can be trusted and have the ability to be hard-working and kind. Keyes (1998) argues that social acceptance of others might be closely linked to self-acceptance. Social well-being is also dependent on "social contribution" and measures whether persons experience themselves as valuable to society and whether they feel as if they are contributing to the world (Keyes, 1998). Fourthly, "social actualization" refers to the evaluation of the potential and evolution of society. Socially healthy people are more confident about the future of society and see themselves as potential recipients of social growth (Keyes, 1998). Lastly, in order to evaluate social well-being, a person's "social coherence" should be kept in mind. In other words a socially healthier person is someone that is interested in how the world that they live in is organized, how the world works and how to make sense of life (Keyes, 1998).

Ecological model: The role of context

The ecological model of Urie Bronfenbrenner argues that the entire ecological system in which growth occurs should be considered in order to understand human development (Bronfenbrenner, 1994). In other words there is a dynamic, complicated interaction between humans, objects and their environment and it is this reciprocal interaction that is responsible for growth (Merrick, 1995). Bronfenbrenner (1994) identifies five nested environmental systems with which an individual interacts: the microsystem, mesosystem, exosystem, macrosystem and chronosystem. Each of these systems will be defined and the relevance of this in the study of adolescent motherhood will be mentioned.

Microsystem.

The microsystem refers to the direct environment in which persons live, their interpersonal relationships, their roles and the activities of daily life in which they participate (Bronfenbrenner, 1994). The theory argues that people are not merely recipients of the experiences when interacting with people and institutions from their microsystem, since all the different microsystems contribute to the construction of this environment (Sincero, n.d.). For the adolescent mother these settings include her interactions with her family, home, school, friends and church where she plays the role as daughter, mother, sister and friend. In exploring the experience of early motherhood amongst Swazi adolescent girls, one should consider how this experience has influenced her relationship with her family, her school and her peers. Her experience of motherhood can also be directly affected by the social support she receives from her microsystems and the reactions to her situation.

Mesosystems.

The mesosystem consists of the interactions and processes that take place between two or more settings / microsystems of which the developing person is part of (Bronfenbrenner, 1994) for example, the relations between the adolescent mother's home and

school, the interaction between the neighbourhood and the school and alike. The support that the adolescent experiences at home can influence whether she will continue with school or not (Lehana & Van Rhyn, 2003). Some countries like South Africa allow adolescent mothers to return to school (Bhana et al., 2010) which might have an impact on their overall experience of motherhood and might influence their future career possibilities.

Exosystem.

The exosystem is the processes in which the developing person is not actively involved in but that indirectly influence the developing person (Bronfenbrenner, 1994). Many adolescent mothers are dependent on their parents and families for financial support (Spear, 2004) and therefore an impact on one of the parent's occupations can indirectly influence the adolescent mother as well.

Macrosystem.

The macrosystem refers to contextual patterns of systems that exist at the level of the culture or the subculture as a whole (Reifsnider, Gallagher, & Forgione, 2005). These contextual patterns include a person's belief systems, language, race, socio-economic status, ideology and ethnicity. Culture plays a specific role in one's experience of motherhood (Akujobi, 2011) and therefore the experience of early motherhood amongst Swazi adolescent girls might be different from the experience of girls from other races and cultures. The socio-economic status of the adolescent girls in this study should also be kept in mind as it could influence the way in which early motherhood is experienced. In South Africa adolescent mothers can apply for a child-support grant which can assist with the financial expenses of the child but there are several criteria to which a mother must adhere to in order to be able to qualify for the grant. For example, the mother must prove that she is the primary care-giver of the child and she must have proof that she is a South African citizen. (DSD, SASSA, &

UNICEF, 2012). Research indicates that the minority of adolescent mothers do however end up receiving grants (Makiwane, 2010).

Chronosystems.

The chronosystem includes the transitions in one's lifespan and events occurring in the context of passing time. This may also involve the socio-historical contexts that may influence a person (Sincero, n.d.). In South-Africa for example, the effect of apartheid should be kept in mind and how it influenced the family structures, the socio-economic status and the employment of the family in which the adolescent mother grew up (Bronfenbrenner, 1994).

In summary, according to Bronfenbrenner's ecological perspective, the quality of environmental and contextual influences will influence the adolescent's development (Reifsnider et al., 2005) and experiences of early motherhood.

Motherhood

Mother-child attachment

Being a mother constitutes several responsibilities (Mercer, 2004). A child's first contact is with his/her mother and this mother-child interaction is pivotal for shaping and forming a child (Barkin & Wisner, 2013). Bowlby's (1954) work on attachment suggests that the child's relationship with the mother (or mother figure) has irreversible mental health consequences for the child, either positively or negatively. Attachment can be defined as "an emotional bond formed between an infant and one or more adults", usually the mother (Reber et al., 2009, p. 69). The attachment styles of children are especially important since failure to form a good attachment with a parent can result in the children's sense of self being incomplete, fragmented and with a limited sense of autonomy (Hughes, 1997). The implication is that the ability to handle difficult situations as well as the relation to others and the world around them both as children and as adults is influenced (Hughes, 1997). It can

therefore be said that mothers make a remarkable contribution to society (Logsdon et al., 2006) as well as the family unit.

High functioning mothers

Barkin, Wisner, Bromberger, Beach, and Wisniewski (2010) describe a high functioning mother as someone who has adequate social support, is able to take care for her own mental and physical wellbeing, takes care of her child, attaches to her child, juggles her various responsibilities and adapts over time. In order to fulfil all the demands of being a mother, it is essential that a mother takes proper care of herself by ensuring that she follows healthy eating habits, taking time out for herself when necessary, making sure she receives adequate sleep and looking after her physical appearance (Barkin & Wisner, 2013). It seems that high functioning mothers are important with reference to their personal well-being as well as their children's overall healthy development.

Positive experiences of motherhood

Many studies of women's post-natal experiences tend to highlight the negative experiences, yet many women experience motherhood as positive. A study done with 1285 women approximately six weeks post-partum indicated that two-thirds gave the maximum score of five for enjoying looking after the baby and 79% for being proud of being a mother (Green & Kafetsios, 1997). Motherhood has also been associated with greater positive mental health outcomes such as higher levels of life satisfaction (Hansen, Slagsvold, & Moum, 2009) and even though parenting can be stressful, it is rewarding (Evenson & Simon, 2005).

Culture

South African cultures

South Africa is a multi-ethnic society characterized by its diversity, having 11 official languages, the most of any country in the world ("Most official languages (country)", n.d.) These are: English, Afrikaans, isiZulu, isiXhosa, Sesotho, Setswana, Sepedi, Xitsonga, siSwati, isiNdebele and Tshivenda ("South Africa Country Profile", 2013). South Africa is often referred to as the rainbow nation with a variety of traditions, religions, customs and beliefs (Argent & Westoby, 2009). It is a relatively young democracy, having abolished *apartheid* which restricted economic, education and democratic rights to the minority white population in 1994 (Steinberg, 2014). Since then, all South Africans have enjoyed equal rights and have triumphed in having a peaceful transition of government and reconciling the injustices of the past (Sitze, 2013). Economic inequality remains a massive problem with 62% of the population having a monthly income of less than R800. Of these, 86% are Black Africans (SuperCross version 8.0.2.32, 2011). Also with regards to education, great inequalities remain. Grade 10 represents the median education level (including the siSwati speakers) compared to grade 12 (for English speakers). Of the 51 million people in South Africa, 2, 5% of them come from the Swazi culture (SuperCross version 8.0.2.32, 2011). This study focused specifically on adolescent girls in South Africa from the Swazi culture.

Swazi culture.

The literature on Swazis was found to be limited and information on the Swazi culture was from research projects executed a couple of years ago. Swazis are an ethnic group that belongs to the Bantu language group in Africa. siSwati, which is related to the Zulu language, is their mother language. By the nineteenth century Swazis were threatened by the Zulu nation in the south and therefore relocated further north to the region that is today known as Swaziland (Healey, 2011). The country's name is derived from the first king of the modern

Swazi state, King Mswati Dlamini II (1840-1865). Swaziland is a small country in south-eastern Africa nearly completely surrounded by South Africa except for the north-eastern region, which borders Mozambique. Over the years Swaziland has been greatly affected by the HIV/AIDS epidemic and drought, poverty and starvation have brought much suffering to the country (Healey, 2011). Traditionally, the Swazi people are known as farmers but many have established themselves in other countries to find better job opportunities. Since the study area is geographically adjacent to Swaziland, and since the study population speaks the same language as is spoken in Swaziland, it increases the likelihood that studies from Swaziland would have similar findings in the Nkomazi municipality.

Traditionally Swazi families are male dominated, yet Swazi women form the backbone of the homestead (Ginindza, 1989). Swazi women are hesitant to embrace western biomedical medicine and many fear losing their fertility through the use of contraceptives (Ziyani 2003). Traditional practices surrounding labour are strongly adhered to in preference to biomedical control (Thwala, Jones, & Holroyd, 2012). The rate of contraceptive use in Swaziland is as low as 10% (Ziyane & Ehlers, 2006) despite sexual activity among teenagers being common at more than 50% (Ministry of Health and Social Welfare 2001). These statistics are in conflict with the traditional custom of *umcwasho*—the custom of chastity and sexual restraint—which has been highly valued by Swazis for decades. This custom forbids young, unmarried girls engaging in any form of sexual activity for a specified period, the length of which is determined by the king on a national or regional level. The Swazi elders and parents are known to be strict and conservative with regards to sexual activity amongst the youth who have reached puberty (Van Rooyen & Hartell, 2010).

Culturally, Swazi men are awarded higher status than Swazi woman (Dlamini et al., 2003) especially when it comes to sexual decision making (Ziyane & Ehlers, 2006). The

same behaviour in siblings of different sex is treated differently depending on the gender of the child. A father might praise his son for dating more than one girl simultaneously, whilst chastising his daughter for the same behaviour as it could decrease her bridal value (lobola) offered to the father by her future husband. If the daughter should fall pregnant out of wedlock, it would be seen as a disgrace to the family and she and her child would be insulted and called bad names (Dlamini as cited in Malherbe, Kleijwegt, Koen, & Unisa, 2001).

In the traditional Swazi culture an infertile Swazi woman is seen as a disgrace and stigmatized in society (Gule, 1994; Russell, 1993; Ziyane & Ehlers, 2006). Infertility has been seen as sufficient reason for men to divorce wives or engage in sexual encounters with other younger woman that can bear children on behalf of his wife (Women and Law in Southern Africa cited in Ziyane & Ehlers 2006). It is desirable to have many children, since off-spring are seen as a form of life insurance or a family resource as they guarantee support in old age (Gule, 1994). Children are furthermore important for determining and maintaining the political and social position of the family (Ziyane & Ehlers, 2006). Where “lobola” (bridal money) is paid, the husband’s family expects the woman to bear a minimum of six children (Ziyane & Ehlers, 2006). Male babies are more desirable than female babies as a male baby will secure the family name and can take over the father’s responsibilities. This implies that Swazi women may not control fertility until a boy is born. Cultural expectations can limit the use of contraceptives and pressure women into falling pregnant at a younger age to prove fertility (Ziyane & Ehlers, 2006).

Rearing a child when one is not working brings about financial stress on the family. For more traditional Swazi families the financial burden seems to be less of a stressor seeing that dealing with adversities in life is a common occurrence. Families in the transitional phase from a traditional lifestyle to a more Westernized lifestyle seem to experience more

emotional difficulties when faced with adolescent motherhood. The parents of these girls often have high hopes and big future dreams for their daughters in terms of education, work and lifestyle which appear to be shattered once the girls fall pregnant (Dlamini et al., 2003).

It is interesting to note that in recent research done with adolescent boys and girls in Swaziland, the adolescents are starting to think differently about sexual matters than what was traditionally been expected. Nevertheless, their cultural predisposition remains strong. Adolescent boys indicated that although they maintain the belief that Swazi men are the sole decision makers in sexual matters, they are of opinion that Swazi women should only commence childbearing activities at the age of 21 years or older (Ziyane & Ehlers, 2007). Male adolescents preferred a family of two to four children and the adolescent girls preferred two or three.

Phenomenology

Seeing that this research is looking at the lived experiences of early motherhood amongst Swazi adolescent girls, it is necessary to shortly clarify the phenomenological approach as to investigate the subjective understandings of humans.

Background on phenomenology

Phenomenology can be defined as a philosophical doctrine that studies immediate experience (Reber et al., 2009) and the science of essential being (Clark, 2007). This perspective recognizes the value of human experience. Since the original contribution by Husserl, many followers of this discipline have added their own perspectives and ideas to this developing science, so that today, there are various approaches and methods within the science (Clark, 2007). Finlay (2009) argues that phenomenological researchers generally agree that — . . . our central concern is to return to embodied, experiential meanings. We aim

for fresh, complex, rich descriptions of a phenomenon as it is concretely lived” (Finlay, 2009, p. 6).

Lived experience

Phenomenology also draws on the works of Alfred Schutz who explained how the life world of a subject (a person’s conscious experience of everyday life) is experienced and developed by them (Schwandt, 2007). The focus is on any events, happenings and experiences that a person can see, hear, touch, smell, taste, feel, intuit, know, understand, or live (Seamon, 2013) and how the person relates to them (Lester, 1999; Reber et al., 2009) in the here-and-now (Joyce & Sills, 2009). Van Manen (1990) refers to these conscious experiences as “lived experiences”. The inquirer therefore tries to describe the phenomena that the person is experiencing by trying to stay as close as possible to the lived experience of the person (Thomas, 2004) and to give a composite description of “what” and “how” a person experienced a specific situation or event rather than giving an analysis or explanation of that event (Moustakas, 1994). Creswell (2007:57) explains a phenomenological research paradigm to be one which “... describes the meaning for several individuals of their lived experiences of a concept or a phenomenon.” This means that the aim of this outlook is therefore to describe the essence of what all the subjects, for example, adolescent Swazi mothers under investigation, have in common (early motherhood) as they experience a situation (Creswell, 2007).

Types of phenomenology

Giorgi, A. identified five main phenomenological methods being used in psychology in the first decade of the twenty first century (Giorgi & Giorgi, 2007):

- (1) Goethean pre-philosophical experimental phenomenology
- (2) Grass-root phenomenology
- (3) Interpretive phenomenology
- (4) Descriptive pre-transcendental Husserlian phenomenology
- (5) Husserlian phenomenology based on the return from a transcendental.

For the purpose of this study hermeneutic phenomenology (Van Manen, 1990) will be highlighted and summarized as this was the type of phenomenology method utilized for this study.

Hermeneutic phenomenology as described by van Manen

Van Manen (1990) focuses on the lived experiences of individuals and interpreting the “texts” of life (hermeneutics). Although he doesn’t approach phenomenology with rigid rules or structure, he discusses phenomenological research as a “dynamic interplay” among six research activities (Creswell, 2013). Researchers first turn to a phenomenon that thoroughly interest them e.g. adolescent motherhood and then start reflecting on the essential themes and what the lived experiences consists of. While maintaining a strong relation to the topic of inquiry a balance between the individual experiences and the whole is described. The process is both descriptive and interpretive in nature as opposed to Moustaka’s (1994) transcendental phenomenology which is focused less on the researcher’s interpretation and more on the description of the participant’s experience. In hermeneutic phenomenology the researcher helps the participant to make meaning of what is experienced, reading between the lines and allowing the ordinarily hidden aspects to become more evident (Creswell, 2013).

Conclusion: Section A Part II

The aim of section A Part II was to give an overview on literature covered in this study. The findings of this study are shared in Section B in article format in compliance with the authors' instructions as specified by the selected journal, Journal of Psychology in Africa. Section C serves to unite sections A and B with a critical discussion of the research findings and includes the research limitations and recommendations for future research.

Reference list

- Aber, C., Weiss, M., & Fawcett, J. (2013). Contemporary women's adaptation to motherhood: The first 3 to 6 weeks postpartum. *Nursing Science Quarterly*, 26(4), 344–351. doi:10.1177/0894318413500345
- Afable-Munsuz, A., Speizer, I., Magnus, J. H., & Kendall, C. (2006). A positive orientation toward early motherhood is associated with unintended pregnancy among New Orleans youth. *Maternal and Child Health Journal*, 10(3), 265–276. doi:10.1007/s10995-005-0049-8
- Akujobi, R. (2011). Motherhood in African literature and culture. *Comparative Literature and Culture*, 13(1), 1–7.
- Argent, S., & Westoby, A. (2009). Our rainbow nation. *Envirokids*, 30(2), 8–9.
- Babbie, E. (2007). *The practice of social research*. Belmont, VA: Thomson Wadsworth.
- Babbie, E. (2010). *The practice of social research* (12th ed.). Wadsworth, WA: Cengage Learning.
- Barbour, R. S. (2007). *Introducing qualitative research: A student's guide to the craft of doing qualitative research*. Los Angeles, LA: SAGE.
- Barclay, L., Everitt, L., Rogan, F., Schmied, V., & Wyllie, A. (1997). Becoming a mother: An analysis of women's experience of early motherhood. *Journal of Advanced Nursing*, 25(4), 719–728.
- Barkin, J. L., Wisner, K. L., Bromberger, J. T., Beach, S. R., & Wisniewski, S. R. (2010). Assessment of functioning in new mothers. *Journal of Women's Health* (2002), 19(8), 1493–1499. doi:10.1089/jwh.2009.1864
- Barkin, J. L., & Wisner, K. L. (2013). The role of maternal self-care in new motherhood. *Midwifery*, 29(9), 1050–1055. doi:10.1016/j.midw.2012.10.001

- Beck, C. T. (1996). A meta-analysis of predictors of postpartum depression. *Nursing Research, 45*(5), 297–303.
- Belsky, J., & Fearon, R. M. P. (2002). Infant-mother attachment security, contextual risk, and early development: A moderational analysis. *Development and Psychopathology, 14*(2), 293–310.
- Benzies, K., Tough, S., Tofflemire, K., Frick, C., Faber, A., & Newburn-Cook, C. (2006). Factors influencing women's decisions about timing of motherhood. *Journal of Obstetric, Gynecologic, & Neonatal Nursing, 35*(5), 625–633. doi:10.1111/j.1552-6909.2006.00079.x
- Bhana, D., & Mcambi, S.J. (2013). When schoolgirls become mothers: Reflections from a selected group of teenage girls in Durban. *Perspectives in Education, 31*(1), 11–19.
- Bhana, D., Morrell, R., Shefer, T., & Ngabaza, S. (2010). South African teachers' responses to teenage pregnancy and teenage mothers in schools. *Culture, Health & Sexuality, 12*(8), 871–883. doi:10.1080/13691058.2010.500398
- Bowlby, J. (1954). *Maternal care and mental health : A report prepared on behalf of the World Health Organization as a contribution to the United Nations programme for the welfare of homeless children*. Geneva : World Health Organization.
- Bronfenbrenner, U. (1994). Ecological models of human development. *International Encyclopedia of Education, 3*(2), 37–43.
- Burmeister, N. H. (2005). *A review of the literature on the psychological experience of pregnancy: possible implications for low-income women in South-Africa*. (Master's thesis). Stellenbosch University, Stellenbosch.
- Cherry, K. (2014). *Stages of psychosocial development*. Retrieved from http://psychology.about.com/od/psychosocialtheories/a/psychosocial_2.htm

Chohan, Z. (2011). Teenage mothers talk about their experience of teenage motherhood.

Agenda, 25(3), 87–95.

Clark, K. A. (2007). A phenomenological approach to the experience of chronic pain

(Doctoral dissertation, The University of Wales, Bangor). Retrieved from

<http://accforum.org/forums/index.php?/topic/13352-a-phenomenological-approach-to-the-experience-of-chronic-pain/>

Collins, G. R. (2008). *Die A tot Z van berading: Bybelse perspektiewe op probleemoplossing*. Kaapstad, Suid-Afrika: Struik Christelike Boeke.

Creswell, J. W. (2007). *Qualitative inquiry and research design: Choosing among five approaches*. (2nd ed.). Thousand Oaks, CA: SAGE.

Darvill, R., Skirton, H., & Farrand, P. (2010). Psychological factors that impact on women's experiences of first-time motherhood: A qualitative study of the transition. *Midwifery*, 26(3), 357–366. doi:10.1016/j.midw.2008.07.006

De Carvalho, J. E. C. (2007). How can a child be a mother? Discourse on teenage pregnancy in Brazilian Favela Culture. *Health & Sexuality*, 9(2), 109–120.

Department of Economic and Social Affairs. (2007). *World youth report, 2007 young people's transition to adulthood: Progress and challenges*. New York, NY: United Nations. Retrieved from <http://www.search.ebscohost.com/login.aspx?direct=true&scope=site&db=nlebk&db=nlabk&AN=225832>

Department of Health, Medical Research Council, OrcMacro. (2007). *South Africa Demographic and Health Survey 2003*. Pretoria. Retrieved from <http://www.mrc.ac.za/bod/sadhs.htm>

- Diener, E. (2009). Positive psychology: Past, present, and future. In C. R. Snyder & S. J. Lopez (Eds.), *Oxford handbook of positive psychology* (pp. 7–11). New York, NY: Oxford University Press.
- Dlamini, L. S., Van der Merwe, M. M., & Ehlers, V. J. (2003). Problems encountered by teenage mothers in the Southern Hho-Hho region of Swaziland. *Health SA Gesondheid*, 8(3), 74–85. Retrieved from <http://www.highbeam.com/doc/1G1-170582014.html>
- Donald, D. R., & Dawes, A. (1994). Understanding the psychological consequences of adversity. In A. Dawes & D. Donald (Eds.), *Childhood and adversity: Psychological perspectives from South African research* (pp. 1–27). Cape Town, South Africa: Dawid Phillip.
- DSD, SASSA, & UNICEF. (2012). The South African child support grant impact assessment: Evidence from a survey of children, adolescents and their households. Pretoria: UNICEF South Africa.
- Elkind, D., & Bowen, R. (1979). Imaginary audience behavior in children and adolescents. *Developmental Psychology*, 15(1), 38–44. doi:10.1037/0012-1649.15.1.38
- Evenson, R. J., & Simon, R. W. (2005). Clarifying the relationship between parenthood and depression. *Journal of Health and Social Behavior*, 46(4), 341–358. doi:10.1177/002214650504600403
- Figueiredo, B., Bifulco, A., Pacheco, A., Costa, R., & Magarinho, R. (2006). Teenage pregnancy, attachment style and depression: A comparison of teenage and adult pregnant women in a Portuguese session. *Attachment & Human Development*, 8(2), 123–128.

- Finer, L. B., & Zolna, M. R. (2011). Unintended pregnancy in the United States: Incidence and disparities, 2006. *Contraception*, 84(5), 478–485.
doi:10.1016/j.contraception.2011.07.013
- Finlay, L. (2009). Debating phenomenological research methods. *Phenomenology & Practice*, 3(1), 6–25.
- Flaherty, S., & Sadler, L. (2011). A review of attachment theory in the context of adolescent parenting. *Journal of Pediatric Health Care* 25(2), 114–121.
- Flick, U. (2009). *An introduction to qualitative research (4th ed.)*. London, England: SAGE.
- Folkman, S., & Moskowitz, J. T. (2000). Positive affect and the other side of coping. *American Psychologist*, 55(6), 647–654. doi:10.1037/0003-066X.55.6.647
- Fredrickson, B. L. (2013). Positive emotions broaden and build. *Advances in experimental social psychology* 47(1), 1–53. doi:10.1016/B978-0-12-407236-7.00001-2
- Furstenberg, F. F., Brooks-Gunn, J., & Morgan, S. (1990). *Adolescent mothers in later life*. Cambridge: University Press.
- Ginindza, T. (1989). *Swazi women: Sociocultural and economic considerations*. Retrieved from http://pdf.usaid.gov/pdf_docs/PNABQ380.pdf
- Giorgi, A. P., & Giorgi, B. (2007). Phenomenological psychology. In C. Willig & W. Stainton-Rogers (Eds.), *The SAGE handbook of qualitative research in psychology* (pp. 165–178). SAGE.
- Grant, M., & Hallman, K. (2006). *Pregnancy-related school dropout and prior school performance in South Africa*. New York, NY: Policy Research Division.
- Greef, M. (2011). Information collection: Interviewing. In A. De Vos, H. Strydom, C. Fouche, & C. S. Delport (Eds.), *Research at grass roots: For the social sciences and human service professions* (4th ed., pp. 341–376). Pretoria, South Africa: Van Schaik.

- Green, J. M., & Kafetsios, K. (1997). Positive experiences of early motherhood: Predictive variables from a longitudinal study. *Journal of Reproductive and Infant Psychology*, 15(2), 141–157.
- Grinnell, R. M., & Unrau, Y. A. (2011). *Social work research and evaluation : Foundations of evidence-based practice*. New York, NY: Oxford University Press.
- Gross, H., & Pattison, H. (2007). *Sanctioning pregnancy: A psychological perspective on the paradoxes and culture of research*. East Sussex, United Kingdom: Routledge.
- Grove, S. K., & Burns, N. (2008). *The practice of nursing research: Appraisal, synthesis, and generation of evidence* (6th ed.). Missouri, MO: Saunders, Elsevier.
- Gule, G. (1994). Socio-cultural constraints to family planning in Swaziland. *Canadian Studies in Population*, 21(1), 35–49.
- Gunnestad, A. (2006). Resilience in a cross-cultural perspective: How resilience is generated in different cultures. *Journal of Intercultural Communication*, (11), 1–1.
- Hall, A. S., & Torres, I. (2002). Partnerships in preventing adolescent stress: Increasing self-esteem, coping, and support through effective counseling. *Journal of Mental Health Counseling*, 24(2), 97–109
- Hall, E. O. C., Kronborg, H., Aagaard, H., & Brinchmann, B. S. (2013). The journey towards motherhood after a very preterm birth: Mothers' experiences in hospital and after home-coming. *Journal of Neonatal Nursing*, 19(3), 109–113.
- Hansen, T., Slagsvold, B., & Moum, T. (2009). Childlessness and psychological well-being in midlife and old age: An examination of parental status effects across a range of outcomes. *Social Indicators Research*, 94(2), 343–362. doi:10.1007/s11205-008-9426-1
- Hays, S. (1996). *The cultural contradictions of motherhood*. New Haven: Yale University Press.

- Healey, C. (2011). *Our world: Swaziland* (No. 9781429800815). Retrieved from North-West University library website:
<http://nwulib.nwu.ac.za/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=f5h&AN=17621110&site=eds-live>
- Hefferon, K., & Gil-Rodriguez, E. (2011). Interpretative phenomenological analysis. *The Psychologist*, 24(10), 756–759.
- Hoffman, S. (2006). *By the numbers: The public cost of teen childbearing*. Washington, DC: The National Campaign to Prevent Teen and Unplanned Pregnancy.
- Hughes, D. (1997). *Facilitating developmental attachment: The road to emotional recovery and behavioural change in foster and adopted children*. North Bergen, NJ: Book-mart Press.
- Human-Vogel, S. (2007). *Policy guidelines on the inclusion of minor children in research investigations*. Pretoria, South Africa: University of Pretoria.
- Hurlbut, N. L., Culp, A. M., Jambunathan, S., & Butler, P. (1997). Adolescent mothers' self-esteem and role identity and their relationship to parenting skills knowledge. *Adolescence*, 32(127), 639–654.
- Jasper, M. (1994). Issues in phenomenology for researchers of nursing. *Journal of Advanced Nursing*, 19(2), 309–314. doi:10.1111/j.1365-2648.1994.tb01085.x
- Jomeen, J. (2010). *Choice, control and contemporary childbirth: Understanding through women's stories*. Abington, United Kingdom: Radcliffe.
- Joyce, P., & Sills, C. (2009). *Skills in Gestalt counselling & psychotherapy*. London, England: SAGE.
- Kaufman, C. E., De Wet, T., & Stadler, J. (2001). Adolescent pregnancy and parenthood in South Africa. *Studies in Family Planning*, 32(2), 147–160.

- Kaye, D. K. (2008). Negotiating the transition from adolescence to motherhood: Coping with prenatal and parenting stress in teenage mothers in Mulago hospital, Uganda. *BMC Public Health*, 8(83), 83-88. doi: 10.1186/1471-2458-8-83
- Keyes, C. L. M. (1998). Social well-being. *Social Psychology Quarterly*, 61(2), 121–140.
- Keyes, C. L. M. (2002). The mental health continuum: From languishing to flourishing in life. *Journal of Health & Social Behavior*, 43(2), 207–222.
- Keyes, C. L. M. (2003). Complete mental health: An agenda for the 21st century. In C. L. M. Keyes & J. Haidt (Eds.), *Flourishing: Positive psychology and the life well-lived* (pp. 293–312). Washington, DC, : American Psychological Association.
- Keyes, C. L. M. (2005). Mental illness and/or mental health? Investigating axioms of the complete state model of health. *Journal of Consulting and Clinical Psychology*, 73(3), 539–548. doi:10.1037/0022-006X.73.3.539
- Keyes, C. L. M. (2007). Promoting and protecting mental health as flourishing: A complementary strategy for improving national mental health. *American Psychologist*, 62(2), 95–108. doi:10.1037/0003-066X.62.2.95
- King, N., & Horrocks, C. (2010). *Interviews in qualitative research*. London, England: SAGE.
- Kirby, D. B., Laris, B. A., & Roller, L. A. (2007). Sex and HIV education programs: Their impact on sexual behaviors of young people throughout the world. *Journal of Adolescent Health*, 40(3), 206–217.
- Koen, M. P., Van Eeden, C., Wissing, M. P., & Koen, V. (2013). The stories of resilience in a group of professional nurses in South Africa. In M. P. Wissing (Ed.), *Well-Being research in South Africa* (Vol. 4, pp. 389–413). Dordrecht, Netherlands: Springer.
- Kruger, L.M. (2005). *Mothers in the South African context: Motherhood ideologies and the subjective experience of motherhood*. Unpublished manuscript.

- Kvale, S. & Brinkmann, S. (2009). *Interviews (2nd ed): Learning the craft of qualitative research interviewing*. Thousand Oaks, CA: SAGE.
- Lehana, T., & Van Rhy, L. (2003). A phenomenological investigation of experiences of pregnancy by unmarried adolescents in Maseru. *Health SA Gesondheid*, 8(1), 26–38.
- Lester, S. (1999). An introduction to phenomenological research. Taunton, UK: Author.
- Retrieved from <http://www.sld.demon.co.uk/resmethy.pdf>
- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Newbury Park, CA: Sage.
- Logsdon, M. C., Wisner, K. L., & Pinto-Foltz, M. D. (2006). The impact of postpartum depression on mothering. *Journal of Obstetric, Gynecologic, and Neonatal Nursing*, 35(5), 652–658. doi:10.1111/j.1552-6909.2006.00087.x
- Lowes, L., & Prowse, M. A. (2001). Standing outside the interview process? The illusion of objectivity in phenomenological data generation. *International Journal of Nursing Studies*, 38(4), 471–480.
- Macleod, C. (1999). Teenage pregnancy and its negative consequences: Review of South African research - Part 1. *South African Journal of Psychology*, 29(1), 1–7.
- Macleod, C. (2003). Teenage pregnancy and the construction of adolescence: Scientific literature in South Africa. *Childhood*, 10(4), 419–437.
- doi:10.1177/0907568203104003
- Maholo, R., Maja, T. M., & Wright, S. C. (2009). Relationships, perceptions and the socio-cultural environment of pregnant teenagers in Soshanguve secondary schools. *Africa Journal of Nursing and Midwifery*, 11(2), 48–60.
- Makiwane, M. (2010). The child support grant and teenage childbearing in South Africa. *Development Southern Africa*, 27(2), 193–204.

- Malherbe, J., Kleijwegt, M., Koen, E., & Unisa, I. F. G. S. (2001). *Women, society and constraints: A collection of contemporary South African gender studies*. Pretoria, South Africa: Unisa Press.
- Masten, A.S., (2001). Ordinary magic: Resilience processes in development. *American Psychologist*, 56(3), 227–238.
- Masten, A. S., & Wright, M. O. (2010). Resilience over the lifespan: Developmental perspectives on resistance, recovery, and transformation. In J. W. Reich, A. J. Zautra, & J. S. Hall (Eds.), *Handbook of adult resilience*. (pp. 213–237). New York, NY: Guilford Press.
- Meleis, A. I., Sawyer, L. M., Im, E. O., Hilfinger Messias, D. K., & Schumacher, K. (2000). Experiencing transitions: An emerging middle-range theory. *Advances in Nursing Science*, 23(1), 12–28.
- Melo, R.C.J., Souza, I. E.O., & Paula, C. C. (2014). The voice of the woman-mother of a premature baby in the neonatal unit: A phenomenological approach. *Brazilian Journal of Nursing*, 13(2), 194–202.
- Mercer, R. T. (1995). *Becoming a mother: Research on maternal identity from Rubin to the present*. New York, NY: Springer .
- Mercer, R. T. (2004). Becoming a mother versus maternal role attainment. *Journal of Nursing Scholarship*, 36(3), 226–232. doi:10.1111/j.1547-5069.2004.04042.x
- Merriam, S. B. (2009). *Qualitative research: A guide to design and implementation*. San Francisco, CA: Jossey-Bass.
- Merrick, E. N. (1995). Adolescent childbearing as career “choice”: Perspective from an ecological context. *Journal of Counseling & Development*, 73(3), 288–295.
- Miller, T. (2005). *Making sense of motherhood : A narrative approach*. Cambridge: Cambridge University Press.

Ministry of Health and Social Welfare. (2001). *Reproductive Health Needs Assessment:*

Swaziland. Retrieved from

http://www.afro.who.int/pt/downloads/doc_download/1816-reproductive-health-needs-assessment-report.html

Mkhwanazi, N. (2010). Understanding teenage pregnancy in a post-apartheid South African township. *Culture, Health & Sexuality*, 12(4), 347–358.

Most official languages (country). (n.d.). Retrieved July 5, 2014, from

<http://www.guinnessworldrecords.com/records-11000/most-official-languages-%28country%29/>

Moustakas, C. E. (1994). *Phenomenological research methods*. Thousand Oaks, CA: Sage.

Mouton, J. (2001). *How to succeed in your Master's & Doctoral Studies*. Pretoria, South Africa: Van Schaik.

Neuman, W.L., (2003). *Social research methods: Qualitative and quantitative approaches* (5th ed.). Boston, MA: Allyn and Bacon.

Nieuwenhuis, J. (2011). Qualitative research designs and data gathering techniques. In K. Maree (Ed.), *First steps in Research* (pp. 70–92). Pretoria, South Africa: Van Schaik.

O'Hara, M. W., Hoffman, J. G., Philipps, L. H., & Wright, E. J. (1992). Adjustment in childbearing women: The postpartum adjustment questionnaire. *Psychological Assessment*, 4(2), 160–169. doi:10.1037/1040-3590.4.2.160

O'Leary, V. E. (1998). Strength in the face of adversity: Individual and social thriving. *Journal of Social Issues*, 54(2), 425–446.

Obrist, B., Pfeiffer, C., & Henley, R. (2010). Multi-layered social resilience: A new approach in mitigation research. *Progress in Development Studies*, 10(4), 283–293. doi:10.1177/146499340901000402

- Ogini, E. (1996). Feminism and womanism: A historical perspective. In A . Adebayo (Ed.), *Feminism and black women 's creative writing: Theory, practice, and criticism* (pp. 11–20). Ibadan, Nigeria: AMD.
- Oswalt, A. (n.d.). *Erik Erikson and self-identity - child development theory: Adolescence*. Retrieved from http://sevendcounties.org/poc/view_doc.php?type=doc&id=41163&cn=1310
- Panday, S., Makiwane, M., Ranchod, C., & Letsoalo, T. (2009). *Teenage pregnancy in South Africa - with a specific focus on school-going learners*. Pretoria: Child, Youth, Family and Social Development.
- Parekh, A., & De la Rey, C. (1997). Intragroup accounts of teenage motherhood: A community based psychological perspective. *South African Journal of Psychology*, 27(4), 223–229.
- Paris, R., & Helson, R. (2002). Early mothering experience and personality change. *Journal of Family Psychology*, 16(2), 172–185. doi:10.1037//0893-3200.16.2.172
- Parker, R. (1997). The production and purposes of maternal ambivalence. In B. Featherstone & W. Hollway (Eds.), *Mothering and Ambivalence*(pp.17-36). London, England: Routledge.
- Parks, P. l., Lenz, E. R., Milligan, R. A., & Han, H. R. (1999). What happens when fatigue lingers for 18 months after delivery? *Journal of Obstetric, Gynecologic, and Neonatal Nursing*, 28(1), 87–93.
- Peterson, C. (2009). Positive psychology. *Reclaiming Children and Youth*, 18(2), 3–7.
- Polkinghorne, D. (1989). Phenomenological research methods. In R.S. Valle & S. Halling. (Eds.), *Existential-phenomenological perspectives in psychology* (pp. 41–60). New York, NY: Plenum Press.

- Pope, C., Van Royen, P., & Baker, R. (2002). Qualitative methods in research on healthcare quality. *Quality & Safety in Health Care*, 11(2), 148–152. doi:10.1136/qhc.11.2.148
- Reber, A., Allen, R., & Reber, E. (2009). *Penguin Dictionary of Psychology*. London, England: Penguin Books
- Reid, V., & Meadows-Oliver, M. (2007). Postpartum depression in adolescent mothers: An integrative review of the literature. *Journal of Pediatric Health Care*, (September/October), 289–299.
- Reifsnider, E., Gallagher, M., & Forgione, B. (2005). Using ecological models in research on health disparities. *Journal of Professional Nursing*, 21(4), 216–222.
- Richardson, G. E. (2002). The metatheory of resilience and resiliency. *Journal of Clinical Psychology*, 58(3), 307–321.
- Richter, M. S., & Mlambo, G. T. (2005). Perceptions of rural teenagers on teenage pregnancy. *Health SA Gesondheid*, 10(2), 61–70. Retrieved from <http://www.ajol.info/index.php/hsa/article/view/10311>
- Rolfe, A. (2008). “You’ve got to grow up when you’ve got a kid”: Marginalized young women’s account of motherhood. *Journal of Community & Applied Social Psychology*, 18, 299–314.
- Roulston, K. (2010). *Reflective interviewing: A guide to theory and practice*. London, England: SAGE.
- Rubin, A., & Babbie, E. (1997). *Research methods for social work* (3rd ed.). Boston, MA: Brooks/Cole
- Russell, M. (1993). Women, children and marriage in Swaziland. *International Journal of Sociology of the Family*, 23(1), 43–57.

- Rutter, M. (1990). Psychosocial resilience and protective mechanisms. In J. E. Rolf, A. S. Masten, D. Cicchetti, K. H. Nuechterlein, & S. Weintraub (Eds.), *Risk and protective factors in the development of psychopathology* (9th ed., pp.181-214). New York, NY: Cambridge University Press.
- Ryan, R. M., & Deci, E. L. (2001). On happiness and human potentials: A review of research on hedonic and eudaimonic well-being. *Annual Review of Psychology*, 52, 141–166.
- Ryff, C. D., & Keyes, C. L. M. (1995). The structure of psychological well-being revisited. *Journal of Personality and Social Psychology*, 69(4), 719–727.
- Saddock, B. J., & Saddock, V. A. (2003). *Kaplan and Saddock's synopsis of psychiatry: Behavioral sciences, clinical psychiatry* (9th ed.). Philadelphia, PA: Lippincott Williams & Wilkins.
- Sadler, L. S., & Cowlin, A. (2003). Moving into parenthood: A program for new adolescent mothers combining parent education with creative physical activity. *Journal for Specialists in Pediatric Nursing*, 8(2), 62–70.
- Schwandt, T. A. (2007). *The SAGE dictionary of qualitative inquiry* (3rd ed.). Los Angeles, CA: SAGE Publications.
- Scott, J. (2012). *A singular woman: The untold story of Barack Obama's mother* (Rev. ed.). New York, NY: Riverhead Trade.
- Seamon, D. (2013). *A way of seeing people and place: Phenomenology in environment-behavior research* (Pub No. 2214430). Rochester, NY: Social Science Research Network. Retrieved from <http://papers.ssrn.com/abstract=2214430>
- Seligman, M. E. P. (2011). *Flourish : A new understanding of happiness, well-being - and how to achieve them*. London, England: Nicholas Brealey.

- Shaw, M. E., & Lawlor, D. A. (2007). Why we measure teenage pregnancy but do not count teenage mothers? *Critical Public Health*, 17(4), 311–316.
doi:10.1080/09581590701302281
- Shelton, N., & Johnson, S. (2006). “I think motherhood for me was a bit like a double-edged sword”: The narratives of older mothers. *Journal of Community & Applied Social Psychology*, 16(4), 316–330. doi:10.1002/casp.867
- Sigelman, C. K., & Rider, E. A. (2011). *Life-span human development*. Belmont, CA: Wadsworth, Cengage Learning.
- Sincero, S. M. (n.d.). Ecological systems theory. Retrieved from
<https://explorable.com/ecological-systems-theory>
- Sitze, A. (2013). *The impossible machine: A genealogy of South Africa's Truth and Reconciliation Commission*. Michigan, MI: The University of Michigan Press.
- Smith, E.J. (2006). The strength-based counseling model. *The Counseling Psychologist* 34(1), 13–79.
- Smith, J. (1995). Semi-structured interviewing and qualitative analysis. In J. Smith, R. Harre and L. Van Langenhove. (Eds). *Rethinking methods in psychology*. London, England: SAGE.
- Smith, J. A., & Osborn, M. (2007). *Qualitative psychology: A practical guide to research methods*. (J. A. Smith, Ed.). SAGE.
- Smith, J. & Osborn, M. (2003). Interpretative phenomenological analysis. In J. Smith (Ed). *Qualitative psychology: A practical guide to research methods*. (pp. 51-80). London, England: SAGE.
- Sodi, E., & Sodi, T. (2012). Quality of daily life with teenage motherhood. *Journal of Psychology in Africa*, 22(3), 429–433.

South Africa Country Profile. (2013). Retrieved April 16, 2014 from

<http://www.nti.org/country-profiles/south-africa/>

Spear, H. (2004). A follow-up case study on teenage pregnancy: —Hvin a baby isn't a nightmare, but it is really hard." *Paediatric Nursing*, 30(2), 120–125.

Stake, R. E. (1995). *The Art of Case Study Research*. Thousand Oaks, CA: SAGE.

Statistics South Africa. (2012a). *Census 2011: Census in brief*. Retrieved from

http://www.statssa.gov.za/census2011/.../Census_2011_Census_in_brief.pdf

Statistics South Africa. (2012b). *Statistical release: General household survey 2011*.

Retrieved from <https://www.statssa.gov.za/publications/P0318/P0318April2012.pdf>

Steinberg, J. (2014). Policing, state power, and the transition from apartheid to democracy: A new perspective. *African Affairs*, 113(451), 173–191.

Struwig, F. W., & Stead, G. B. (2001). *Planning, designing and reporting research*. Cape Town, South Africa: Pearson Education.

Strydom, H. (2011). Ethical aspects of research in the social sciences and human service professions. In A. De Vos, H. Strydom, C. Fouche, & C. S. Delpont (Eds.), *Research at grass roots: For the social sciences and human service professions* (4th ed. pp. 113–129). Pretoria, South Africa: Van Schaik.

Strydom, H., & Delpont, C. S. (2011). Information collection: Document study and secondary analysis. In A. De Vos, H. Strydom, C. Fouche, & C. S. L. Delpont (Eds.), *Research at Grass Roots: For the social sciences and human service professions* (4th ed., pp. 376–388). Pretoria, South Africa: Van Schaik.

SuperCross (8.0.2.32) (Computer software). (2011). STATS SA: Census 2011.

Terre Blanche, M., Durrheim, K., & Painter, D. (2006). *Research in practice: Applied methods for the social sciences* (2nd ed.). Cape Town, South Africa: University of Cape Town Press.

- Theron, L. C. (2013). Teacher pathways to resilience: Interpretations of teacher adjustment to HIV/AIDS-related challenges. In M. P. Wissing (Ed.), *Well-being research in South Africa* (pp. 73–96). Dordrecht, Netherlands: Springer.
- Thomas, A. B. (2004). *Research skills for management studies* (1st ed.). London, England: Routledge.
- Thomas, D., & Hodges, I.(2010). *Designing and managing your research project: Core skills for social and health research*. London, England: SAGE.
- Thwala, S. B. P., Jones, L. K., & Holroyd, E. (2012). An ethnographic account of the beliefs, values, and experiences of rural Swazi women during childbirth. *Evidence Based Midwifery*, 10(3), 101–101.
- Tugade, M. M., & Fredrickson, B. L. (2004). Resilient individuals use positive emotions to bounce back from negative emotional experiences. *Journal of Personality and Social Psychology*, 86(2), 320–333. doi:10.1037/0022-3514.86.2.320
- Tulman, L., & Fawcett, J. (2003). *Women's health during and after pregnancy : A theory-based study of adaptation to change*. New York, NY: Springer.
- Tuohy, D., Cooney, A., Dowling, M., Murphy, K., & Sixsmith, J. (2013). An overview of interpretive phenomenology as a research methodology. *Nurse Researcher*, 20(6), 17–20.
- Ungar, M. (2012). Researching and theorizing resilience across cultures and contexts. *Preventive Medicine*, 55(5), 387–389. doi:10.1016/j.ypmed.2012.07.021
- United Nations Children's fund. (2011). *Adolescence: An age of opportunity*. New York, NY: UNICEF.
- United Nations Population Fund. (2013a). *The state of world population 2013: Motherhood in childhood*. Retrieved from <http://www.unfpa.org/swp>

United Nations Population Fund. (2013b). *Adolescent pregnancy: A review of evidence*.

Retrieved from

http://www.unfpa.org/webdav/site/global/shared/swp2013/ADOLESCENT%20PREGNANCY_UNFPA.pdf

Van den Berg, H. S., George, A. A., Du Plessis, E. D., Botha, A., Basson, N., De Villiers, M., & Makola, S. (2013). The pivotal role of social support in the well-being of adolescents. In M. P. Wissing (Ed.), *Well-being research in South Africa* (pp. 315–339). Dordrecht, Netherlands: Springer.

Van Manen, M. (1990). *Researching lived experience: Human science for an action sensitive pedagogy*. London, England: SUNY Press.

Van Rooyen, L., & Hartell, C. (2010). The traditional custom of chastity and sexual restraint in the education of the young Swazi girl. *International Journal of Adolescence and Youth*, 15(4), 319–341.

Van Schalkwyk, I., & Wissing, M. P. (2010). Psychosocial well-being in a group of South African adolescents. *Journal of Psychology in Africa*, 20(1), 53–60.

Weaver, J., & Ussher, J. (1997). How motherhood changes life: A discourse analytical study with mothers of young children. *Journal of Reproductive and Infant Psychology*, 15(1), 51–68.

Whitman, T., Borkowski, J., Keogh, D., & Weed, K. (2001). *Interwoven lives: Adolescent mothers and their children*. Mahwah, NJ: Lawrence Erlbaum.

Wilson-Tagoe, N. (1997). Reading towards a theorization of African women's writing: African women writers within feminist gynocriticism. In S. Newell (Ed.), *Writing African women: gender, popular culture and literature in West Africa* (pp. 11–28). Zed Books.

Woldt, A. L., & Toman, S. M. (2005). *Gestalt therapy: History, theory, and practice* (1st ed.). Thousand Oaks, CA: SAGE.

World Health Organization. (1948). *World Health Organisation: Basic documents*. Geneva, Switzerland: World Health Organisation. Retrieved from <http://apps.who.int/iris/handle/10665/43637>

Youngleson, A. (2007). *The impossibility of ideal motherhood: The psychological experiences and discourse on motherhood amongst South African low-income coloured mothers specifically in the Kylemore community* (Master's thesis). Stellenbosch University, South Africa

Ziyane, I. S. (2003). Socio-cultural deterrents to family planning practices among Swazi women. *Curationis*, 26(4), 39–50.

Ziyane, I.S ., & Ehlers, V. (2006). Swazi youths' attitudes and perceptions concerning adolescent pregnancies and contraception. *Health SA Gesondheid*, 11(1), 31–42. doi:10.4102/hsag.v11i1.213

Ziyane, I. S., & Ehlers, V. (2007). Swazi men's contraceptive knowledge, attitudes, and practices. *Journal of Transcultural Nursing*, 18(1), 5–11. doi:10.1177/1043659606294190

Section B: Article

The experiences of early motherhood amongst Swazi adolescent girls

Alexa Kotzé

Susanne Jacobs

Izanette van Schalkwyk

North-West University (Potchefstroom Campus), South Africa

Author Note

This research was supported in part by a grant from Momentum

Corresponding authors:

Susanne Jacobs (Dr), COMPRES, Faculty of Health Sciences, Potchefstroom Campus,
North-West University. Email: 22093915@nwu.ac.za or sjacobs2603@gmail.com

Tel: 012 662 5839, Cell: 082 783 7474, Fax: (012) 662 5839 PO Box 6011, Pierre van
Ryneveld, South Africa 0045.

Izanette van Schalkwyk (Dr), COMPRES, Faculty of Health Sciences, North-West
University, South Africa. Email: 20977027@nwu.ac.za

Tel: [+27 \(0\)21 864 3593](tel:+270218643593) Cell: 072 367 7739, Fax: [+27 \(0\)21 864 2654](tel:+270218642654)

Alexa Kotzé, Email: alexakotze@gmail.com Tel: 072 2392 920,

P.O. Box 807 Malelane South Africa, 1320

Abstract

The aim of this research was to explore and describe the experiences of early motherhood amongst Swazi adolescent girls. Positive psychology formed the theoretical framework. A qualitative phenomenological design was used, and nine participants from the ages of 16 to 20 years and residing in Mpumalanga, South Africa, were selected through a process of snow-ball sampling. Data was collected by means of semi-structured interviews, and analyzed using the interpretative phenomenological approach (IPA). Five main themes were identified: (a) The influence of emotions; (b) Social support during early adolescent motherhood; (c) Challenges experienced during early motherhood; (d) Personal growth; and (e) Resilience. The findings indicate that early motherhood entails both positive and negative experiences for Swazi adolescents. Although the motherhood experience was challenging, positive adaptation through social acceptance and support enabled resilient overcoming for some. Recommendations to enhance the well-being of Swazi adolescent mothers are given.

Keywords: Swazi, adolescents, motherhood, phenomenology, positive psychology, adolescent pregnancies

The experience of early motherhood amongst Swazi adolescent girls

Adolescent pregnancies and early motherhood are rife all around the world, a dilemma that exists across all cultures in both developed and developing countries (UNFPA, 2013). Research shows that although overall fertility in South Africa is decreasing, adolescent pregnancies are declining at a slower pace despite freely available contraceptives at state health facilities (Maholo, Maja, & Wright, 2009; Panday, Makiwane, Ranchod, & Letsoalo, 2009). Almost one in five women from developing countries fall pregnant before they turn 18, and up to one in four in East and Southern Africa (UNFPA, 2013b). Poorly educated, impoverished and rural adolescent girls have a higher risk of becoming pregnant than wealthier urban girls (UNFPA, 2013a). In Swaziland, 28% of girls became pregnant before their eighteenth birthday for the time period 2000 to 2009 (UNICEF, 2011). Compared to the world average of 15% (calculated in the same study), Swazi girls seem to be especially prone to adolescent pregnancies making this cultural group particularly valuable for research purposes.

The transition to motherhood is a life changing situation for any woman (Paris & Helson, 2002), but even more so if it occurs during adolescence, as motherhood and the life stage of adolescence can be in conflict with one another (Sadler & Cowlin, 2003). While the adolescent mother is still in the process of figuring out who she is in the world and amongst her peers (Sigelman & Rider, 2011), her newly acquired maternal role might hinder her developing identity (Sadler & Cowlin, 2003). Adolescent motherhood can therefore give rise to several social and psychological problems (Richter & Mlambo, 2005) for the adolescent mother and her baby.

Adolescent mothers have a higher risk for post-natal depression (Figueiredo, Bifulco, Pacheco, Costa, & Magarinho, 2006), which in turn could influence parenting skills (Reid &

Meadows-Oliver, 2007) and result in a greater likelihood of poorer attachment styles with their children (Flaherty & Sadler, 2011). When secondary school learners become pregnant, it often results in schooldrop-out which entails numerous problems, such as limited future career options and lowering socio-economic status (Grant & Hallman, 2006; Lehana & Van Rhyn, 2003; Macleod, 1999); financial difficulties (Spear, 2004); problematic relationships with families, friends and boyfriends (Rolfe, 2008; Spear, 2004); feelings of self-blame, sadness, isolation, and lack of interest (Sodi & Sodi, 2012); and losing out on childhood experiences (Rolfe, 2008).

Research indicates that children of adolescent mothers are often born prematurely (Panday et al., 2009) or have low birth weight (Hoffman, 2006), and are prone to developmental and intellectual delays (Whitman, Borkowski, Keogh, & Weed, 2001). Daughters of adolescent mothers are more likely to become adolescent mothers themselves, and sons of adolescent mothers are more likely to be imprisoned (Hoffman, 2006). Also, children of adolescent mothers are more prone to dropping out of school, have poorer academic performance and poorer school attendance (Kirby, Laris, & Roller, 2007; Panday et al., 2009). Although the afore-mentioned issues must be viewed from a 21st century perspective, and the role of culture and context should be considered, it is evident from previous research that adolescent motherhood poses a number of challenges that require many compromises and adjustments (Kaufman, De Wet, & Stadler, 2001).

Not all girls necessarily experience adolescent motherhood as negative and studies amongst different cultural groups have indicated that some adolescents have positive experiences in becoming mothers (Chohan, 2011; Furstenberg, Brooks-Gunn, & Morgan, 1990). Lehana and Van Rhyn (2003) show that unmarried adolescent girls in Maseru reported acceptance and support from families, boyfriends, friends and community members

during their pregnancies. Chohan (2011) indicates that the experience of positive emotions, such as happiness, excitement and a sense of fulfilment were an integral part of motherhood for the adolescents under study. Macleod (2003) emphasizes how teenagers may see becoming a mother as a pathway to the desired status of adulthood. Furthermore, adolescent girls from Swaziland are of the opinion that starting childbearing whilst still being a teenager is ideal and would enable a woman to bear the optimum number of children in her lifetime (Ziyane & Ehlers, 2006).

Besides the fact that there is limited research on adolescent motherhood in South Africa in general, a void remains in the literature regarding the Swazi cultural group and their personal, subjective experience of adolescent motherhood. The question arose as to how Swazi girls experience early motherhood. By exploring and describing the lived experiences of early motherhood amongst Swazi adolescent girls in the Nkomazi area of Mpumalanga province, first-hand information from the adolescents themselves can be obtained in order to gain an understanding of their experience of early motherhood. This information can be used in future to provide guidelines for an educational pregnancy prevention programme in South Africa by increasing awareness of the challenges associated with motherhood, the impact it has on the lives of adolescent girls and the importance of responsible motherhood. Furthermore the information can also provide guidelines for establishing a support programme that will equip the girls for the task of early motherhood.

Method

Aim of the study

The aim of the study was to explore and describe the experience of early motherhood amongst Swazi adolescent girls highlighting both positive and the negative experiences. The participants were encouraged to reflect on what they experienced and how they experienced the early period of adolescent motherhood (pregnancy included).

Design

In this study, a qualitative approach with a phenomenological method of inquiry was used since it provides a basis for both an individual as well as a group of individuals with a common life event to be studied (Creswell, 2012; Roulston, 2010). The phenomenological approach allowed the researcher to focus on the “how” of the adolescent Swazi girls’ personal feelings and convictions of motherhood, in the present moment, rather than trying to interpret the reasoning or the “why” behind the lived phenomena (Joyce & Sills, 2009).

Participants and setting

Purposeful and snowball sampling was used (Strydom & Delport, 2011) as an effective means of data collection. Nine Swazi girls between the ages of 16 and 20 years who are able to speak English and residing within the former homeland area of Nkomazi municipality in Mpumalanga, South Africa, were selected. The Nkomazi area is densely populated ranging from one hundred to even more than one thousand people per square kilometer for different wards within the area. The participants all came from poor to middle-class households and had access to primary health care clinics, walking distance from their houses, as well as to one of two district hospitals in the surrounding area.

About a quarter of the dwellings in the Nkomazi area have piped water to their homes, however generally less than 5% have flushing sanitation systems (Statistics South Africa, 2012). All participants made use of outside non-flushable toilets and had access to at least one outside water point. Although unemployment and illiteracy is common in the Nkomazi area with percentages fluctuating within the 40's and 20's respectively (Statistics South Africa, 2012), all participants had at least passed grade 5. All participants had access to electricity, public transport, personal cell phones and television. In accordance with the inclusion and exclusion criteria, all the participants had only one child between the ages of two and 18 months and the child was not born prematurely. The participants did not have a history of a chronic illness.

Data gathering

Semi-structured interviews, consisting of open-ended questions were used. Smith (1995) argues that semi-structured interviews allow flexibility and are helpful to gain a detailed picture of the participants' perceptions, beliefs and accounts of a specific topic. Smith (1995) describes semi-structured interviews and the purpose of qualitative analysis as a natural fit. Barbour (2008) amplifies this by stating that when using the interpretative phenomenological approach (IPA) as the method of data analysis, semi-structured interviews are the preferred method of data collection. One-on-one interviews were specifically chosen to decrease any possible emotional or psychological harm. This was done to ensure that participants from a vulnerable life stage could feel comfortable in sharing detailed information about their personal experiences of adolescent motherhood without being concerned with peer pressure or judgment from others (Greef, 2011). The interview guide (Greef, 2011) consisted of 11 questions. In order to overcome possible language barriers as to the understanding of the verbal questions, the questions were written in both English and siSwati and were shown to each participant during the interview (See appendix E).

Participants were encouraged to answer in English, but if necessary could express themselves in siSwati. All interviews were recorded and transcribed verbatim. Answers given in siSwati were transcribed and translated by both a native siSwati speaking person and checked by another skilled siSwati person to ensure reliable translation.

Procedure and ethical concerns

Permission to conduct research was obtained from the Department of Health in Mpumalanga and approval was obtained from the Ethics Committee of the North-West University for this project (approval number: NWU-0011-10-A1). A thorough explanation on the purpose, procedure and extent of the study was given to the participants in a written format (Neuman, 2003; Rubin & Babbie, 1997) and verbally discussed in English and in siSwati. All participants gave written informed assent (two participants were only 16 – 17 years old) and those older than 18 years gave written informed consent prior to their participation with assurance that participation was voluntary, anonymous and confidential. To ensure further confidentiality, a code was assigned to each participant and therefore personal details were withheld from any other involved parties (transcribers, examiners from North-West University and interpreters).

Data Analysis

The interpretative phenomenological approach (IPA) was used to describe, understand and interpret the participants' experiences (Tuohy, Cooney, Dowling, Murphy, & Sixsmith, 2013). The IPA guidelines as described by Smith & Osborn (2007) were used. The researcher immersed herself in the transcribed data and firstly looked for possible themes. Identified themes were chronologically listed where after similar themes were clustered together. Themes from the first analysed transcript were consequently used to orientate the

subsequent analysis. A continuous process of referring back to the raw data and reformulation of subthemes followed until a final table was drawn up with five main themes and subsequent subthemes. Translated verbatim quotations from participants substantiated each theme (See appendix L).

Trustworthiness

The guidelines suggested by Lincoln and Guba (1985) were followed to ensure the trustworthiness of the research process. Dependability was ensured by accurately recording and reporting an audit trail. Credibility was maintained through making use of a flexible interview guide translated in both English and siSwati and having regular debriefing sessions with supervisors. Transferability was demonstrated through a thick and rich description of the data and the context of the participants and conformability was ensured by the process of inter-rater reliability and peer revision.

Findings and discussion

Five main themes emerged from the analyses of the data, namely:

Theme: The influence of emotions.

The journey of early motherhood constitutes a mixture of emotions. The Swazi adolescent mothers experienced a combination of both positive and negative emotions.

Sub-theme: Negative emotional experiences.

Although most of the participants were able to deal with the physical difficulties associated with pregnancy, many experienced high levels of distress during pregnancy.

The feelings and emotions of worry and stress were ignited by the unpredictability of the future and the uncertainty of what the process of motherhood would entail.

—Eish, I think too much. . . . I am stress” (G11:248. . . . 252).

—Eish, when I was pregnant, I was worried because I didn’t know anything about a baby, what’s going on when you are pregnant, what you are going to do when the baby come out” (G2:81).

The participants collectively expressed, clearly and without hesitance, that their pregnancies were unplanned and referred to a mistake. This finding is in line with previous research that suggests that most adolescent pregnancies were unwanted (Mkhwanazi, 2010; Richter & Mlambo, 2005) or occurred too soon (Finer & Zolna, 2011). The unpreparedness for motherhood was further highlighted by feelings of regret and self-blame and most participants indicated that they would advise other adolescent girls not to make the same mistake.

—I’m blaming myself a lot, a lot, a lot...it is my mistake...because I wish to finish my study...to have the money, to have the house...a nice home then I have the baby but now my dreams didn’t work out and I blame myself for that” (G2:405).

Shame accompanied the feeling of regret and was portrayed as follows:

—I feel ashamed. Cause now I’m not supposed to be a mother because I am too young” (G3:161).

—I’m feeling like I’m a stupid person” (G1:292).

This finding supports previous research on Swazi girls from Southern Hho-Hho region in Swaziland who experienced feelings of guilt and perceived rejection and gossip from the community (Dlamini, Van der Merwe, & Ehlers, 2003).

The girl's heightened awareness and feelings of shame might be partly due to the fact that adolescent motherhood is against traditional Swazi culture (Van Rooyen & Hartell, 2010). All of the girls confirmed this during the interviews.

—But it does affect my culture because... everyone says that you have to, you must have a baby after marriage” (G12:376).

—Some think that if you have a baby it's a, it's a wrong thing” (G1:376).

In some instances the difficult emotional experiences led to feelings of helplessness and being overwhelmed. The fact that negative feelings were more prevalent during pregnancy and not so much after the baby's birth once again indicates that adolescents were emotionally, cognitively and socially far from ready for motherhood.

—I thought some things were breaking (falling apart), really I didn't want a child” (G10:77).

—I was think that, my future is already gone” (G11:89).

More than half of the participants experienced initial shock and disbelief in coming to terms with the pregnancy and motherhood. One participant even reported having suicidal thoughts during pregnancy; three of the nine participants considered an abortion. Research undertaken in other cultures supports this initial negative emotional experience with the confirmation of pregnancy. Sotho girls in Maseru had feelings of disbelief, confusion and disappointment when they found out they were pregnant (Lehana & Van Rhyn, 2003).

Tshivenda, Xitsonga and Sepedi speaking girls from a rural setting in South Africa reported feelings of sadness, self-blame, isolation and lack of interest (Sodi & Sodi, 2012) while the Zulu girls from a semi-rural area in Kwa-Zulu Natal verbalised feeling sad, disappointed, depressed and shocked (Parekh & De la Rey, 1997).

Many of the participants experienced feelings of anger, bitterness, heartache and isolation based on the fact that after the confirmation of pregnancy, the fathers of their children cheated on them with other girls, rejected them or weren't emotionally supportive.

—It's changed now, because I am having a child. While I was alone. . . . He was loving me too much and promise me things and now, eh, he's run away from me" (G11:308. . . . 312).

—It [boyfriend rejecting her] made me feel...eish...so angry, disappointed, sad, everything and it makes me always to cry" (G3:89)

Sub-theme: Positive emotional experiences.

The experience of motherhood also involves positive emotions. This is a significant finding, since seven of the nine participants could recognise positive experiences that resulted from motherhood. These findings are in contrast with previous research conducted with 27 Black adolescents from Knoppieslaagte, south of Pretoria. The majority of these girls were unable to identify any positive emotions that resulted from motherhood and failed to mention the role of their children in their lives (De Visser & Le Roux, 1996).

Some of the participants pointed out the love they felt for their babies and the joy experienced by playing and spending time with them. Other participants felt proud of their babies and enjoyed the newly found companionship.

—And when you just see their faces, you just melt. . . . I love my baby” (G12:416. . . . 596).

—Ah, I enjoy to be a mother when maybe sometimes I go to shopping, I go with my baby, some of them they like my baby eh, the baby is beautiful’. And I enjoy that”(G5:870).

Likewise, during research undertaken by Chohan (2011) adolescent mothers in Johannesburg shared their excitement, pride, happiness and sense of fulfilment that came with having a baby and seeing them grow.

Contrary to popular belief, adolescent motherhood can entail several positive experiences. Based on Keyes (2002), it can be expected that the presence of positive emotions and experience of life satisfaction contributes to the emotional well-being of the Swazi adolescent mothers.

Theme: Social support during early adolescent motherhood.

All the participants experienced occurrences where family, friends, school and the greater community were supportive as well as unsupportive or not helpful. The microsystem thus plays a major role since experiences inevitably led to a change in social relationships in their immediate environments. The participants’ desire and need for support were obvious throughout the research process.

Family support.

The support experienced from the adolescents’ parents seemed to change over the course of early motherhood. Initially parents were angry and disappointed, resulting in temporary broken parent-child relationships.

"... your parent, they not support you. Like they take time to support you"

(G11:500).

—When I started changing shape, at two or four months, they didn't talk to, to me"

(G9:333).

This initial reaction of anger and shock from the adolescents' parents was also experienced by the Zulu adolescents from KwaZulu-Natal (Parekh & De la Rey, 1997) and Black adolescents from Knoppieslaagte in Gauteng reinforced these findings by reporting how their parents were initially upset and angry but after a while accepted the reality of their pregnant daughter (De Visser & Le Roux, 1996).

It is however not only the initial reaction of the parents to their daughter's pregnancy that should be considered, but how this calamity of adolescent pregnancy is dealt with in the long term. From this study it seems that despite being a cultural taboo in traditional Swazi culture (Van Rooyen & Hartell, 2010), after the birth, most of the immediate family members were supportive of both the adolescent mother and her baby.

—I think, I think that I am still special to them because they love me and they show me that love that I want" (G3:69).

—They are supporting me, yes, a lot" (G5:942).

Culture.

Similarly it was found in the Zulu culture that this initial anger and disapproval of the pregnant adolescent daughter, that is often accompanied by chastising, was eventually followed by overall acceptance from the family (Preston-Whyte, Zondi, Mavundla, & Gumede, 1990). Preston-Whyte et. al. (1990) argue that the reason that repercussions of

Black adolescent pregnancies aren't extremely harsh could be ascribed to the fact that in many African cultures children are seen as a gift from God (Akujobi, 2011). Furthermore there are minimal if any adverse effects on a girl's marriage prospects if she falls pregnant as an adolescent. The fact that she is fertile might often make her even more desirable (Preston-Whyte et al., 1990). Previous research on Swazis also indicated that having many children is seen as a form of life insurance as children guarantee support in old age (Gule, 1994) and help maintain the political and social position of the family (Ziyane & Ehlers, 2006). It is expected that although it wasn't explicitly mentioned by the participants in this study, that all of the above-mentioned reasons might contribute to the overall acceptance and social support given by the adolescent's family. In the light of Keyes's (1998;2002) model of well-being, this social acceptance and social integration can contribute to the adolescent's well-being and ability to flourish in life.

Similar to previous research on Sesotho adolescent from Maseru (Lehana & Van Rhyn, 2003) and Tshivenda, Xitsonga and Sepedi speaking adolescent (Sodi & Sodi, 2012), the mothers of the Swazi participants were more supportive and accepting during and after the pregnancy than the fathers .

—She [my mother] showed me everything, how a child lives, what I have to do so the child can prosper” (G3:125).

—... but my father, yo, still, he's still she run away from me. Say I disappoint” (G11:384).

Community support.

The participants experienced both judgement and acceptance from the broader community. Several of them experienced that they had lost the respect of the community, sometimes being called a bad influence on other girls.

—They don't respect you, because you are young and you get a child.” (G11:742).

—...people you see on the street think you are a crazy girl when you meet with someone else, a girl that are not pregnant” (G2:121).

Parallel to the family's reaction, although the community was initially judgemental and insulting, they still offered support. One participant pointed out the normality of the occurrence of adolescent pregnancies in her community and two participants indicated better treatment from community members after birthing a child. It is interesting to note that four of the nine participants chose themselves to differentiate between the experience of support from the community and that of their neighbours. Not only did the neighbours accept the participants, they seemed to play a big part in advising and teaching the adolescent mothers how to take care of their babies.

—...so, my neighbour, when the baby is doing this crying...they tell me the baby is feeling the pain. When the baby is doing this, you do that, she teaches me. ”
(G2:221).

Ultimately, the Swazi community in this study showed support and acceptance of the participants. This may be linked to their inherent cultural orientation or African morality known as “Ubuntu”. This ancient African word means “humanity to others” and is practised by people all over Africa. According to the 2005 January edition of the New African

magazine (as cited in Nkosi & Daniels, 2007), “Ubuntu” is built on the principles of sharing, cooperation and empathy and suggests that, “Individuals see themselves and their roles in society only in relation to the whole community to which they belong” (Mbiti, 1969, p. 108 – 109). Wissing (2006) describes black traditional South Africans as belonging to a collectivist cultural orientation with regards to their “shared patterns of behavioural readiness, assumptions, attitudes, beliefs, self-definitions, norms, values, historical background and language groupings” (Wissing, 2006, p. 60). Some research supports the idea that in a collectivist culture, people develop their self-efficacy from those around them (Earley, 1994; Pulford, Johnson, & Awaida, 2005). Furthermore Wissing and Temane (2008) propose that satisfaction with life and automatic positive expectations are associated with social support amongst collective African groups. It can therefore be argued that the social support observed in this study is firstly typical of the Swazi culture, and this experience enabled to a large extent most of the participants towards resilient overcoming.

Friends.

Only two participants maintained their friendship relationships whereas the majority experienced deterioration of original friendships. This was due to a combination of reasons; not having time to spend with friends; experiencing rejection and judgement from friends; and lack of finding common grounds with childless peers. The lack of support from existing friendships led to the need for new sources of support and as a result new friendships with other adolescent girls with children formed.

—Okay— the ladies that have no children they don’t want to stay with me cause I’m older, I am a mother. She think I’m not fitting at her age...She tell me that she will never get more—gain more—I don’t know how to explain it—she will never gain more fun things. Now that I am a mother, I will not play with them” (G2:233)

—They told me that I'm ah pregnant. They can't be my friends anymore. They run away from me" (G11:332).

This finding is supported by several other studies which also suggested the negative impact of adolescent motherhood on friendships. The varying social support from friends was evident in the experiences of Zulu adolescents in KwaZulu-Natal. Although some friends were encouraging, others preferred not to associate with them (Parekh & De la Rey, 1997). The Sesotho girls from Maseru (Lehana & Van Rhyn, 2003) perceived the loss of peer support as creating a stressful environment and the Swazi girls (in Swaziland) felt alienated, not accepted by their peers and neither fitting in with the older women (Dlamini et al., 2003). The loss of friendships and peer support are of concern especially considering that participants are in the adolescent phase of their lives where peer relationships are pivotal (Collins, 2008; Sigelman & Rider, 2011). In the light of Erikson's theory of adolescent development (Saddock & Saddock, 2003), it can be expected that lack of support from peers greatly affects the process of identity formation.

School.

Although schools in South Africa are obliged to support adolescents who become mothers, it is unfortunately not always the case (Bhana, Morrell, Shefer, & Ngabaza, 2010). Some participants experienced encouragement from teachers to continue schooling. Others were chased away, being told that a mother's place is at home with her baby.

Father of the child.

The participants were very aware of the inability of the biological fathers to offer financial support since most were still at school or without jobs. Moreover, they offered neither emotional nor social support, and denied duties towards child rearing.

Only two participants indicated that they were still in a stable relationship with the child's father, who also supported and helped the participant. The remaining participants indicated that their relationship with the child's father was either complicated as he was unfaithful or that the relationship had been terminated. The majority of the fathers had minimal involvement with their children. Some participants however indicated that the broken relationship with the biological fathers didn't affect them seriously, as their focus has shifted to positive relations with their babies.

—Ah, it's changed now when the baby is coming, decide to cheat with other girls and if I told him, didn't listen for me. So ah, I don't have a problem about that, the thing that I want, I just want to take care for my baby, grow up, after that I will quit for him. Look someone that he will, he will take for me or be serious with me” (G5:774).

Theme: Challenges experienced during early motherhood.

Swazi participants experienced early motherhood as posing several challenges. The adolescent life phase is hurried and the teenager is forced to adapt to the life phase of a mother (Sadler & Cowlin, 2003). True to previous research across different cultural groups and various socio-economical classes in South Africa, the most prominent challenge experienced was the significant lifestyle changes that occurred when becoming a mother (De Visser & Le Roux, 1996; Parekh & De la Rey, 1997; Sodi & Sodi, 2012). One of these lifestyle changes included the interruption in education (Grant & Hallman, 2006; Kaufman et al., 2001; Sodi&Sodi, 2012). Participants missed out on school around the birth of the baby and at the time of the interviews only four of the nine girls had returned to school, although most expressed the desire to further their education. Two participants that had returned to school voiced the constant internal conflict experienced by being torn between wanting to be

with their babies but at the same time wanting to be at school and having ambition to further their education.

—Sometimes I find it difficult, because I have to go to school...look after my baby and sometimes...they will need us at school, even Sunday. I don't get time to see him, and ...do things with my little boy, so I will say —heylife is too difficult, now I want to go home and just spend time with him”, but sometimes, but the other way around, I say —at the end of the day I want to be something” and I have to be at school. So these two things just come and go Ja, because I want two things at the same time” (G12:404 408).

The participants' life styles were further interrupted by the realisation of the several needs that a baby has and attending to responsibilities (e.g., washing, feeding, playing, cooking and clothing for the baby). These added responsibilities were not necessarily part of their prior life phase as adolescents. Three participants mourned the loss of leisure time and G3 specifically felt that she was losing out on being young.

—I played soccer, ladies football, but now because I have a baby I don't have that much time to go and play—Now I don't have the time to do lot of things” (G2:297).

—Cause I'm still young. I want to play with my friends, walk with them. Now I have a baby. I have to live at home, stay with him” (G3:266).

Not only is leisure time forfeited but also school assignments and homework get neglected. Participants were faced with the hard reality of how time-consuming a baby can be.

–Sometimes, I could find that I have some work to do, but because I have a baby I have to let stop this side and make sure that I spend the time with my baby... maybe I'll wake up at night and do what I have to do. If he's sees that I am awake she also wakes up... so have to leave this one and I look after him.” (G12:281).

African girls from KwaZulu-Natal also found the double demands of schooling and motherhood hard. They reported feeling tired and had difficulty handing in school assignments on time (Bhana & Mcambi, 2013).

Along with lifestyle changes, participants experienced the burden and responsibilities of ‘being a provider’. The majority of the participants had financial constraints, even more so when having to raise a child. Not only were they concerned about the present financial situation but also about future possibilities of looking after their children due to being unemployed. Most relied on their families for financial support, only two had support from the father of the child’s family. One participant, being parentless, received support from a Christian feeding scheme. The adolescent mothers’ dependency on their families infringes on normal adolescent development that aims for a feeling of independency (Collins, 2008) and might be why some participants experienced the inability to financially look after their children as a painful process. Some participants also indicated how guilty they felt being dependent on their parents and how it often caused fights between them.

–You have to think for the child and it takes your money. Even if you get a little money and want to buy yourself something, you realise that you have to think of the child first and the money is only a little. If you find there is no food, it needs me to buy food” (G10:229).

—It's very annoying that I can't care for my child. That I don't have the money as a mother”(G9:467).

Another challenge experienced was the helplessness when their babies got sick and not knowing what to do and when to take them to the clinic.

—It's affecting me, that, when the baby is sicking.” (G5:1056).

The challenges experienced by the participants corroborates existing literature and the many sacrifices and compromises that the adolescent must make (Kaufman et al., 2001).

Adolescent mothers are often concerned about their children's health and unsure whether they should stay at home with their ill child and miss school (Chohan, 2011). Adolescent mothers often added to their families' financial burden (De Visser & Le Roux, 1996; Spear, 2004) and economic hardship. These difficulties added to uncertainty about their future financial status which often caused great distress (Dlamini et al., 2003).

Theme: Personal growth.

The experience of adolescent motherhood was accompanied by personal growth, evident in subsequent sub-themes:

Sub-theme: Self-acceptance.

Some participants had an awareness of their personal immaturity and limitations. These participants accepted their blunders, and were able to admit that they had made a mistake. They could voice the difficulty of being a mother, therefore acknowledging the need for help. In light of their adolescent phase of development, this can be considered as a mature way of dealing with their situation.

Sub-theme: Increased ambition after becoming a mother.

It was evident that the new responsibilities accompanied by motherhood led to an increased ambition to further their education. In keeping with the findings there seemed to be a realisation of the importance of education and the impact thereof (Chohan, 2011). The participants further developed a future perspective after becoming mothers and became aware of not only immediate needs, but also of what would be required in future with regards to children's needs.

—Ah, I don't care about that. Now I am focused on learning. I learn even at night, I don't go out. The sun goes down, but I'm inside looking at my books. If the child is sleeping, I am getting more clever learning my books. so that I can gain something at school, so I can finish grade 12" (G10:185).

—...by the time I was living alone at home, I was just thinking that if I cook now, tomorrow I'm not cooking. I never cared about something else; I just cared about what is happening now, about the next thing...now I am a mother I know I have to look forward to my child's future, I know that I have a bright future ahead me and I have to study to do that, but if I was not a mother I think I will not going to think all these things" (G1:387).

Some participants experienced a change in their priorities; what used to be important before was not as important anymore, resulting in willingly giving up going out with friends, spending time with boys and going to parties.

—Now, I realise I am a mother of a child. I don't go to the guys anymore. I used to go, thinking it's nice. Now, I don't want to, I feel like a mother of a child" (G10:201).

Sub-theme: Responsible decision making after birth of the baby.

Several of the participants displayed risky sexual behaviour before becoming pregnant. Apart from being sexually active as an adolescent and outside of wedlock, they didn't use any contraceptives, or used contraceptives ineffectively and irregularly. Responsible decision making with regards to sexual matters compares favourably with previous research which suggests that adolescents in South Africa effectively start using contraceptives only after having their first child (Kaufman et al., 2001). The experience of early motherhood further brought about certain insight as to life matters and responsible choices:

—I learn that I have to learn hard, I don't have to do the same mistake. I've learned that this was a mistake, that if I can give birth or get pregnant to the second baby it's not a mistake. A mistake happens once.” (G1:391).

Sub-theme: Character development and gained strengths as a result of having a baby.

Motherhood proved to be a learning process for many of the participants, since several participants experienced character development and a positive change within themselves. Some participants developed a sense of altruism and considered their babies' welfare more important than their personal needs:

—Mmm, it changed me a lot, because I could remember if I had money I will spend it the way I like, but now even if I have maybe that hundred rands, all I, one thing comes in my mind, my baby I don't even think about myself, I think about my baby, my baby” (G12:384 388.)

—Ah, the babies making a different, because if I was not having the baby, I was not going to think things like this.” (G1:372).

Another positive experience of motherhood that arose from the interviews was the fact that the participants gained better knowledge on how to raise children. Two participants explicitly mentioned that part of their positive experience was that after having their own baby, they developed a compassion for all children that crossed their paths.

—I have that ticket to take care of another child you see. I will never see the child crying and continue and leave the child crying. I will take care and say why are you crying? And when the child or someone else is suffering, I feel the pain cause now I have my own child. When someone beats the child, I feel the pain, cause I am a mother now. I know the pain, the pain when the baby come out, I know it. I know the pain, so I take the baby and I say: Why are you crying and I hold it so. Now that I am a mother, I need to take care another child, not my child only.” (G2:317).

Personal growth experienced by the participants affirms findings from a study on adolescent mothers from a public school in Johannesburg. In keeping with the findings, these girls felt that motherhood contributed to personal growth and maturity and enhanced their sense of responsibility and determination in achieving career goals (Chohan, 2011).

Similarly a phenomenological study conducted in England suggested that although the adolescent mothers also had to face difficult circumstances, having a child changed them and enabled them towards greater personal strengths. Motherhood encouraged them to become more driven in life, considering a career and finishing education in order to look after their children (Seamark & Lings, 2004). Rolfe (2008) further suggests that motherhood allowed adolescent girls to become active and instigate positive change in their lives.

Theme: Resilience.

Resilience signifies patterns and processes of positive adaptation in the midst of significant risk (Masten & Wright, 2010; Obrist, Pfeiffer, & Henley, 2010). It is evident in the following statements that the participants experienced motherhood as a difficult process:

—I suffer. Now I have a baby, you don't know how much challenges I have"

(G2:377).

—To be a mother is very difficult. To take care of a family and to raise a child you also show to other mothers what it is and you have to be strong to be a mother and you have to fight the mother's fight. You see?" (G9:451).

Similar to previous research (Chohan, 2011; Clifford & Brykczynski, 1999; Spear, 2004) , some participants in this study demonstrated the ability to rise above challenges posed by adolescent motherhood. They took ownership of their problems, facing their responsibilities as well as effectively coping with motherhood by exhibiting loving care for their children.

Effective coping manifested in several ways: Six of the nine participants appeared to have taken ownership of motherhood and taking care of their babies and expressed this as acknowledging the innocence of the baby, taking responsibility for their baby, testifying to positive motherhood experiences, and, exercising a pragmatic attitude towards adolescent motherhood. This confirms Seamark and Lings's finding (2004) that adolescent motherhood does not destroy all future hopes and plans. Furthermore, although the participants acknowledged falling pregnant at such a young age as a blunder, it seemed that they were determined not to give up their babies, but rather to persevere in spite of difficult challenges.

—Even if her father ran away or did what, but you develop that love and say this is mine no matter what” (G12:424).

—I’m still fine, because I got used to it. I don’t have problems now because I could never throw the child away” (G10:173).

—In the end I accepted that I am a mother” (G9:321).

These participants had their baby’s best interest at heart and expressed the desire to be good mothers:

—They even say —wow, just a minute you don’t even forget about your baby?” and I said no. Even if, how, I don’t care if the money is small, but when I just hold it with my hands I think of my baby wants this” (G12:388).

—I wish to be a great mother to my child. I wish her to be a good girl and I wish to be successes like other mothers—and I don’t want my baby to live the way I live, the way I grow. I grow hard, so now I will take care looking after my baby so now I am a mother” (G2:89).

These findings support previous research, that rejects the prevailing belief that adolescent mothers are irresponsible, immature and lack the skills to look after their children. Adolescent mothers do have the capacity and desire to be good mothers (Chohan, 2011). Seamark and Lings (2004) found that adolescent mothers were proud of their children and wanted what was best for them. For some mothers this meant caring in ways they had not experienced whilst growing up.

These participants’ high levels of resilience might be attributed to their specific culture. Previous research debates that African families are often subjected to a lack of

material resources, hardships and underdevelopment, yet they often possess the miraculous ability to overcome setbacks and “make something from nothing” (Moser, 1998:5).

Negative experiences of adolescent motherhood.

There were however, three participants that seemed not to be coping with their role as mothers and experienced lower levels of well-being. These participants experienced early motherhood as mostly problematic; they had difficulty in taking ownership of being an adolescent mother and the reality of having a baby. Participant G1, an orphan herself, recently decided to put her child in temporary foster care with a Christian support group. She attempted abortion and felt inadequate to look after her child. She even goes as far as to say that she doesn't love her baby.

— . . but when I'm just holding my baby I have bad memories. I don't see a reason of being a good mother. Because I wish lot of things to do it to my baby, but I can't. That's the problem, maybe, aha, I don't know. I don't see a thing of being a good mother, because I'm not the person that I wanted to be” (G1:411).

—It's being a mother who's not caring, who does not love the baby” (G1:427).

These mostly negative experiences of early motherhood were associated with specific issues, such as increased feelings of bitterness towards the father of child, and the loss of childhood. Although participant G3 enjoyed playing with her child, she did not experience motherhood as positive despite the fact that she indicated support from family and friends. These experiences were put into words in the following way:

—He goes out to have fun. It make my heart feel pain, I stay alone at home all the time (G3:218).

—I was thinking about it was going to be nice when I have a baby but now I see that it is not nice because I am too young” (G3:25).

—To be a mother is very difficult in these times because things have now gone out of my reach” (G3:358).

One participant repeatedly indicated that there wasn't anything good about being a mother. She experienced rejection from her father, judgement from the community and no support from her boyfriend or friends.

—To become a mother, like me I can say no, I don't like to be a mother, but I am a mother because I am having a child. . . . There isn't a positive thing” (G11:420 424).

It is interesting to note that at the time of the interviews only four of the nine participants had returned to school. Three of these four participants were perceived as not being resilient and not coping well with motherhood. It can therefore be hypothesized that simultaneously being a mother and a scholar is a major challenge and this finding echoes the dire need for support programmes in South Africa to assist these adolescent mothers in the early stages of motherhood.

Conclusion

The article explored adolescent motherhood (pregnancy included) amongst Swazi girls . The five main themes identified pertained to the influence of emotions; social support during early adolescent motherhood; challenges experienced during early motherhood; personal growth; and resilience. It is evident that the participants had both negative and positive emotional experiences. Negative emotions were more prevalent *during pregnancy*

whereas the positive emotions *after the birth* of the baby contributed to the well-being of the adolescent mother. All the participants experienced incidences in which their immediate environment (family, friends, community, neighbours, school, and boyfriends) rejected them and were unsupportive due to their newly found status of motherhood. This was especially evident in the ongoing lack of support offered by the biological father of the baby and the deterioration of original friendships. However, it became apparent that the inherent Swazi culture and African principle of “Ubuntu” resulted in over-all acceptance and support.

Most participants experienced personal growth and a sense of maturity. Insight gained from motherhood resulted in participants making more responsible choices with regards to the use of contraceptives, changing their priorities, positive character development, and becoming more ambitious and future orientated. The personal growth of most participants was clearly indicated by the mastering of several challenges related to early motherhood.

Early motherhood entailed several challenges of which a change in lifestyle was the most significant. Other challenges included: the responsibilities of being a provider, financial constraints in present and future, interrupted education, loss of leisure time and increased vulnerability and the experience of helplessness.

Despite the fact that adolescent motherhood was experienced as difficult, most participants demonstrated high levels of resilience, portraying effective coping strategies by taking responsibility and ownership of their babies and expressing the desire to be good mothers. Considering the findings and verification of previously discussed themes, it can be assumed that the prevalence of protective factors contributed to the resilience of these participants. The following protective factors enhanced their strength and motivation to cope with adversities and to re-establish normal life: existential support in the form of cultural

traditions (Masten & Wright, 2010) that ultimately led to social integration (Keyes, 1998); the social support experienced by family and the greater community (Van den Berg et al., 2013); experiencing positive emotions (Van Schalkwyk & Wissing, 2010); and experiencing personal growth and self-acceptance (Keyes, 2005; Ryff & Keyes, 1995).

It can therefore be concluded that despite the fact that adolescent mothers are faced with crises related to the life stage of adolescence as well as the demands of motherhood (Sadler & Cowlin, 2003), some adolescent mothers are capable to re-direct from their own developmental tasks and coping to Erikson's stage of generativity (Hurlbut, Culp, Jambunathan, & Butler, 1997).

Limitations of this study

Due to the phenomenological nature of the study and the sample-size, the results cannot be generalised to all populations and therefore further research on the experience of adolescent motherhood will be necessary. Some participants had difficulty putting their experiences into words possibly as a result of the language barrier and/or the life stage that they are at. It is therefore a limitation that a pilot study was not undertaken prior to the data collection as it could have assisted the researcher in formulating more appropriate, age-and culture-specific questions. Subsequently the researcher could have identified the necessity of making use of triangulation by using pictures or making collages to express emotions or ideas. If financial resources were available the presence of an independent interpreter would have been beneficial to make interviews more information-rich. Alternatively if the researcher was fluent in siSwati, it would have allowed for more accurate follow-up questions in the cases where participants switched over from English to siSwati.

Recommendations

Recommendations to enhance the well-being of Swazi adolescent mothers include the following: Health practitioners at clinics and hospitals should offer external emotional and social support in the form of support groups. Support groups should educate and empower adolescent mothers to deal with pre-and post-natal challenges by addressing (e.g., information on pregnancy, time management skills, basic knowledge on child rearing, developmental milestones and activities, childhood diseases, conflict managing skills, financial management, and emotional awareness). Support groups further provide a platform for talking about positive experiences of motherhood, therefore improving well-being and resilience (Folkman & Moskowitz, 2000; Fredrickson, 2013) and can potentially give rise to the formation of new friendship with fellow-adolescent mothers.

The role of schools is very important in being able to empower the adolescent mothers towards academic and life success. The challenges of teenage pregnancies and early motherhood offer valuable opportunities for improved well-being, resulting in post-traumatic growth and resilience (Schaefer et al., 2013). In the light of these findings it is recommended that mutual-aid support groups or clubs at schools should be established with the assistance of NGOs, universities or allied medical staff. These clubs could facilitate the numerous needs and difficulties experienced by the adolescent mothers, such as honest coping with negative emotions, motherhood and achieving their dreams. Schools should further be encouraged to allow for pregnancy prevention programs.

Recommendations for future research entail: Follow-up studies two or three years into motherhood to investigate whether the participants adapted successfully to motherhood; exploring the benefits of support programs; exploring the experiences of caregivers/familial support of the adolescent girls so that appropriate guidelines can be given to assist caregivers

to support, care for and empower the adolescents during motherhood; describing the experiences and perceptions of the father of the child in order to clarify the reasons for their absence in some instances; further investigating the psychological well-being of Swazi adolescent mothers by using established well-being scales. Lastly, if similar research is conducted amongst other cultural groups, a pilot study should first be conducted.

Concluding remarks

The researcher set out to explore and describe the experiences of early motherhood amongst Swazi adolescents. Existing literature often over-emphasises negative accounts of adolescent motherhood shifting focus away from the positive experiences of adolescent motherhood and the role that a specific culture can play in coping with adolescent motherhood. By approaching this research through a lens of positive psychology both the positive and negative experiences of early motherhood were highlighted. Problems or difficulties that adolescent mothers experienced were acknowledged (Peterson, 2009), whilst embracing well-being. The rich information gathered provide guidelines for future pregnancy prevention programs as well as suggestions on how to compile a support program for assisting adolescent mothers to become more resilient as living examples of flourishing persons.

References

- Akujobi, R. (2011). Motherhood in African literature and culture. *Comparative Literature and Culture*, 13(1), 1–7.
- Barbour, R. S. (2007). *Introducing qualitative research: A student's guide to the craft of doing qualitative research*. Los Angeles, LA: SAGE.
- Bhana, D., Mcambi, S.J. (2013). When schoolgirls become mothers: Reflections from a selected group of teenage girls in Durban. *Perspectives in Education*, 31(1), 11–19.
- Bhana, D., Morrell, R., Shefer, T., & Ngabaza, S. (2010). South African teachers' responses to teenage pregnancy and teenage mothers in schools. *Culture, Health & Sexuality*, 12(8), 871–883. doi:10.1080/13691058.2010.500398
- Chohan, Z. (2011). Teenage mothers talk about their experience of teenage motherhood. *Agenda*, 25(3), 87–95.
- Clifford, J., & Brykczynski, K. (1999). Giving voice to childbearing teens: views on sexuality and the reality of being a young parent. *The Journal of School Nursing : The Official Publication of the National Association of School Nurses*, 15(1), 4–15.
- Collins, G. R. (2008). *Die A tot Z van berading: Bybelse perspektiewe op probleemoplossing*. Kaapstad, Suid Afrika: Struik Christelike Boeke.
- Creswell, J. W. (2007). *Qualitative inquiry and research design: Choosing among five approaches*. (2nd ed.). Thousand Oaks, CA: SAGE.
- De Visser, J., & Le Roux, T. (1996). The experience of teenage pregnancy in Knoppieslaagte. *South African Journal of Sociology*, 27(3), 98.

- Dlamini, L. S., Van der Merwe, M. M., & Ehlers, V. J. (2003). Problems encountered by teenage mothers in the Southern Hho-Hho region of Swaziland. *Health SA Gesondheid*, 8(3), 74–85. Retrieved from <http://www.highbeam.com/doc/1G1-170582014.html>
- Earley, P. C. (1994). Self or group? Cultural effects of training on self-efficacy and performance. *Administrative Science Quarterly*, 39(1), 89–117.
- Figueiredo, B., Bifulco, A., Pacheco, A., Costa, R., & Magarinho, R. (2006). Teenage pregnancy, attachment style and depression: A comparison of teenage and adult pregnant women in a Portuguese session. *Attachment & Human Development*, 8(2), 123–128.
- Finer, L. B., & Zolna, M. R. (2011). Unintended pregnancy in the United States: Incidence and disparities, 2006. *Contraception*, 84(5), 478–485.
doi:10.1016/j.contraception.2011.07.013
- Flaherty, S., & Sadler, L. (2011). A review of attachment theory in the context of adolescent parenting. *Journal of Pediatric Health Care* 25(2), 114–121.
- Folkman, S., & Moskowitz, J. T. (2000). Positive affect and the other side of coping. *American Psychologist*, 55(6), 647–654. doi:10.1037/0003-066X.55.6.647
- Fredrickson, B. L. (2013). Positive emotions broaden and build. *Advances in experimental social psychology* 47(1), 1–53. doi:10.1016/B978-0-12-407236-7.00001-2
- Furstenberg, F. F., Brooks-Gunn, J., & Morgan, S. (1990). *Adolescent mothers in later life*. Cambridge: University Press.

- Grant, M., & Hallman, K. (2006). *Pregnancy-related school dropout and prior school performance in South Africa*. New York, NY: Policy Research Division.
- Greef, M. (2011). Information collection: Interviewing. In A . De Vos, H. Strydom, C.Fouche, & C. S. Delpont (Eds.), *Research at grass roots: For the social sciences and human service professions* (4th ed., pp. 341–376). Pretoria, South Africa: Van Schaik.
- Gule, G. (1994). Socio-cultural constraints to family planning in Swaziland. *Canadian Studies in Population*, 21(1), 35–49.
- Hoffman, S. (2006). *By the numbers: The public cost of teen childbearing*. Washington, DC: The National Campaign to Prevent Teen and Unplanned Pregnancy.
- Hurlbut, N. L., Culp, A. M., Jambunathan, S., & Butler, P. (1997). Adolescent mothers' self-esteem and role identity and their relationship to parenting skills knowledge. *Adolescence*, 32(127), 639–654.
- Joyce, P., & Sills, C. (2009). *Skills in Gestalt counselling & psychotherapy*. London, England: SAGE.
- Kaufman, C. E., De Wet, T., & Stadler, J. (2001). Adolescent pregnancy and parenthood in South Africa. *Studies in Family Planning*, 32(2), 147–160.
- Keyes, C. L. M. (1998). Social well-being. *Social Psychology Quarterly*, 61(2), 121–140.
- Keyes, C. L. M. (2002). The mental health continuum: From languishing to flourishing in life. *Journal of Health & Social Behavior*, 43(2), 207–222.

- Keyes, C. L. M. (2005). Mental illness and/or mental health? Investigating axioms of the complete state model of health. *Journal of Consulting and Clinical Psychology, 73*(3), 539–548. doi:10.1037/0022-006X.73.3.539
- Kirby, D. B., Laris, B. A., & Roller, L. A. (2007). Sex and HIV education programs: Their impact on sexual behaviors of young people throughout the world. *Journal of Adolescent Health, 40*(3), 206–217.
- Lehana, T., & Van Rhyn, L. (2003). A phenomenological investigation of experiences of pregnancy by unmarried adolescents in Maseru. *Health SA Gesondheid, 8*(1), 26–38.
- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Newbury Park, CA: Sage.
- Macleod, C. (1999). Teenage pregnancy and its negative consequences: Review of South African research: Part 1. *South African Journal of Psychology, 29*(1), 1–7.
- Macleod, C. (2003). Teenage pregnancy and the construction of adolescence: Scientific literature in South Africa. *Childhood, 10*(4), 419–437.
doi:10.1177/0907568203104003
- Maholo, R., Maja, T. M., & Wright, S. C. (2009). Relationships, perceptions and the socio-cultural environment of pregnant teenagers in Soshanguve secondary schools. *Africa Journal of Nursing and Midwifery, 11*(2), 48–60.
- Masten, A. S., & Wright, M. O. (2010). Resilience over the lifespan: Developmental perspectives on resistance, recovery, and transformation. In J. W. Reich, A. J. Zautra, & J. S. Hall (Eds.), *Handbook of adult resilience*. (pp. 213–237). New York, NY: Guilford Press.

- Mbiti, J.S. (1977). *African religions & philosophy*. (2nd ed.). Oxford, England: Heinemann.
- Mkhwanazi, N. (2010). Understanding teenage pregnancy in a post-apartheid South African township. *Culture, Health & Sexuality*, 12(4), 347–358.
- Moser, C. O. N. (1998). The asset vulnerability framework: Reassessing urban poverty reduction strategies. *World Development*, 26(1), 1–19.
- Neuman, W.L., (2003). *Social research methods: Qualitative and quantitative approaches* (5th ed.). Boston, MA: Allyn and Bacon.
- Nkosi, B., & Daniels, P. (2007). Family strengths: South Africa. *Marriage and family review*, 41(1–2), 11–26.
- Obrist, B., Pfeiffer, C., & Henley, R. (2010). Multi-layered social resilience: A new approach in mitigation research. *Progress in Development Studies*, 10(4), 283–293.
doi:10.1177/146499340901000402
- Panday, S., Makiwane, M., Ranchod, C., & Letsoalo, T. (2009). *Teenage pregnancy in South Africa - with a specific focus on school-going learners*. Pretoria: Child, Youth, Family and Social Development.
- Parekh, A., & De la Rey, C. (1997). Intragroup accounts of teenage motherhood: A community based psychological perspective. *South African Journal of Psychology*, 27(4), 223–229.
- Paris, R., & Helson, R. (2002). Early mothering experience and personality change. *Journal of Family Psychology*, 16(2), 172–185. doi:10.1037//0893-3200.16.2.172
- Peterson, C. (2009). Positive psychology. *Reclaiming Children and Youth*, 18(2), 3–7.

- Preston-Whyte, E., Zondi, M., Mavundla, G., & Gumede, H. (1990). Teenage pregnancy, whose problem? Realities and prospects for action in KwaZulu-Natal. *Southern African Journal of Demography*, 3(1), 11–20.
- Pulford, B. D., Johnson, A., & Awaida, M. (2005). A cross-cultural study of predictors of self-handicapping in university students. *Personality and Individual Differences*, 39(4), 727–737. doi:10.1016/j.paid.2005.02.008
- Reid, V., & Meadows-Oliver, M. (2007). Postpartum depression in adolescent mothers: An integrative review of the literature. *Journal of Pediatric Health Care*, (September/October), 289–299.
- Richter, M. S., & Mlambo, G. T. (2005). Perceptions of rural teenagers on teenage pregnancy. *Health SA Gesondheid*, 10(2), 61–70. Retrieved from <http://www.ajol.info/index.php/hsa/article/view/10311>
- Rolfe, A. (2008). –You’ve got to grow up when you’ve got a kid”: Marginalized young women’s account of motherhood. *Journal of Community & Applied Social Psychology*, 18, 299–314.
- Roulston, K. (2010). *Reflective interviewing: A guide to theory and practice*. London, England: SAGE.
- Rubin, A., & Babbie, E. (1997). *Research methods for social work* (3rd ed.). Boston, MA: Brooks/Cole
- Ryff, C. D., & Keyes, C. L. M. (1995). The structure of psychological well-being revisited. *Journal of Personality and Social Psychology*, 69(4), 719–727.

- Saddock, B. J., & Saddock, V. A. (2003). *Kaplan and Saddock's synopsis of psychiatry: Behavioral sciences, clinical psychiatry* (9th ed.). Philadelphia, PA: Lippincott Williams & Wilkins.
- Sadler, L. S., & Cowlin, A. (2003). Moving into parenthood: A program for new adolescent mothers combining parent education with creative physical activity. *Journal for Specialists in Pediatric Nursing*, 8(2), 62–70.
- Schaefer, S. M., Lapate, R.C., Ryff, C.D., Davidson, R.J., Boylan, J.M., Van Reekum, C.M., Norris, C.J. (2013). Purpose in life predicts better emotional recovery from negative stimuli. *PLoS ONE* 8(11), 1-11. doi: 10.1371/journal.pone.0080329
- Seamark, C. J. & Lings, P. (2004). Positive experiences of teenage motherhood: A qualitative study. *British Journal of General Practice*, 54(508), 813–818.
- Sigelman, C. K., & Rider, E. A. (2011). *Life-span human development*. Belmont, CA: Wadsworth, Cengage Learning.
- Smith, J. (1995). Semi-structured interviewing and qualitative analysis. In J. Smith, R. Harre and L. Van Langenhove. (Eds). *Rethinking methods in psychology*. London, England: SAGE.
- Smith, J. A., & Osborn, M. (2007). *Qualitative psychology: A practical guide to research methods*. (J. A. Smith, Ed.). SAGE.
- Sodi, E., & Sodi, T. (2012). Quality of daily life with teenage motherhood. *Journal of Psychology in Africa*, 22(3), 429–433.

- Spear, H. (2004). A follow-up case study on teenage pregnancy: —Havin a baby isn't a nightmare, but it is really hard." *Paediatric Nursing*, 30(2), 120–125.
- Statistics South Africa. (2012). Statistical release: *General household survey 2011*. Retrieved from <https://www.statssa.gov.za/publications/P0318/P0318April2012.pdf>
- Struwig, F. W., & Stead, G. B. (2001). *Planning, designing and reporting research*. Cape Town, South Africa: Pearson Education.
- Strydom, H., & Delport, C. S. (2011). Information collection: Document study and secondary analysis. In A. De Vos, H. Strydom, C. Fouche, & C. S. L. Delport (Eds.), *Research at Grass Roots: For the social sciences and human service professions* (4th ed., pp. 376–388). Pretoria, South Africa: Van Schaik.
- Tuohy, D., Cooney, A., Dowling, M., Murphy, K., & Sixsmith, J. (2013). An overview of interpretive phenomenology as a research methodology. *Nurse Researcher*, 20(6), 17–20.
- United Nations Population Fund. (2013). *The state of world population 2013: Motherhood in childhood*. Retrieved from <http://www.unfpa.org/swp>
- Van den Berg, H. S., George, A. A., Du Plessis, E. D., Botha, A., Basson, N., De Villiers, M., & Makola, S. (2013). The pivotal role of social support in the well-being of adolescents. In M. P. Wissing (Ed.), *Well-being research in South Africa* (pp. 315–339). Dordrecht, Netherlands: Springer.
- Van Rooyen, L., & Hartell, C. (2010). The traditional custom of chastity and sexual restraint in the education of the young Swazi girl. *International Journal of Adolescence and Youth*, 15(4), 319–341.

- Van Schalkwyk, I., & Wissing, M. P. (2010). Psychosocial well-being in a group of South African adolescents. *Journal of Psychology in Africa*, 20(1), 53–60.
- Weaver, J., & Ussher, J. (1997). How motherhood changes life: A discourse analytical study with mothers of young children. *Journal of Reproductive and Infant Psychology*, 15(1), 51–68.
- Whitman, T., Borkowski, J., Keogh, D., & Weed, K. (2001). *Interwoven lives: Adolescent mothers and their children*. Mahwah, NJ: Lawrence Erlbaum.
- Wissing, J. A. B. (2006). *Psychological well-being in cultural context: Measurement, patterns and relevance for practice*. North West University, Potchefstroom.
- Wissing, M. P., & Temane, Q. M. (2008). The Structure of Psychological Well-Being in Cultural Context: Towards a Hierarchical Model of Psychological Health. *Journal of Psychology in Africa*, 18(1), 45–55.
- Ziyane, I.S. ., & Ehlers, V. (2006). Swazi youths' attitudes and perceptions concerning adolescent pregnancies and contraception. *Health SA Gesondheid*, 11(1), 31–42.
doi:10.4102/hsag.v11i1.213

Section C

Integrated summary of the study, conclusions and recommendations

The purpose of this section is to give a brief overview of the problem statement and a summary of the main findings in order to adequately answer the aim set for this study. The researcher further discusses the findings and conclusions of the study and gives recommendations which are based on the research results. A discussion of the strengths and limitations of the study and possible future research opportunities will also be presented.

Overview of the research topic and problem statement

The prevalence of adolescent pregnancies and motherhood amongst Swazi adolescents in South Africa was identified as the problem that guided this research. Little information was available on Swazi adolescents' subjective or personal experiences of early adolescent motherhood. It was evident that international research focused mainly on the negative stigmas attached to adolescent motherhood. The researcher was aware of the dangers for possible prejudices as to this specific cultural group in dealing with difficult life challenges. The question arose as to what and how do Swazi adolescents experience early motherhood?

Summary of findings

The research findings indicate that early motherhood amongst Swazi adolescents comprises both positive and negative experiences. This was expressed by the participants as dealing with good and bad or negative emotional experiences during the course of early motherhood. All the participants experienced incidences in which their immediate environment (family, friends, community, neighbours, school, and boyfriends) rejected them

and were unsupportive. This was especially evident in the ongoing lack of support offered by the biological father of the baby and the deterioration of original friendships. Ultimately however, it became apparent that the inherent Swazi culture and African principle of “Ubuntu” resulted in their being mostly accepted and supported. This finding once again highlights the importance of culture specific studies.

Furthermore, most participants experienced personal growth and a sense of maturity. Insights gained from motherhood resulted in participants making more responsible choices with regards to sexual behaviour, for example the use of contraceptives, changes as to their priorities, developing their characters, becoming more ambitious to achieve their personal life goals and becoming future orientated. The personal growth of most participants was clearly indicated by the mastering of several challenges related to early motherhood. A change in lifestyle was the most significant problem to overcome, and other challenges included the “burden” of being a provider, financial constraints in present and future, interrupted education, loss of leisure time, and, the experience of helplessness in times of need (e.g., when the baby is ill).

Despite the fact that adolescent motherhood was experienced as a difficult occurrence, most participants (six of the nine) demonstrated high levels of resilience. These participants demonstrated effective coping strategies by taking responsibility and ownership of the difficulties associated with adolescent motherhood, and expressed the desire to be good mothers.

Personal reflection on the research

The researcher witnessed personal growth within herself during the process of completing her thesis. Initially when the research started, the focus was more on exploring and describing the experiences of early Swazi adolescent motherhood in order to provide possible guidelines for pregnancy prevention programmes. During the course of the research process, the researcher developed a deeper understanding of the influence and essence of motherhood as she herself became a mother. Even with several protective factors in place, like family support, positive experiences and knowledge on child development, the early stages of motherhood had challenges and required the presence of a strong emotional, psychological and social well-being. One of the biggest challenges was balancing the roles of student, occupational therapist, wife and mother. The researcher's own levels of resilience were challenged daily. This personal experience combined with the research findings emphasized the dire need of supporting adolescent mothers and ensuring their well-being.

Having had this first-hand experience of motherhood, the researcher felt a sense of awe and admiration for participants who managed to cope effectively with unplanned adolescent motherhood and to overcome the many adversities. On the other hand, investigating and learning about the difficulties that some of these girls had to endure, the researcher developed a new-found understanding and empathy for the participants who couldn't cope effectively with adolescent motherhood. The researcher furthermore gained respect for the African approach of "Ubuntu" and believes there is much to learn from Swazis with regards to acceptance and the social support offered to one another. If anything else, the findings and the experience of this research process further ignited the researcher's passion to support adolescent mothers as to the enduring challenges concerning the process of motherhood.

Discussion

Conclusions of the study

Most of the findings supported previous research on adolescent motherhood as experienced in diverse cultural groups. The findings of this study contribute to the existing literature on Swazi adolescents' experience of motherhood, a research area that is lacking in South Africa.

Findings that can be seen as fresh gems are: (a) Swazi adolescents in the Nkomazi district in South Africa who participated in this study experienced motherhood as both negative and positive. This finding is in contrast with the popular belief that adolescent motherhood is mostly associated with negative experiences and results in mostly negative outcomes as argued by several researchers (Dlamini, Van der Merwe, & Ehlers, 2003; Kaufman, De Wet, & Stadler, 2001; Panday, Makiwane, Ranchod, & Letsoalo, 2009; Richter & Mlambo, 2005). Not only did the participants testify to positive motherhood experiences, but the process of motherhood also had positive outcomes such as personal growth, experiencing positive emotions and the development of higher levels of resilience;

(b) Furthermore, negative emotions (bitterness, shame, shock, anger, regret, stress, helplessness) were more prevalent *during pregnancy*, whereas the positive emotions (feeling proud, experiencing joy, love, acceptance and companionship) were mainly experienced *after the birth* of the baby. The experience of positivity, where negative emotions were outnumbered by positive emotions, contributed to the well-being of the adolescent mother;

(c) The majority of the participants showed resilience in dealing with the challenges of motherhood. Considering the findings of previously discussed themes, it can be assumed that the prevalence of protective factors might have contributed to the participants' increased

levels of resilience. The following protective factors contributed to the enhancement of their strengths and motivation to cope effectively with adversities: existential support in the form of cultural traditions (Masten & Wright, 2010) that ultimately led to social integration

(Keyes, 1998); the social support experienced by family and the greater community (Van den Berg et al., 2013); experiencing positive emotions (Van Schalkwyk & Wissing, 2010); experiencing personal growth and self-acceptance (Keyes, 2005; Ryff & Keyes, 1995).

Therefore, it can be concluded that despite the fact that adolescent mothers are faced with different life stages simultaneously (Sadler & Cowlin, 2003) some are capable to re-direct from their own developmental tasks and coping towards Erikson's stage of generativity (Hurlbut, Culp, Jambunathan, & Butler, 1997); and

(d) Also, it was interesting to note that at the time of the interviews only four of the nine participants returned to school. Three of these four participants were perceived as not being resilient and not coping well with early motherhood. It can therefore be hypothesized that simultaneously being a mother and a scholar is a major challenge and this finding echoes the dire need for support programs in South Africa to assist these adolescent mothers in the early stages of motherhood.

Other findings that arose that were not necessarily prominent, but that are worth mentioning is the fact that all the participants had knowledge about their cultural beliefs and the fact that adolescent pregnancies were prohibited in their culture (Van Rooyen & Hartell, 2010), but still they did not adhere to these "rules". Some of the participants blamed this on being an adolescent, —uncontrollable hormones" and the need for independence as to make their own mistakes.

Previous literature on Swazi adolescents from the Southern Hho-Hho district in Swaziland indicated that motherhood could be seen as a process of gaining adult status (Dlamini et al., 2003), but in this study only two participants felt as if the community treated them with more respect after the birth of their babies. Additionally, unlike the general belief that in the Swazi culture having a boy child is more favourable because it secures the family name (Ziyane & Ehlers, 2006), not one of the participants referred to the importance of the gender of the baby or the effect it had on the support experienced by their families.

Similar to previous research on adolescent girls in Limpopo (Maputle, 2006), the pregnancy symptoms experienced by the participants were not different from normal pregnancy symptoms amongst other aged women and included nausea, tiredness which was described as “sickness” by many girls, and one participant mentioned mood swings. The participants’ inability to give detailed descriptions of how they had experienced their pregnancy and the birth process is noteworthy. The participants gave vague answers as to their experience of the birth process, or the question was just ignored. Mercer (1985) substantiates this point that teenagers are less likely to describe physical and emotional symptoms comprehensively or identify complications during birth. Likewise most Swazi girls from the Southern Hho-Hho region in Swaziland failed to recognise the signs and symptoms of pregnancy (Dlamini et al., 2003). This is an important finding which indicates the adolescents’ lack of information about their physical health, pregnancy and positive human health.

Strengths and implications of the research

The researcher set out to explore and describe the experiences of early motherhood amongst a group of Swazi adolescents. The rich information gathered on both positive and negative experiences of Swazi adolescent motherhood provides guidelines for future pregnancy prevention programs as well as suggestions on how to compile a support program for assisting adolescent mothers to become more resilient. The application of the research findings could encourage health professionals and educators to share the experiences of Swazi adolescent mothers and implement support programs at schools and clinics.

This research echoed international research findings on early adolescent motherhood, but has also created opportunities for further research of other cultural groups in the South African context. While the importance of person-in-context was highlighted, this study has set the groundwork for further studies focusing on the well-being of adolescent mothers versus the mere addressing of possible risk factors. As such, this research furthermore contributed to the existing body of academic literature on the topic of adolescent motherhood and added to the archive of research on the Swazi culture.

A further positive outcome of the research process was that for some of the adolescent mothers the ability to share personal experiences of a challenging time in their lives was possibly a cathartic moment. They had the opportunity to share and reflect on both the good and the bad experiences in a safe environment, free from judgement. This in itself might have contributed to their emotional well-being.

Limitations of the research

A phenomenological study approach was utilized as it provides rich insight and discussion around the experience of motherhood. This does, however, implicate that the results of the study cannot be generalised to all populations. Also, it must be stated that further research about the experiences of early motherhood for Swazi adolescent mothers on a larger scale will be necessary.

Due to time and financial constraints, the researcher was forced to meet participants, explain the purpose of the research and interview a participant on the same day. The researcher is of the opinion that if circumstances allowed it, it would have been better to schedule a pre-interview on a separate day to introduce herself to a participant in order to allow more time to consider participation in the study. This would also have allowed the researcher and participant to feel more at ease with one another, and could have made the participants even more comfortable on the day of the interview when having to answer personal questions on the experience of early motherhood. This initial interaction might also have given the researcher adequate time to consider whether the participants' English was good enough to participate in this specific study.

Interviews could have been more accurate and information-rich if the researcher was fluent in siSwati. In addition, if financial resources for an independent interpreter to be present were available it would have been preferable, allowing the researcher to ask more accurate follow-up questions in cases where participants switched over from English to siSwati.

This leads to the next limitation: The researcher was under the impression that an adolescent with English as second language would be able to express herself thoroughly.

Although caution was taken to formulate culture and age-appropriate questions by consulting Swazi health professionals working with Swazi adolescents, some of the questions were still difficult to comprehend even if rephrased in easier language. It is therefore a limitation that a pilot study was not undertaken before the actual research took place

A pilot study would have further assisted the researcher in realising that she sometimes reverted back to closed ended questions when the participants struggled to express themselves and didn't allow enough time for participants to struggle through a question. Fortunately the researcher realised this early in the study and a significant difference can be seen in the style of questioning during the initial interviews and later interviews.

Some of the participants had difficulty putting their experiences into words, possibly as a result of the language barrier, and/or due to the life stage that they are at, and/or due to the fact that expressing personal feelings and experiences was not learned in this particular culture. To overcome this, the researcher could have made use of triangulation by means of using more than one way of data collection. Perhaps by making use of more visual cues like drawings or pictures in order to express an emotion or allowing participants to make a collage from magazine pictures to portray and reflect upon experiences could have worked more effectively.

Recommendations

Recommendations for health workers.

Early adolescent motherhood constitutes a mixture of positive and negative emotions. The experience of mainly negative emotions during pregnancy was associated with their initial reaction due to the lack of support experienced from their immediate environment in specifically the Swazi culture. It is therefore of key importance for health practitioners at clinics and hospitals to intentionally offer emotional and social support not only during pregnancy, but also after the birth of the baby. This can be done in the form of support or mutual-aid groups.

Support groups should first of all offer adolescent mothers opportunities to talk about their personal experiences and their pregnancies, seeing that for most participants the biological fathers of the babies “disappeared”. Also, since the initial disappointment of the adolescent mother and her immediate family must be dealt with, these one-on-one encounters or support groups could offer valuable opportunities towards effective coping and the building of resilience. Providing important information about pregnancy including physical changes, possible emotional challenges and the labour process is strongly suggested. Adolescents should also be prepared for the possible challenges that might arise during early motherhood. Follow-up post-natal support groups should address some of the challenges that arose during the interview, and empower the adolescent mothers on how to deal with these difficulties.

The following suggestions are taken from the findings, for topics to address during these support groups:

- Assisting mothers with time management skills and how to work out a daily schedule.
- Empowering mothers with information about a healthy lifestyle during and after pregnancy.
- Enhancing emotional awareness and emotional expression.
- Teaching basic child rearing skills.
- Assisting mothers with knowledge on the basic developmental milestones of the child and providing them with stimulation activities that they can do with their child.
- Sharing information on typical childhood diseases and identifying when to take the child to the doctor.
- Practicing constructive conflict managing skills.
- Giving guidelines for basic budgeting and financial management.

The researcher recommends that adolescent mothers should also be provided with ample opportunity to rejoice in the positive experiences of motherhood and be given a chance to express the joy and awe, namely their positive emotions associated with motherhood. The deliberate use of positive emotions can promote their personal well-being as well as enhance their efforts aimed at resilient overcoming (Folkman & Moskowitz, 2000; Fredrickson, 2013). These support groups can also potentially fulfil the need of the participants to develop new friendships with other adolescent mothers.

Recommendations for schools.

The role of schools is very important as enabling communities to empower the adolescent mothers towards school and life success. The challenges of teenage pregnancies

and early motherhood offer valuable opportunities for improved well-being, resulting in post-traumatic growth and resilience (Schaefer et al., 2013).

In the light of these findings it is recommended that mutual-aid (support) groups or clubs at schools should be established with the assistance of NGOs, universities or allied medical staff. These clubs could facilitate the numerous needs and difficulties experienced by the adolescent mothers, such as honest coping with negative emotions, dealing with personal disappointment, low levels of self-acceptance, as well as motherhood as a stepping stone to achieve one's dreams. Schools should further be encouraged to allow for clubs focusing on healthy relating and responsible choices as to sexual activity, and pregnancy prevention programs.

Recommendations for future research.

First of all it is recommended that in future research amongst other cultural groups, the researcher should first conduct a pilot study in order to determine the most suitable interview questions, determine the cultural differences and to bridge any possible language gaps that might exist. Another suggestion is to make use of more than one research technique or strategy to collect data (e.g, making a collage or choosing from pictures in order to allow participants to express their thoughts and feelings in more detail).

A follow-up study two or three years into motherhood would be beneficial to investigate whether the participants adapted successfully to early motherhood or not. Another suggestion would be to implement a support program for the participants and to conduct research on the impact of external support on the overall well-being of these adolescent mothers.

Seeing that current and previous research highlighted the importance of family support, it would be interesting to do a phenomenological study about the caregivers' experiences of the adolescent mothers. Such research could be used to provide guidelines on how to empower caregivers to efficiently support adolescents during motherhood.

Also, since South Africa is a country identified with a high occurrence of Fetal Alcohol Spectrum Disorder (FASD), the use of alcohol and/or substances during pregnancy by adolescent mothers should be looked at. Seeing that the use of alcohol or binge drinking during the first three months of pregnancy could present serious implications for the development of the foetus as to, for example brain damage, future research could examine the use of alcohol and risky sexual behaviour among the various South African cultures (National Drug Master Plan, 2012–2016).

Another suggestion for research would be to explore experiences and perceptions of the father of the child in order to have a realistic viewpoint on what they are going through and to clarify the reasons for their absence in some instances. Findings could be used to empower the fathers to be part of their children's lives.

The researcher is of the opinion that the psychological, emotional and social well-being of Swazi adolescent mothers should be further examined. This could be done by utilising standardised scales of well-being. This information could be used to establish what facets of their well-being could be deliberately enhanced towards higher levels of positive functioning, resilient overcoming and sustainable well-being.

Final comments

Although each individual's experience of early motherhood is unique, the researcher was able to identify shared experiences amongst the Swazi participants and adolescent mothers from other South African cultures. Early adolescent motherhood constituted both negative and positive experiences which helped shaped the participants in this study. It can be concluded that adolescents from all cultures should be encouraged by this research to speak more openly, honestly and frequently about their experiences, their challenges and their need for support. This research study will hopefully voice the experiences of adolescent mothers, potentially prevent adolescent pregnancies, assist in supporting adolescent mothers, guide further research and ultimately add to the well-being of adolescent mothers.

References

- Dlamini, L. S., Van der Merwe, M. M., & Ehlers, V. J. (2003). Problems encountered by teenage mothers in the Southern Hho-Hho region of Swaziland. *Health SA Gesondheid*, 8(3), 74–85. Retrieved from <http://www.highbeam.com/doc/1G1-170582014.html>
- Folkman, S., & Moskowitz, J. T. (2000). Positive affect and the other side of coping. *American Psychologist*, 55(6), 647–654. doi:10.1037/0003-066X.55.6.647
- Fredrickson, B. L. (2013). Positive emotions broaden and build. *Advances in experimental social psychology* 47(1), 1–53. doi:10.1016/B978-0-12-407236-7.00001-2
- Hurlbut, N. L., Culp, A. M., Jambunathan, S., & Butler, P. (1997). Adolescent mothers' self-esteem and role identity and their relationship to parenting skills knowledge. *Adolescence*, 32(127), 639–654.
- Kaufman, C. E., De Wet, T., & Stadler, J. (2001). Adolescent pregnancy and parenthood in South Africa. *Studies in Family Planning*, 32(2), 147-160.
- Keyes, C. L. M. (1998). Social well-being. *Social Psychology Quarterly*, 61(2), 121–140.
- Keyes, C. L. M. (2005). Mental illness and/or mental health? Investigating axioms of the complete state model of health. *Journal of Consulting and Clinical Psychology*, 73(3), 539–548. doi:10.1037/0022-006X.73.3.539
- Maputle, M. (2006). Becoming a mother: Teenage mothers' experiences of first pregnancy. *Curationis*, 29(2), 87–95.

- Masten, A. S., & Wright, M. O. (2010). Resilience over the lifespan: Developmental perspectives on resistance, recovery, and transformation. In J. W. Reich, A. J. Zautra, & J. S. Hall (Eds.), *Handbook of adult resilience*. (pp. 213–237). New York, NY: Guilford Press.
- Mercer, R. 1985. Relationship of the birth experience to later mothering behaviors. *Journal of Nurse-Midwifery*, 30(4), 204–211.
- National Drug Master Plan. (2012–2016). Retrieved from <http://www.info.gov.za/view/DownloadFileAction?id=70476>.
- Panday, S., Makiwane, M., Ranchod, C., & Letsoalo, T. (2009). *Teenage pregnancy in South Africa - with a specific focus on school-going learners*. Pretoria: Child, Youth, Family and Social Development.
- Richter, M. S., & Mlambo, G. T. (2005). Perceptions of rural teenagers on teenage pregnancy. *Health SA Gesondheid*, 10(2), 61–70. Retrieved from <http://www.ajol.info/index.php/hsa/article/view/10311>
- Ryff, C. D., & Keyes, C. L. M. (1995). The structure of psychological well-being revisited. *Journal of Personality and Social Psychology*, 69(4), 719–727.
- Sadler, L. S., & Cowlin, A. (2003). Moving into parenthood: A program for new adolescent mothers combining parent education with creative physical activity. *Journal for Specialists in Pediatric Nursing*, 8(2), 62–70.
- Schaefer, S. M., Lapate, R. C., Ryff, C. D., Davidson, R. J., Boylan, J. M., Van Reekum, C. M., & Norris, C. J. (2013). Purpose in life predicts better emotional recovery from negative stimuli. *PLoS ONE*, 8(11). doi:10.1371/journal.pone.0080329

- Van den Berg, H. S., George, A. A., Du Plessis, E. D., Botha, A., Basson, N., De Villiers, M., & Makola, S. (2013). The pivotal role of social support in the well-being of adolescents. In M. P. Wissing (Ed.), *Well-being research in South Africa* (pp. 315–339). Dordrecht, Netherlands: Springer.
- Van Rooyen, L., & Hartell, C. (2010). The traditional custom of chastity and sexual restraint in the education of the young Swazi girl. *International Journal of Adolescence and Youth, 15*(4), 319–341.
- Van Schalkwyk, I., & Wissing, M. P. (2010). Psychosocial well-being in a group of South African adolescents. *Journal of Psychology in Africa, 20*(1), 53–60.
- Ziyane, I.S ., & Ehlers, V. (2006). Swazi youths' attitudes and perceptions concerning adolescent pregnancies and contraception. *Health SA Gesondheid, 11*(1), 31–42.
doi:10.4102/hsag.v11i1.213

Appendices

Appendix A: Instructions to authors

Intended Journal: Journal of Psychology in Africa

The manuscript has been styled according to the mentioned journal's specifications. The format, style and ethical guidelines, provided by the Publication Manual (6th ed.) of the American Psychological Association (APA 6), were followed.

Editorial policy

Submission of a manuscript implies that the material has not previously been published, nor is it being considered for publication elsewhere. Submission of a manuscript will be taken to imply transfer of copyright of the material to the publishers, Taylor and Francis. Contributions are accepted on the understanding that the authors have the authority for publication. Material accepted for publication in this journal may not be reprinted or published without due copyright permissions. The Journal has a policy of anonymous peer review. Papers will be scrutinised and commented on by at least two independent expert referees or consulting editors as well as by an editor. The Editor reserves the right to revise the final draft of the manuscript to conform to editorial requirements.

Publishing Ethics

By submitting to JPA for publication review, the author(s) agree to any originality checks during the peer review and production processes. A manuscript is accepted for publication review on the understanding that it contains nothing that is abusive, defamatory, fraudulent, illegal, libellous, or obscene. During manuscript submission, authors should declare any competing and/or relevant financial interest which might be potential sources of bias or constitute conflict of interest. The submitting author must provide contact information

for all co-authors. The author who submits the manuscript accepts responsibility for notifying all co-authors and must provide contact information on the co-authors.

The Editor-in-Chief and Associate Editors will collaborate with Taylor and Francis using the guidelines of the Committee on Publication Ethics [<http://publicationethics.org>] in cases of allegations of research errors; authorship complaints; multiple or concurrent (simultaneous) submission; plagiarism complaints; research results misappropriation; reviewer bias; and undisclosed conflicts of interest.

Manuscripts

Manuscripts should be submitted in English. The manuscripts should be typewritten and double-spaced, with wide margins, using one side of the page only. Manuscripts should conform to the publication guidelines of the latest edition of the American Psychological Association (APA) publication manual of instructions for authors.

Submission

Manuscripts should be submitted to the Editor-in-Chief, Journal of Psychology in Africa, Elias Mpofu, PhD., DEd, CRC, Professor, Faculty of Health Sciences, University of Sydney, Cumberland Campus, East Street, PO Box 170 Lidcombe NSW 1825, Australia, email: elias.mpofu@sydney.edu.au . We encourage authors to submit manuscripts via e-mail, in MS Word, but we also require two hard copies of any e-mail submission. Before submitting a manuscript, authors should peruse and consult a recent issue of the *Journal of Psychology in Africa* for general layout and style. Manuscripts should conform to the publication guidelines of the latest edition of the American Psychological Association (APA) publication manual of instructions for authors.

Manuscript format

All pages must be numbered consecutively, including those containing the references, tables and figures. The typescript of a manuscript should be arranged as follows:

- **Title** : this should be brief, sufficiently informative for retrieval by automatic searching techniques and should contain important key-words (preferably <13 words).
- **Author(s) and Address(es) of author(s)**: The corresponding author must be indicated. The author's respective addresses where the work was done must be indicated. An e-mail address, telephone number and fax number for the corresponding author must be provided.
- **Abstract**: Articles and abstracts must be in English. Submission of abstracts translated to French, Portuguese and/ or Spanish is encouraged. For data-based contributions, the abstract should be structured as follows: *Objective* - the primary purpose of the paper, *Method* - data source, participants, design, measures, data analysis, *Results* - key findings, implications, future directions and *Conclusions*- in relation to the research questions and theory development. For all other contributions (except editorials, book reviews, special announcements) the abstract must be a concise statement of the content of the paper. Abstracts must not exceed 150 words. The statement of the abstract should summarise the information presented in the paper but should not include references.
- **Text: (1)** Do not align text using spaces or tabs in references. Use one of the following:(a) use CTRL-T in Word 2007 to generate a hanging indent; or (b) MS Word allows author to define a style (e.g., reference) that will create the correct formatting.(2) Per APA guide-lines, only one space should follow any punctuation.

(3) Do not insert spaces at the beginning or end of paragraphs. (4) Do not use colour in text.

- **Tables:** Tables should be either included at the end of the manuscript or as a separate file. Indicate the correct placement by indicating the insertion point in brackets, e.g., <Inset Table 1 approximately here>. Tables should be provided as either tab-delimited text or as a MS Word table (One item/cell). Font for tables should be Helvetica text to maintain consistency.
- **Figures/Graphs/Photos:** Figures, graphs and photos should be provided in graphic format (either JPG or TIF) with a separate file for each figure, graph or photo. Indicate the correct placement by indicating the insertion point in brackets e.g., <Inset Figure 1 approximately here>. Provide the title for the item and any notes that should appear at bottom of item in the manuscript text. Items should be cropped to avoid the appearance of superfluous white space around items. Text on figures and graphs should be Helvetica to maintain consistency. Figures must not repeat data presented in the text or tables. Figures should be planned to appear to a maximum final width of either 80 or 175mm. (3.5 or 7.0“). Complicated symbols or patterns must be avoided. Graphs and histograms should preferably be two –dimensional and scale marks provided. All lines should be black but not too heavy or thick (including boxes). Colour only in photos or colour sensitive graphic illustrations. Extra charges will be levied for colour printing

Referencing

Referencing style should follow latest edition of the APA manual of instructions for authors.

- **References in text:** References in running text should be quoted as follows: (Louw & Mkize, 2012), or (Louw, 2011), or Louw (2000, 2004a, 2004b). All surnames should be cited the first time the reference occurs, e.g., Louw, Mkize, and Naidoo (2009) or (Louw, Mkize, & Naidoo, 2010). Subsequent citations should use et al., e.g. Louw et al. (2004) or (Louw et al., 2004). ‘Unpublished observations’ and ‘personal communications’ may be cited in the text, but not in the reference list. Manuscripts submitted but not yet published can be included as references followed by ‘in press’.
- **Reference list:** Full references should be given at the end of the article in alphabetical order, using double spacing. References to journals should include the author’s surnames and initials, the full title of the paper, the full name of the journal, the year of publication, the volume number, and inclusive page numbers. Titles of journals must not be abbreviated. References to books should include the authors’ surnames and **initials**, the year of publication, full title of the book, the place of publication, and the publisher’s name. References should be cited as per the examples below:

Reference samples

Journal article

Peltzer, K. (2001). Factors at follow-up associated with adherence with adherence with directly observed therapy (DOT) for tuberculosis patients in South Africa. *Journal of Psychology in Africa*, 11 , 165-185.

Book

Gore, A. (2006). *An inconvenient truth: The planetary emergency of global warming and what we can do about it*. Emmaus, PA: Rodale.

(edited book)

Galley, K. E. (Ed.). (2004). *Global climate change and wildlife in North America*. Bethesda, MD: Wildlife Society.

Chapter in a book

Cook, D. A., & Wiley, C. Y. (2000). Psychotherapy with members of the African American churches and spiritual traditions. In P. S. Richards & A. E. Bergin (Ed.), *Handbook of psychotherapy and religiosity diversity* (pp 369-396). Washington, DC: American Psychological Association.

Magazine article

Begley, S., & Murr, A. (2007, July 2). Which of these is not causing global warming? A. Sport utility vehicles; B. Rice fields; C. Increased solar output. *Newsweek*, 150 (2), 48-50.

Newspaper article

(unsigned)

College officials agree to cut greenhouse gases. (2007, June 13). *Albany Times Union*, p. A4.

(signed)

Landler, M. (2007, June 2). Bush's Greenhouse Gas Plan Throws Europe Off Guard. *New York Times*, p. A7.

Unpublished thesis

Appoh, L. (1995). *The effects of parental attitudes, beliefs and values on the nutritional status of their children in two communities in Ghana* (Unpublished master's thesis).

University of Trondheim, Norway.

Conference paper

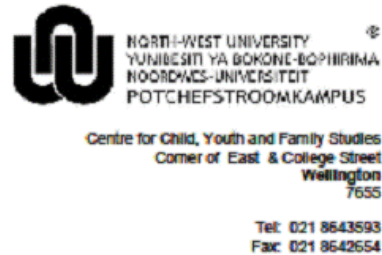
Sternberg, R. J. (2001, June). *Cultural approaches to intellectual and social competencies* .

Paper presented at the Annual Convention of the American Psychological Society, Toronto, Canada.

Lead authors will receive a complimentary issue of the journal issue in which their article appears. The Journal does not place restriction on manuscript length but attention is drawn to the fact that a levy is charged towards publication costs.

Appendix B

Ethical clearance



9 December 2011

The Chairman
Department of Health: Mpumalanga province
Research and Ethics Committee

ETHICAL AND RESEARCH APPROVAL : A Kotze student number: 23288515

The university approved this study from an ethical and research point of view for a period of three years commencing December 2011

Approved title: The experience of early motherhood amongst Swazi Adolescent girls
Ethics project leader: Prof P Rankin – School for Psychological Behavioural Sciences,
Potchefstroom campus
Study leader: Dr S Jacobs: Centre for Child Youth and Family studies: Wellington
Ethics number: NWU-0011-10-S1

Yours truly

Prof CHM Bloem
Head: Centre for Child Youth and Family studies
Africa Unit for Trans-disciplinary Health Science

Appendix C

Permission from Mpumalanga Department of Health to conduct research

		
MPUMALANGA PROVINCIAL GOVERNMENT Building No.3 No. 7 Government Boulevard Riverside Park Extension 2 Nelspruit 1200 Republic of South Africa	Private Bag X 11285 Nelspruit, 1200 Tel: 013 766 3129 int: +27 13 766 3129 Fax: 013 766 3158 int: +27 13 766 3158	Office of the HOD
Litiko Litemphilo	Umyango WezaMaphilo	Departement van Gesondheid
Enquiries: Mr M.T. Matlou Chief Director, Integrated Health Planning Tel: 013-766 3293 Mrs A Kotzé 184 Johannes Street P.O. Box 807 MALELANE 1320 Contact Number: 072 239 2920 Email: alexakotze@gmail.com Dear Mrs Kotzé, RE: APPROVAL TO CONDUCT RESEARCH ON "THE EXPERIENCE OF EARLY MOTHERHOOD AMONGST SWAZI ADOLESCENT GIRLS" AT TONGA HOSPITAL WITHIN MPUMALANGA DEPARTMENT OF HEALTH AS PART OF REQUIREMENTS FOR MASTERS OF PSYCHOLOGY		
1. The Provincial Research and Ethics Committee hereby grants approval for your research project on "<i>the experience of early motherhood amongst Swazi Adolescent girls</i>" which will be conducted at Tonga Hospital as part of your Masters Degree in Psychology at the North-West University. 2. It is noted that the purpose of your research, is as follows: 2.1 to conduct a literature study on the incidence and extent of adolescent pregnancies and motherhood, and critically evaluate previous research on these topics; 2.2 to describe and obtain an understanding of Swazi adolescent girls' experience of early motherhood through semi-structured one-on-one interviews; and 2.3 to provide guiding principles to District Hospitals' interdisciplinary team for an educational program on adolescent pregnancy awareness and prevention.		
 		

RE: APPROVAL TO CONDUCT RESEARCH ON "EXPERIENCE OF EARLY MOTHERHOOD AMONGST
SWAZI ADOLESCENT GIRLS" AT TONGA HOSPITAL WITHIN MPUMALANGA: MRS A KOTZE

3. No issues of ethical consideration were identified.
4. The onus lies with the researcher to seek approval from the mentioned public health facility prior to conducting the research.
5. It should be noted however, that the department will be expecting a report on the findings, once the research project has been completed.

Yours faithfully,


ACTING HEAD OF DEPARTMENT
MR M.R. MNISI
DATE: 02/02/2012

cc: Acting Chief Director: Hospital Services: Dr A Shija
Chief Director: Primary Health Care: Ms I Makwetla
Deputy Director: Maternal- Child and Women's Health

Appendix D

CONSENT TO PARTICIPATION OF STUDY

I am a Master's degree student in psychological research at the University of North-West and would like to invite you to take part in the study. Please read carefully through the information before signing the document.

Title

The experience of early motherhood amongst Swazi adolescent girls

Purpose of the study

The aim of this research is to gain information about the experiences of early motherhood amongst Swazi adolescent mothers between ages 12 to 18 years, in the Nkomazi district.

Description of procedures

An individual interview will be held with you in which will be asked about your experiences of being a mother.

The interview will not take longer than 60 minutes.

A tape recorder will be used to record the interviews.

The information on the tape recorder will be kept confidential and safe.

The interview will either take place at the hospital or at your home depending on your need.

The research findings will be made available to you should you request them.

Possible risks and discomforts

The study is non-therapeutic and there are no risks involved.

You might experience psychological/emotional discomfort due to personal questions that might be asked in the interview, but you will be free to answer only those questions that you feel comfortable with.

Benefits

There are no direct benefits to you, but the information obtained from this study can help Health Care providers with setting up a possible educational program for adolescents with regards to teenage pregnancy.

Incentives

Please note that there will be no financial incentive to participate in this study

Voluntary participation

Your participation in this research is voluntary and you can withdraw from the study at any time.

Confidentiality

All information will be kept confidential and private.

You will not be identified in any document, including the interview transcript and the research report, by your surname, first name, or by any other information. You will be referred to in the documents under a code name only known to the researcher.

Some of your direct words will be quoted in the research report without mentioning your name but rather speaking about participant A/B.

No one will be informed about your participation in this research.

The tape recordings will only be viewed by the researcher and if necessary, by the supervisor, with your additional consent.

Rights of the participant

As previously discussed, you have the right to choose to participate in this study as well as the right to withdraw from the study at any given time. If you have any further questions regarding your participation in this research study, you may contact the researcher at any time (Alexa Kotze 072 239 2920).

I _____ (name of participant) and _____ (name of parent/guardian) have read and understood this document and agree to participate in the research.

Signature of participant

Date

Signature of parent/guardian

Date

Signature of researcher

Date

Appendix E

Interview Guide

(Adapted from Weaver and Ussher (1997:55))

1. What made you decide to have children?

Unqumeleni kukhulelwa?

2. What sort of things did you imagine about motherhood when you were pregnant?

Wawucabangani usekhulelwe ukuthi kuzubanjani ukuba ngumakhe?

3. How was your pregnancy and delivery?

Bekunja ukukhulelwa nokazala kwakho?

4. What does it mean to you to be a mother?

Uzwa kanjani kuba ngumakhe?

5. How has motherhood affected your life and your relationships with people?

Ukuba ngumakhe kuthinte kanjani impilo yakho nobungane bakho nabanye bantu?

6. How has motherhood changed you as a person?

Ushintshwe kanjani wena njengomunthu ngokuba ngumakhe?

7. What are the positive things about being a mother?

Yiphi imiphumela emihle yokuba ngumakhe?

8. What are the challenges/difficulties about being a mother?

Ziphi izinkinga ezilukhuni zokuba ngumakhe?

9. Why do you think women have children?

Ucabangani ukuthi abesifazane bazalelani?

10. What advice would you give other teenagers who haven't got babies yet?

Uzoshe yini iseluleko sakho kulezinye izintombi ezingakakhulelwi?

11. What other questions do you think I should be asking mothers?

Ucabangani ukuthi ngifanele ngibuze yiphi imibuzo kubomakhe?

Appendix F

Examples of unsuitable interviews

The following guidelines of Smith and Osborn (2007) were used to determine which of the transcribed interviews would provide relevant information for further data analysis. The measure of meaningfulness was judged objectively by the researcher considering the three criteria: (a) appropriateness of the response to the question, (b) the linguistic sensibleness of the response and (c) the length of the response.

Examples are given according to the criteria of interviews that could not be used due to not abiding by the above mentioned criteria. The researcher's question is indicated with an –A" in the second column and the specific participant's response is indicated with a –G" and a number to identify the participants' response.

(a) Appropriateness of the response to the question

Line	Person	Response
197	A:	Okay. Uhm what does it mean for you to be a mother. Nr4, what does it mean for you to be a mother?
198		
199	G13	For now what is happening is happening, that I didn't plan to have a child
200		
201	A:	But what is the definition for you to have a child?
202		
203	G13	Ngingatsini nje... {What can I say...}
204		
205	A:	You can speak siSwati it is fine
206		
207	G13	Okay, it is to raise my child right. Kutsi ngimkhulise kahle abe nemphilo leright. {So I can raise it well to have a good life.}

Line	Person	Response
207	AK	Ukuba ngumakhe kuthinte kanjani impilo yakho nobungane bakho nabanye bantu? {How has motherhood affected your life and your relationships with people?}
208		
209	G4	Sometimes it is nice but me I'm small.

(B) the linguistic sensibleness of the response

Line	Person	Response
95	AK	Wawucabangani usekhulelwe ukuthi kuzobanjani ukuba ngumakhe? {What did you think when you got pregnant will it be like to be a mother?} You can speak siSwati if you want
96		
97	G4	Heh... bengicabanga no {Heh...I thought no}
98		
99	AK	Huh? Did you understand that question?
100		
101	G4	Yes
102		
103	AK	You can answer in siSwati it is fine. How did you think when you were pregnant, it was going to be?
104		
105	G4	 Uhm, no
106		
107	AK	... when you were pregnant, how did you think to be a mother?
108		
109	G4	Nothing

Line	Person	Response
235	AK	Alright. What are the good things about being a mother? What is good?
236		
237	G4	Because ngiyatinakekela nemntfawana wami. {Because I care for my child.}
238		
239	AK	Hmmhmm, but what, why is it good?
240		
241	G4	Ngiyamwashela ngimdlise {I wash him, I feed him.}
242		
243	AK	Alright, what is the difficult, the challenges to be a mother
244		
245	G4	Nothing
246		
247	AK	Nothing? It is easy to be a mother?
248		
249	G4	Not.
250		

251	AK	What is difficult? Why it is not easy?
252		
253	G4	Bekungakafiki iage yami kutsi ngintfole mntfana. {I haven't yet reached the age to get a child.}

(C) the length of the response.

Line	Person	Response
143	A:	And maybe, maybe I can ask ...your relationship with your family and friends when you were pregnant?
144		
145	G13	It was good.
146		
147	A:	It was good?
148		
149	G13	Yes

Line	Person	Response
257	A:	Alright. And relationship with other people? Your relationship with your mother and maybe even your gogo? With your friends, boyfriend?
258		
259	G13	Didn't change.
260		
261	A:	Didn't change. And do people still treat you the same? And your boyfriend still treat you the same?
262		
263	G13	Yes

Line	Person	Response
289	A:	So who is looking after your baby?
290		
291	G13:	It is my mom
292		
293	A:	Your mom. And how does she feel about that?
294		
295	G13	She feel okay.
296		
297	A:	And you? How do you feel about that?
298		
299	G13	Fine
300		
301	A:	Okay, no problems?
302		
303	G13	Ja

Line	Person	Response
325	A:	Alright, how has being a mother changed you? How has your personality changed?
236		
327	G13	Nothing
328		
329	A:	Nothing? You are still the same person?
330		
331	G13	Yes
332		
333	A:	And your emotions? Has it changed?
334		
335	G13	No

Appendix G

Example of transcribed interview

1. G12 - 2010		Emerging themes	
2. A:	Okay, Nicole. Okay, so just, you are nineteen years old and you said your baby is nine months?		
3. G12	Yes.		
4. A:	Boy or a girl?		
5. G12	It's a boy.		
6. A:	It's a boy. Okay, when was his birth?		
7. G12	2011 st of July (unclear)		
8. A:	So you were, were you still eighteen then when he was born?		
9. G12	Yes.		
10. A:	Alright. Maybe you can tell me just a little bit about yourself? Ja.		
11. G12	Ah, what can I say? I'm kind, a little bit shy.		
12. A:	mmm.		
13. G12	Uhm, I don't like to talk, but I like to study that's why I am back at school.	Ambition to further education	
14. A:	mmm		
15. G12	Because I drop out last year, in the middle of the year. Mmm, what more can say, I'm just, mmm I'm just a regular person who likes talking to people: helping people who are in need help. Ja.	Ambition to further education	
16. A:	Okay, what do you want to become when you finish with school?		
17. G12	Psychiatrist.	Ambition to further education	
18. A:	Wow, then you will be doing, you'll be doing similar studies that I am doing now.		
19. G12	Ja, that's why I was so excited when Bongile told me. I said okay I'm the right person you could tell me I am, you must call me at any time.		
20. A:	Ah thank you.		

2. G12 - 2010		Emerging themes	
3. A:	Okay, Nicole. Okay, so just, you are nineteen years old and you said your baby is nine months?		
4. G12	Yes.		
5. A:	Boy or a girl?		
6. G12	It's a boy.		
7. A:	It's a boy. Okay, when was his birth?		
8. G12	2011 st of July (unclear)		
9. A:	So you were, were you still eighteen then when he was born?		
10. G12	Yes.		
11. A:	Alright. Maybe you can tell me just a little bit about yourself? Ja.		
12. G12	Ah, what can I say? I'm kind, a little bit shy.		
13. A:	mmm.		
14. G12	Uhm, I don't like to talk, but I like to study that's why I am back at school.	Ambition to further education	
15. A:	mmm		
16. G12	Because I drop out last year, in the middle of the year. Mmm, what more can say, I'm just, mmm I'm just a regular person who likes talking to people: helping people who are in need help. Ja.	Ambition to further education	
17. A:	Okay, what do you want to become when you finish with school?		
18. G12	Psychiatrist.	Ambition to further education	
19. A:	Wow, then you will be doing, you'll be doing similar studies that I am doing now.		
20. G12	Ja, that's why I was so excited when Bongile told me. I said okay I'm the right person you could tell me I am, you must call me at any time.		
21. A:	Ah thank you.		

3. G12 - 2010		Emerging themes	
4. A:	Okay, Nicole. Okay, so just, you are nineteen years old and you said your baby is nine months?		
5. G12	Yes.		
6. A:	Boy or a girl?		
7. G12	It's a boy.		
8. A:	It's a boy. Okay, when was his birth?		
9. G12	2011 st of July (unclear)		
10. A:	So you were, were you still eighteen then when he was born?		
11. G12	Yes.		
12. A:	Alright. Maybe you can tell me just a little bit about yourself? Ja.		
13. G12	Ah, what can I say? I'm kind, a little bit shy.		
14. A:	mmm.		
15. G12	Uhm, I don't like to talk, but I like to study that's why I am back at school.	Ambition to further education	
16. A:	mmm		
17. G12	Because I drop out last year, in the middle of the year. Mmm, what more can say, I'm just, mmm I'm just a regular person who likes talking to people: helping people who are in need help. Ja.	Ambition to further education	
18. A:	Okay, what do you want to become when you finish with school?		
19. G12	Psychiatrist.	Ambition to further education	
20. A:	Wow, then you will be doing, you'll be doing similar studies that I am doing now.		
21. G12	Ja, that's why I was so excited when Bongile told me. I said okay I'm the right person you could tell me I am, you must call me at any time.		
22. A:	Ah thank you.		

+ Positive experience - Experience

(B) before birth

(A) - After birth. March 2014

40. G12	mmm		
41. G12	Uhm, okay well, I am going to go through some questions but I want you just to talk and do, you know, if whatever you feel like saying you're welcome to say.		
42. A:	Okay.		
43. G12	Uhm, what made you decide to have children?		
44. A:	It wasn't something that I've planned, it was a mistake, but I have to accept it as it is. You know, because some people would say, if it was a mistake there were other options. Those options they didn't come in my mind, just when I found out that I was pregnant, and I said "oh, I wasn't planning for it but I have to accept it as it is. I won't blame someone who was innocent, because that baby is innocent. Doesn't know anything."	Pregnancy unplanned/mistake - Forcing self to accept responsibility Anti-abortion. Pragmatic view. Inner conflict between should and wants. Takes responsibility + B	
45. G12	mmm		
46. A:	Ja, that's what came in my mind.		
47. G12	Uhm, you say you weren't planning, uhm, what did you use to prevent yourself from getting pregnant?		
48. A:	I was on pills.		
49. G12	Okay.		
50. A:	Yes, if I could say, maybe I forgot, because I was supposed to be at school, it wasn't something that I have to do regular, I have to when I meet my boyfriend, then I explain, I have to rush into school, so it slipped my mind.	Risky sexual behaviour Handling of contraception.	
51. G12	mmm. Okay.		
52. A:	Ja.		
53. G12	Okay. Uhm, and when did you actually plan to have children, when you were how old?		
54. A:	Oh, when I finish everything, knowing that now I am in my own home.	Importance of being independent	
55. G12	Plan was to have children when independent future ideal		

3

136.	Pregnancy was good – unaffected except for laziness	137. G12	Ah, it was good, but I was too lazy.	
138.		139. A.	Too lazy?	
140.		141. G12	Ah, I was too lazy.	
142.		143. A.	Lazy or tired?	
144.		145. G12	I was too lazy and stubborn.	
146.		147. A.	Is it?	
148.		149. G12	Ja, at school they they would say something to me, whoah, I could easily get angry.	
150.		151. A.	Okay, short tempered.	
152.		153. G12	Yes, I was too short tempered by that time, every night if they remind me, I say "ha, me? I'm not that silly person. You know that I am the kindest of them all." So I'm not that kind of a person. (laughs)	
154.		155. A.	(laughs). And the pregnancy, was it, was it difficult for you to be carrying a child?	
156.		157. G12	I usually feel tired a lot.	
158.		159. A.	Okay	
160.		161. G12	And people will tell me that I must stay at home not going to school and I say "ah, I'm not feeling anything" and when I go, when I come back home I will say I am here now, I am tired, because it was so big and I didn't mind that it was so big.	
162.		163. A.	Okay.	
164.		165. G12	Ja, I just go but I will feel tired afterwards.	
166.		167. A.	Okay, and while you were pregnant, your uh, the relationships at the school, the teachers and your friends, how was that?	
168.		169. G12	Ah, they were okay.	
169.	Supportive teachers			

		242.			Heart
		243. A:	Okay		
		244.			
		245. G12	mmm		
		246.			
		247. A:	And do you feel that you are accomplishing it?		
		248.			
		249. G12	Some of it.		
		250.			
		251. A:	mmm		
		252.			
		253. G12	Some of it, because I have to sacrifice a lot.		Sacrifice
		254.			
		255. A:	What type of things do you sacrifice?		
		256.			
		257. G12	Like, my mother is not working, so sometimes, or at most times she stays with the baby. So when she has to go maybe for an interview, I have to stay and not go to school, to look after that baby and when my mother came back then she could stay with her. There's no one to stay with her.		Education Interrupted
		258.			Sense of responsibility
		259. A:	Okay. Uhm, and how do you feel to be a mother?		
		260.			
		261. G12	Sometimes it's good, sometimes it's bad, because when the baby doesn't have food, he's small he doesn't see anything, all he do is just when he's hungry she cries.		Being a mother feels good and bad
		262.			Realisation of the several demands that a baby has.
		263. A:	mmm		
		264.			
		265. G12	And that pain, I'm the one who's feeling it and I am the one who have to make means to see that my baby now has that food that she will need, has everything that you'll need. Now here's winter, I have to make sure that he gets everything, jerseys and all that stuff.		Burden of being a provider
		266.			
		267. A:	mmm		
		268.			
		269. G12	mmm		
		270.			
		271. A:	And how will you make sure?		
		272.			

			one in the morning I was, I have already given birth.		
		206.			
		207. A:	Okay.		
		208.			
		209. G12	mmm		
		210.			
		211. A:	And uhm, how long were you in hospital after that?		
		212.			
		213. G12	For one day.		
		214.			
		215. A:	One day.		
		216.			
		217. G12	Ja.		
		218.			
		219. A:	Okay. Uhm, did anyone come and visit you?		
		220.			
		221. G12	Ja, they did but they, when they visit, the just took me home.		
		222.			
		223. A:	Okay.		
		224.			
		225. G12	Ja, I didn't stay at the end of the day.		
		226.			
		227. A:	Okay. What does it mean to you to be a mother?		
		228.			
		229. G12	Oh, it means a lot because I know that I've brought someone to this world. And I've, I try my best to make sure that my baby gets everything that she wants.		Recognising the value of a mother + achievement
		230.			Experiencing a sense of worth. + achievement
		231. A:			Baby's best interest at heart
		232.			
		233. G12	Even though I don't have anything to offer him.		Awareness of own limitations + responsibility
		234.			
		235. A:	mmm		
		236.			
		237. G12			
		238.			
		239. A:	What, so what is your definition, if you would say what is a mother according to you?		
		240.			
		241. G12	mmm. A mother? A mother is a shoulder to cry on, he's a comforter, he's a person that she has to make everything possible for her baby. He must be there for her. So that's what I am trying to do.		Perceives motherhood as being the ultimate care taker. + responsibility
		242.			Baby's best interest at heart

273. G12	273. A:	Are they, do they still react the same way towards you as before they baby?	307. A:
	308.	mmm.	308.
	309. G12	mmm.	309. G12
	310.	mmm.	310.
	311. A:	Okay.	311. A:
	312.	They even visit me.	312.
	313. G12	Maintained friendship relationships	313. G12
	314.	And things, and your boyfriend?	314.
	315. A:	Ja, she tries what she cans. Ja, but not, not most of the time.	315. A:
	316.	Is he involved or?	316.
	317. G12	Ja, a little bit.	317. G12
	318.	He is, okay. No, cause uhm one of the girls, actually a few of the girls actually said that once they told their boyfriends that they're pregnant the boyfriends ran away. So I was wondering.	318.
	319. A:	No, he didn't.	319. A:
	320.	Okay.	320.
	321. G12	But he was so excited and I could ask myself "why are you so excited", because he doesn't have anything to offer the baby.	321. G12
	322.	Support from boyfriend but nothing to offer acc to girl	322.
	323. A:	Realisation of father of the child's limitations and inability to offer support	323. A:
	324.	Realisation of father of the child's limitations and inability to offer support	324.
	325. G12	Surprised by BF's acceptance of pregnancy.	325. G12
	326.	Angry about being pregnant	326.
	327. A:	Baby is time consuming.	327. A:
	328.	So why is he excited, she must be like me and angry and see what I have to do.	328.
	329. G12	Were you angry in the beginning when you heard?	329. G12
	330.	Yes, I could ask myself "how could this happen", I wasn't planning for it and one of my friend told me that you weren't planning for it, but it did happen so you have to take it like it is.	330.
	331. A:	Anger	331. A:
	332.	Should and want	332.
	333. G12	Initial shock with realisation of pregnancy. Forcing self to accept responsibility	333. G12
	334.		334.
	335. A:		335. A:
	336.		336.
	337. G12		337. G12
	338.		338.
	339. A:		339. A:
	340.		340.
	341. G12		341. G12
	342.		342.
	343. A:		343. A:
	344.		344.
	345. G12		345. G12
	346.		346.
	347. A:		347. A:
	348.		348.
	349. G12		349. G12
	350.		350.
	351. A:		351. A:
	352.		352.
	353. G12		353. G12
	354.		354.
	355. A:		355. A:
	356.		356.
	357. G12		357. G12
	358.		358.
	359. A:		359. A:
	360.		360.
	361. G12		361. G12
	362.		362.
	363. A:		363. A:
	364.		364.
	365. G12		365. G12
	366.		366.

	371. A:	Okay.	
	372.		
	373. G12	They are friendly, they love babies. Ja, just	
	374.		
	375. A:	Are they more friendlier?	
	376.		
	377. G12	Ja, because around us they are full of babies so when they see another one coming they welcome him or her with warm hands, they don't just reject her.	Acceptance from community <i>Baby accepted by neighbours.</i>
	378.		
	379. A:	Okay. And the fact that you are a teenager, does it make a difference to your community or your culture?	
	380.	No.	
	382.		
	383. A:	Not?	
	384.		
	385. G12	mmm. But it does affect my culture because they say everyone says that you have to, you must have a baby after marriage. So what, it happens, you can't change what happened.	Baby during adolescent years against Swazi culture Knowledge about culture but no adherence to it.
	386.		
	387. A:	mmm	
	388.		
	389. G12	Ja.	
	390.		
	391. A:	Okay. Uhm, how has being a mother changed you as being a person?	
	392.		
	393. G12	mmm, it changed me a lot. Because I could remember if I had money I will spend it the way I like, but now even if I have maybe that hundred rands, all I, one thing comes in my mind, my baby.	Experiences personal change due to birth of baby. Self growth into decreased selfishness and increased sense of responsibility
	394.		
	395. A:	mmm	
	396.		
	397. G12	My baby, I don't even think about myself, I think about my baby, my baby. They even say "wow, just a minute you don't even forget about your baby" and I said no. Even if, how, I don't care if the money is small, but when I just hold it with my hands I think of my baby wants this. My baby will need this in the future, so I have to use it carefully, so that I, when that time come I'll have, I'll give it to him.	Future outlook/perspective Altruism Baby's best interest at heart
	398.		
	399. A:	Okay. Would you, would you say that you are more responsible maybe?	
	400.		

	338.		
	339. A:	mmm	
	340.		
	341. G12		
	342.		
	343. A:	How long do you think it took you to come to a point where you accepted it?	
	344.		
	345. G12	Ah, maybe I was about six months.	
	346.		
	347. A:		
	348.		
	349. G12	Ja, that when I realise ja, I'm really pregnant.	Avoidance of experiencing reality of pregnancy
	350.		
	351. A:	Okay. And uhm, are there any things that you used to do before you had a baby that you can't do anymore or?	
	352.		
	353. G12	No.	
	354.		
	355. A:	Not really.	
	356.		
	357. G12	Not really.	
	358.		
	359. A:	Are there anything that you didn't do that you now have to do?	
	360.		
	361. G12	(giggles) Ah, what can I say. I'm not used to maybe, I could find people in a group then join them at discussions. I am a person who likes to isolate myself, ja, I'm that person. So even at home they will say, they will find me in my room locked and I'm inside and say "how, and you are back at school and you didn't come and see us". So I'm just, I'm just tired, even if I'm not. I just want to stay alone.	
	362.		
	363. A:	You like it?	
	364.		
	365. G12	A lot.	
	366.		
	367. A:	Okay, alright. Uhm, how do the people in the community treat you now that you have a baby?	
	368.		
	369. G12	Ha, they are friendly, especially my neighbours.	Experiences friendship and support from community
	370.		

	401. G12	Ja, than before.			holding it with your own hands, you could say this is my bundle of joy.	
Previously said she was more angry and moody?	402.	Okay. And how else has your personality changed?		430.	mmmm	
	403. A:	Ah, just that only.		431. A:		
	404.	mmmm?		432.		Ownership of baby
	405. G12	mmmm		433. G12	Even if her father ran away or did what, but you develop that love and say this is mine no matter what. Ja.	
	406.	mmmm?		434.	Okay. Uhm, what are the challenges? The difficulties about being a mother?	
	407. A:	mmmm		435. A:	mmmm, there are many. Many of them, many of them. Sometimes you get that the baby is sick, you are the one who has to see what is wrong with him, what do you have to give him. Maybe sometimes they will tell you, the other persons that maybe that baby needs to go home, and you may find that that father of the child ran away and you don't know what to do, and you can't go to that certain home, house and say this is the baby, mean while that boy ran away. You know?	challenges / obstacles Distances self from reality Interfering from others on childbearing Lack of support from father of child.
	408.	mmmm		436.	mmmm. But in your life specifically? What are the things you are struggling with?	
	409. G12	mmmm		437. G12	Oh, me. Sometime you, well, I could say you are responsible for that certain baby, like me I am not working, I'm just a school kid, so this things have to be on my mother shoulder, she has to look after me and my baby.	Financial burden Increased responsibility
	410.	Okay. Uhm, the way you think about life, has, has it, has uhm, how has that changed now that you are a mother?		440.	mmmm	
	411. A:	Sometimes I find it difficult, because I have to go to school, I have to look after my baby and sometimes you'll get that, they will need us at school, even Sunday. I don't get time to see him, and I don't get time just to do things with my little boy, so I will say "hey, life is too difficult, now I want to go home and just spend time with him", but sometimes, but the other way around, I say "at the end of the day I want to be something" and I have to be a t school. So these two things just come and go.		441. G12	mmmm	
Life is difficult More responsibilities Loss of free time Misses baby when at school Torn between studies and baby	412.	Like a conflict.		442.	mmmm	
	413. G12	Ja, because I want two things at the same time.		443. A:	mmmm	
	414.	mmmm, okay ja that makes sense. Uhm, what would you say are the positive things about being a mother? The good things?		444.	mmmm	
	415. A:	You learn to love. Ja. You learn to give, to be responsible if you are a mother.		445. G12	Ja.	
	416.	mmmm, okay ja that makes sense. Uhm, what would you say are the positive things about being a mother? The good things?		446.	Is it difficult for you to rely on your mother for everything?	
	417. G12	mmmm, okay ja that makes sense. Uhm, what would you say are the positive things about being a mother? The good things?		447. A:	I, even now, I'm not telling him that I am short of something. I just keep quiet, because I know that even if I will tell him, she will say I bought your baby something like this, you see, Mmmm.	Feelings of guilt
	418.	mmmm, okay ja that makes sense. Uhm, what would you say are the positive things about being a mother? The good things?		448.	mmmm. Has your relationship with your mother been affected now that she is taking care of the baby?	
Learn to love Responsibility Learn to give	420.	You learn to love. Ja. You learn to give, to be responsible if you are a mother.		449. G12	No.	
	421. G12	mmmm, okay ja that makes sense. Uhm, what would you say are the positive things about being a mother? The good things?		450.	mmmm. Has your relationship with your mother been affected now that she is taking care of the baby?	
	422.	mmmm, okay ja that makes sense. Uhm, what would you say are the positive things about being a mother? The good things?		451. A:	mmmm. Has your relationship with your mother been affected now that she is taking care of the baby?	
	423. A:	mmmm, okay ja that makes sense. Uhm, what would you say are the positive things about being a mother? The good things?		452.	No.	
	424.	mmmm, okay ja that makes sense. Uhm, what would you say are the positive things about being a mother? The good things?		453. G12	It's the same?	
Being a mother leads to increase in love for all especially babies. Attachment.	425. G12	You just love the person that comes on your way, especially babies, because you want to see their faces, they are so full of innocence. Full of life, full of love. And when you just see their faces, you just melt.		454.	Ja. It's the same, didn't affected anything, mother and adolescent	
	426.	mmmm		455. A:		
	427. A:	mmmm		456.		
Despite hardship and unwanted pregnancy - baby brings joy	428.	So you could say that even if you didn't love your own baby, even if it didn't come at the right time or the right way, but when you are		457. G12		

5

558.	learn from mistakes insight [wisdom] attained at/baby	baby I saw abstaining is the best way, because you can say that maybe I am on injection, but you ended up pregnant and you ask yourself "How?" and no one's going to answer that question for you, because you are the one who's on that certain contraception.	Accountable for own choices
559. A:		mmm.	
560.	So many questions on my mind	Ja, so if you know that you abstain, you know that something like this won't happen and I won't have so many questions on your mind.	Motherhood is challenging
561. G12		mmm. What are those questions that you have in your mind?	
562.		Okay, I could say some other girls maybe are having a lot of boyfriends and maybe they are on that pill or whatever they are using, and when they get pregnant they will sit down and think, who maybe, who was here, who is the father of this child? You see because they are sleeping with many boys. Ja, that they get a confusion, about that.	Not owning reality of experience
563. A:		mmm. What uhm, if you could have another chance in life would you still have a baby now? Thinking of all the positive and all the negative things?	
564.		Now?	
565. G12		mmm	
566.		Oh, not now. The only thing that I will choose now is to focus on my studies only.	Regret
567. A:		Okay.	
568.		That's the only thing that I am thinking of.	
569. G12		What other questions do you think I should be asking teenage mothers?	
570.		mmm. Those you haven't interviewed?	
571. A:		Ja, what, what other important information do you think I should know about being a teenage mother?	
572.		How is that family involved, the parents, the father or the even if the father is not working, is the fathers parents supporting the child or they just told themselves that is your baby, we don't care.	
573. G12			
574.			
575. A:			
576.			
577. G12			
578.			
579. A:			
580.			
581. G12			
582.			
583. A:			
584.			
585. G12			
586.			

527. A:	Okay.		
528.	Ja, we are doing the opposite thing.		
529. G12			
530.	Okay, and do you think that in the siSwati culture uhm, there's a different meaning to be a mom than in another culture?		
531. A:			
532.	I don't think so, because every culture says marriage then kids. I don't think there is a parent that will say "I am happy that my child has a children before marriage." They don't be happy, but they <u>can't</u> be happy but they have to be happy that they have someone in the family.	I might Cultural experience = Overall acceptance	
533. G12	mmm, but your culture makes it quite difficult.		
534.	Ja.		
535. A:	Because you first have the labola and all of that hey.		
536.	All that stuff.		
537. G12	Do you think it has an influence on why girls choose to have babies before marriage?		
538.	No, because some of them they end up didn't pay that certain labola, they didn't even buy the baby, you see.		
539. A:	mmm. Okay, Uhm, what advice would you give other girls your age that hasn't got babies?		
540.	Ah, could say they must abstain.		
541. G12	Abstain.		
542.	Or, having a baby is not an easy thing. It's not, sometime it is fun when he starts talking or walking, you see. But when he is so small, she cries you don't know what's wrong so you have to be that persons, like you have to be a doctor and everything to him. Teacher, a mother, you have to be that person who sees what's wrong with him or her.	Motherhood is difficult has several challenges that are demanding	
543. A:	mmm. Do you think abstaining is the best way to prevent having a baby?		
544.	It's the best way. Ever since I have ever had a		
545. G12			
546.			
547. A:			
548.			
549. G12			
550. G12			
551. A:			
552.			
553. G12			
554.			
555. A:			
556.			
557. G12			

	587. A:	In your situation, is the, your parents in law, are they involved?	
	588.		
Parents in law not involved in baby they are deceased	589. G12	Oh, I must say that they are not, because the grandparents are not there, they are all dead. So there is just the young ones around. And they are having their own babies.	
	590.		
	591. A:	Okay, do you think they accept you?	
	592.		
	593. G12	They did, because those are the things that they have, they give us.	
	594.	Okay.	
	595. A:		
	596.		
	597. G12	Ja.	
	598.		
	599. A:	Alright, anything else that you think I should know about being a mother and a teenage mother?	
	600.		
Love my baby despite fact that she regret having baby now	601. G12	Uhm, on my side it's I just love my baby.	Love for baby
	602.		
	603. A:	You like your baby?	
	604.		
Love baby	605. G12	I love my baby.	
	606.		
	607. A:	Even when it's difficult?	
	608.		
Love my baby Gift from God Does she really believe it?	609. G12	Even, I have some difficult times, but I just put them aside. I have a amazing gift from God, that's what I told myself. That I won't hate him, because it's a gift from God. That's why many people say, that a child it's a gift from God. So even if, my side, I haven't planned him but it is a gift from God even my side.	A child is a gift from God. Affected by baby's innocence
	610.		
	611. A:	mmmm	
	612.		
	613. G12	Ja.	
	614.		
	615. A:	Okay. Uhm, one of the girls said a question I should ask them is why do teenagers do the things that they are not supposed to do? What do you think about that? If you say it wasn't planned, why do...	
	616.		
	617. G12	Sometimes it's due to influence of friends, like they pressurise you.	
	618.		
	619. A:	Is that what happened in your case?	
	620.		
Never thought it would happen to me	621. G12	No, it's something that I have been doing, but I never thought that I could get pregnant.	Ignorance about implication of sex
	622.		

	623. A:	Did you know how you could get pregnant when you started having sex?	
	624.		
	625. G12	Ja.	
	626.		
	627. A:	So you did know, it's not that you had a lack of information?	
	628.		
	629. G12	mmmm. No.	
	630.		
	631. A:	Okay, because I also find that a lot of girls are saying that they didn't know that you can fall pregnant when you have sex. So I was just wondering.	
	632.		
	633. G12	No.	
	634.		
	635. A:	You know, how much sexual education do you get at schools?	
	636.		
	637. G12	Oh, they teach us a lot. It's just that, you know children and how they are? They do the opposite thing that they have to. You see, they told you don't do this and they say why, I want to see what's going to happen if I do it. Ja, and you end up in such a huge mess and when you try to get out, they say we told you, don't do that.	Adolescent behaviour cause of problem.
	638.		
	639. A:	Do you have other friends with babies?	
	640.		
	641. G12	Ja. Someone is at home, my cousin and some of them are my friends, just we meet at school.	
	642.		
	643. A:	Okay.	
	644.		
	645. G12	Ja.	
	646.		
	647. A:	And did they have their babies after you or before you?	
	648.		
	649. G12	mmmm. Ja, there is one when I drop out last year, she followed me because she said that she was left alone. So he decided to drop at school, so now we are back both of us. So the other one dropped completely, now she is not even back to school.	
	650.		
	651. A:	Okay. So, so do you think the girls learn from each other's mistakes or not really?	
	652.		
	653. G12	I have learned from my friends mistake but the other one I don't know what's wrong with her, because we try to talk to her just to come back to school, but she's told us that she's	

		looking after her baby, mean while she is staying with the baby's father and in the situation everything is good because the father is working, she gets everything she wants, but she doesn't want to go back to school. I don't know why.			
	654.				
	655. A:	But do you think, let us say if you had now had a baby and initially you said it was a mistake do you think uh, other girls look at your life and then they say oh, I shouldn't sleep around because I'm gonna get a baby or I should use protection. DO you think girls learn from it or do they all need to make their own mistake?			
	656.				
	657. G12	I, from what I've learnt that you can't tell a person to do something that they don't want to do. You can tell that person that hey, sleeping around is not a good thing because you'll end up being pregnant and say "because you got pregnant you think I will get pregnant too." You see so, it's hard.	Teenagers do what they want despite warnings		
	658.	It is hard.			
	659. A:				
	660.				
Teenagers are stubborn	661. G12	Ja, even if you could see that this person is going the wrong path, you try to guide him or her, but she will say, do your'll do mine, Ja.	Teenagers do what they want despite warnings		
	662.				
	663. A:	So what if I come up with a teenage pregnancy prevention program, do you think it will, some of the girls will listen or you think it will be useless?			
Big, huge mistake Warning other girls against adolescent pregnancy	664.				
	665. G12	Some of them will listen. Just not all of them, because you know us Swazi's, everyone has, what can I say, I do my own life, no one will tell me what to do. But when you ended up in a such a big, huge mistake, you'll start gathering around with people, needing help, because we are the most experienced one, so we'll try by all means to get those who didn't have babies to tell them that having a baby at an early age is not good thing. But they listen, very well, Ja they listen.	Pregnancy unplanned/mistake Swazi culture is that of independence Regrets		
	666.				
	667. A	So you think it will work better if you actually get girls that has got babies to speak to girls that haven't got babies.			
	668.				
	669. G12	Yes, that haven't got. Yes. And the ones who are having difficulties with their babies and the one who are more advantaged. (phone rings)			
	670.				
	671. A	mmm. You can take it (answer phone).			
	672.				
	673. G12	Sorry.			
	674.				
	675. A:	Don't worry. Uhm, oh, so we were saying that it might be a good idea if.			
	676.				
	677. G12	Ja.			
	678.				
	679. A	One of the girls that already have a baby, speak to other girls that hasn't got babies.			
	680.				
	681. G12	mmm. Especially if you come to schools, so that the teacher's, especially for the life orientation teacher's they could gather the girls around and talk to them.	Acknowledges the importance of pregnancy prevention talks		
	682.				
	683. A	mmm.			
	684.				
	685. G12	Ja.			
	686.				
	687. A	Okay, What do you think I am missing? That I must still know about? About being a teenager and being a mother?			
	688.				
	689. G12	Oh, you have everything.			
	690.				
	691. A	You think so?			
	692.				
	693. G12	Ja. That is the key things that you need to know, the hard, the negative and the positive things of being a teenage mother. Because most of us, it is what we are facing.	Adolescent motherhood is good and bad.		
	694.				
	695. A	mmm. Ja. So if you could summarise what would you say about your whole situation?			
	696.				
Hard	697. G12	My situation, I could say, having a baby it is not an easy thing, because the things that we usually experience, because we don't experience the same things. Sometimes you could see that, you could get that, a girl is living with his grand parents and maybe that is a girl used go and sleeping around, going to taverns, drinking, doing all that stuff. When the baby is born, he will leave the baby with the grandparents to look after him, while she's going drinking, doing the things that got him into that certain trouble. Ja.	Challenging Not owning reality of experience		
	698.				
	699. A	Oh alright. Thank you very much for your time, I appreciate it and your information I think is very valuable.			

Appendix H

Clustering of themes from first analysed interview

THEMES FROM INITIAL NOTES IN CHRONOLOGICAL ORDER: G12	CLUSTERING OF THEMES	MAIN THEMES
Ambition to further education	Responsibilities	Resilience
Pregnancy unplanned/mistake	Self-acceptance	Personal growth
Forcing self to accept responsibility	Self-acceptance	Personal growth
Pragmatic view	Responsibilities	Resilience
Anti-abortion.	Responsibilities	Resilience
Inner conflict between should and wants	Inner conflict	Personal growth
Takes responsibility	Effective coping	Coping
Realises innocence of baby	Responsibilities	Resilience
Risky sexual behaviour before having baby	Ineffective coping	Coping
Ineffective use of contraception before baby	Ineffective coping	Coping
Importance of being independent	Challenges	Resilience
Learns from mistakes	Effective coping	Coping
Realises the importance of contraception management post baby	Effective coping	Coping
Initial denial of pregnancy	Ineffective coping	Coping
Motherhood is difficult	Challenges	Resilience
Realisation of own immaturity	Self-acceptance	Personal growth
Feeling overwhelmed	Negative emotions	Emotional experience
Challenge: financial constraints in present and future	Challenges	Resilience
Worried about provision for baby	Negative emotions	Emotional experience
Realisation of the several needs that a baby has.	Challenges	Resilience
Future uncertain and unpredictable	Challenges	Resilience
Feeling helpless	Negative emotions	Emotional experience
Feeling scared of labour process	Negative emotions	Emotional experience
Lazy during pregnancy	Negative emotions	Emotional experience
Naivety regarding implications of having a baby	Ineffective coping	Coping
Retrospection : Experienced self as being stubborn during pregnancy	Self-acceptance	Personal growth
Feelings of anger /moodiness during pregnancy	Negative emotions	Emotional experience
Not who I am – unwanted self during pregnancy	Negative emotions	Emotional experience
Pretends to be unaffected by pregnancy.	Ineffective coping	Coping
Adolescent's mother supportive during pregnancy	Support experienced	Social support
Rejection by adolescence's father	Support not experienced	Social support
Recognising the value of a life.	Positive emotions	Emotional experience
Experiencing a sense of worth.	Positive emotions	Emotional experience
Baby's best interest at heart	Effective coping	Coping
Awareness of own limitations	Self-acceptance	Personal growth
Perceives motherhood as being the ultimate care taker	Challenges	Resilience

THEMES FROM INITIAL NOTES IN CHRONOLOGICAL ORDER: G12	<u>CLUSTERING OF THEMES</u>	<u>MAIN THEMES</u>
Sacrifice	Challenges	Resilience
Education interrupted	Challenges	Resilience
Being a mother feels good and bad	Self-acceptance	Personal growth
Burden of being a provider	Challenges	Resilience
Baby is time consuming	Challenges	Resilience
Lacking awareness of the implication of having a baby	Ineffective coping	Coping
Maintained friendship relationships	Support experienced	Social support
	Support not experienced	Social support
Inadequate support from father of the baby	Support not experienced	Social support
Realisation of father of the child's limitations and inability to offer support	Support not experienced	Social support
Surprised by BF's acceptance of pregnancy.	Negative emotions	Emotional experience
Angry about being pregnant	Negative emotions	Emotional experience
Initial shock with realisation of pregnancy.	Negative emotions	Emotional experience
Avoidance of experiencing the reality of pregnancy	Ineffective coping	Coping
Experiences friendship and support from community	Support experienced	Social support
Acceptance from community	Support experienced	Social support
Baby during adolescent years against Swazi culture	Culture	Cultural experiences
Knowledge about culture but no adherence to it.	Culture	Cultural experiences
Experiences personal change due to birth of baby.	Self-acceptance	Personal growth
Self growth ito decreased selfishness and increased sense of responsibility	Gaining positive attributes	Personal growth
Future outlook/perspective	Effective coping	Coping
Altruism	Gaining positive attributes	Personal growth
Increased responsibility	Challenges	Resilience
Loss of free time	Challenges	Resilience
Life is difficult	Challenges	Resilience
Increased ambition	Effective coping	Coping
Torn between baby and school	Inner conflict	Personal growth
Personal growth	Self-acceptance	Personal growth
Learn to love	Gaining positive attributes	Personal growth
Learn to give	Gaining positive attributes	Personal growth
Learn to be responsible	Effective coping	Coping
Experiences of joy	Positive emotions	Emotional experience
Ownership of baby	Effective coping	coping
Many challenges	Challenges	Resilience
Interference from others on child rearing	Challenges	Resilience
Helpless when baby is sick	Challenges	Resilience
Distances self from reality	Ineffective coping	Coping
Financial burden on family	Challenges	Resilience
Feelings of guilt	Negative emotions	Emotional experience

THEMES FROM INITIAL NOTES IN CHRONOLOGICAL ORDER: G12	<u>CLUSTERING OF THEMES</u>	<u>MAIN THEMES</u>
Adolescent argues with mother	Support not experienced	Social support
Motherhood is difficult	Self-acceptance	Personal growth
Motherhood has several challenges that are demanding	Challenges	Resilience
Acknowledges the fact that one is accountable for one's own choices	Self-acceptance	Personal growth
Not owning reality of experience	Ineffective coping	Coping
Regret	Negative emotions	Emotional experience
Love for baby	Positive emotions	Emotional experience
A child is valuable	Gaining positive attributes	Personal growth
Ignorance about implication of sex	Ineffective coping	Coping
Adolescent behaviour cause of problem.	Ineffective coping	Coping
Teenagers do what they want despite warnings	Ineffective coping	Coping
Swazi culture is that of independence		Cultural experiences
Acknowledges the importance of pregnancy prevention talks	Effective coping	Coping
Adolescent motherhood is good and bad.	Self-acceptance	Personal growth

Appendix I

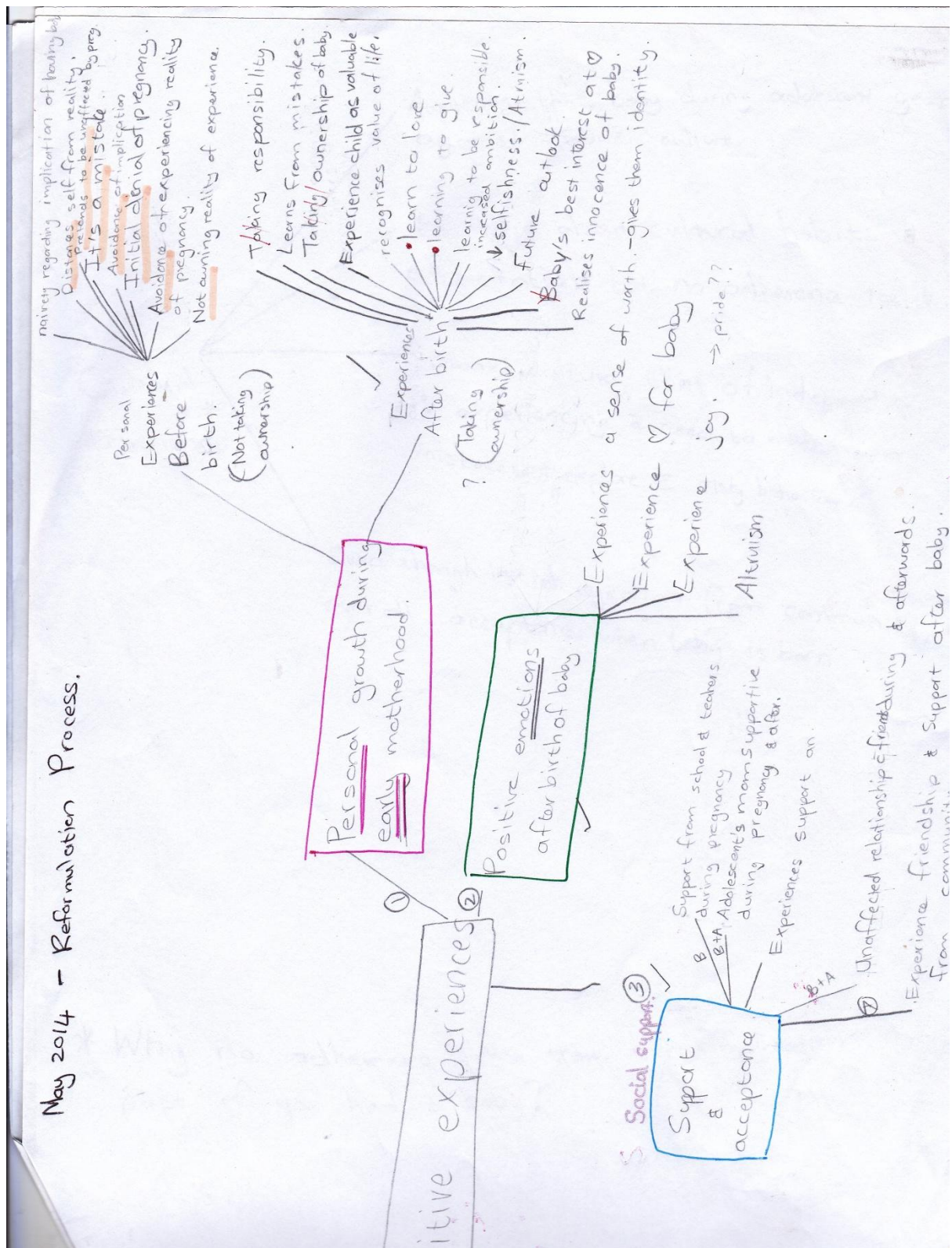
Excerpt of themes from the first interview with verbatim quotations from participants to substantiate each theme

	SUB THEME	MAIN THEME	PLACE	VERBATIM PROOF
Support from school and teachers during pregnancy	Support experienced	Social support	G12:173	They were very supportive.
Adolescent's mother supportive during pregnancy	Support experienced	Social support	G12:181	my mother was supportive
			G12:448	It's the same, didn't affected anything, she's just accepted that I have a baby.
Maintained friendship relationships	Support experienced	Social support	G12:304	They even visit me.
Experiences friendship and support from neighbours	Support experienced	Social support	G12:369	Ha, they are friendly, especially my neighbours.
				They are friendly, they love babies
Relationships unchanged	Support experienced	Social support	G12:277	it hasn't affected it a much
			G12:292	It hasn't changed.
			G12:296	Not a bit.
Acceptance from community	Support experienced	Social support	G12:368	Ja, because around us they are full of babies so when they see another one coming they welcome him or her with warm hands, they don't just reject her.
			G12:524	<u>I don't think there is a parent that will say "I am happy that my child has a children before marriage."</u> They don't be happy, but they don't be happy but they have to be happy that they have someone in the family.
Adolescent argues with mother	Support not experienced	Social support	G12:452	Ah, sometime I could get verbally emotional. Just at the house you could find, I could find out that my baby is short of food and I have to tell my mother that my baby's food is going short and I don't have money to buy it. So she could be rudely sometimes.
			G12:456	Ja, she talks and talks and talks and that hurts ,me because I know that the father of my child doesn't work so I can't just go and tell him that the baby is out of food. She'll ask me "where am I suppose to get money."

	SUB THEME	MAIN THEME	PLACE	VERBATIM PROOF
Rejection by adolescence's father	Support not experienced	Social support	G12:185	So when my father found out that I was pregnant, oh she became angry, because she, he was maintain us. So he told my mother that he will stop maintaining us.
			G12:185	I'm supposed to be a child but now I've decided to be a person's wife, so I've, so I must see where am I going to get the money. So it was very hard for my mom and me.
Inadequate support from father of the baby	Support not experienced	Social support	G12:308	Ja, she tries what she cans. Ja, but not, not most of the time
			G12:456	because I know that the father of my child doesn't work so I can't just go and tell him that the baby is out of food. She'll ask me "where am I suppose to get money."
Realisation of father of the child's limitations and inability to offer support	Support not experienced	Social support	G12:320	But he was so excited and I could ask myself "why are you so excited", because he doesn't have anything to offer the baby.

Appendix J

Reformulation of themes



25/07/2014 - Go back to raw data. Reshuffle & reformulate themes.

Pragmatic attitude towards adol mother

Assuming the role
of motherhood.

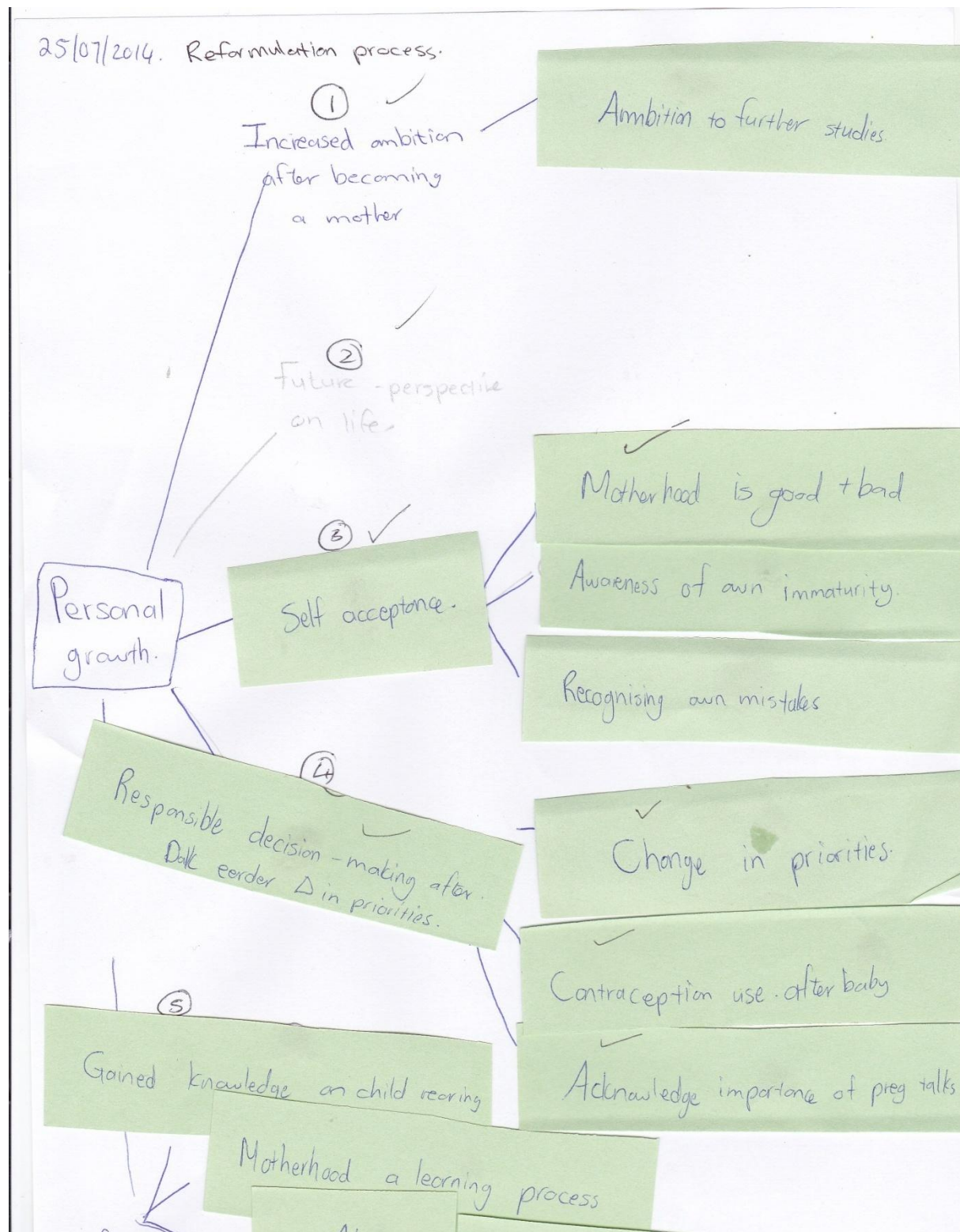
Baby's best interest at heart

Acknowledge innocence of baby

Anti-abortion.

Desire to be a good mother.

Taking ownership of baby



Appendix K

The final master theme table

MAIN THEME	SUB-THEME	
CHALLENGES EXPERIENCED DURING EARLY MOTHERHOOD	Significant lifestyle changes	Torn between baby and school
		Realisation of the several needs that a baby has.
		Education interrupted
		Baby is time consuming
		Loss of leisure time
	Burden of being a provider	Financial constraints in present and future
		Being a mother is difficult
		Helpless when baby is sick
PERSONAL GROWTH	Self acceptance	Awareness of own immaturity and limitations
		Motherhood is good and bad
		Recognising own mistakes
	Increased ambition after becoming a mother	Gained a future outlook/perspective after becoming a mother
		Ambition to further education
		Change in priorities
	Responsible decision making after birth of baby	Risky sexual behaviour before having baby
		Contraception management post pregnancy
		Acknowledges the importance of pregnancy prevention talks
		Insight
	Character development and personal growth/strengths as a result of having a baby	Motherhood is a learning process
		Altruism
		Compassion for all children
		Gaining knowledge on child rearing
THE INFLUENCE OF EMOTIONS	Negative emotional experience	Feeling overwhelmed & helpless
		Bitterness and anger towards biological father
		Shame
		Regret
		Experiences stress and worry during pregnancy
		Initial shock and disbelief in coming to terms with pregnancy
	Subtheme: Positive emotional experience	Feeling proud
		Experiences of joy
		Love for baby
SOCIAL SUPPORT DURING EARLY ADOLESCENT MOTHERHOOD	Support experienced	Experiences companionship
		Support from school and teachers during and after pregnancy
		Adolescent's mother supportive during and after pregnancy
		Family supportive after birth of baby
		Maintained friendship relationships
		Support from BF's family
		Experiences friendship and acceptance from neighbours
		Support from Boyfriend
		Acceptance from community
		Investing in new friendship relationships with other adolescents with babies

MAIN THEME	SUB-THEME	
SOCIAL SUPPORT DURING EARLY ADOLESCENT MOTHERHOOD	Support not experienced	Adolescent argues with mother
		Broken relationship with parents during pregnancy
		Rejection by adolescence's father
		Realisation of father of the child's limitations and inability to offer support
		No family to assist with child rearing
		Judgement from community during pregnancy
		Experiences judgement from community after baby
		Broken relationship with Boyfriend
		Broken friendships
		School not supportive
	Culture	Baby during adolescent years against Swazi culture
		Knowledge about culture but no adherence to it.
RESILIENCE	Effective coping	Pragmatic attitude towards adolescent motherhood
		Anti-abortion.
		Acknowledging innocence of baby
		Taking responsibility for baby
		Baby's best interest at heart
		Desire to be a good mother
	Ineffective coping	Unable to cope with motherhood

Appendix L

Translation of quoted text used in article

The following indicates the original verbatim interview before translation to English, in sequence as it appears in the article.

Quotations taken from article	Initial verbatim interview
<i>—I thought some things were breaking (falling apart), really I didn't want a child”(G10:77).</i>	Ngacabanga loku loku phuka kwami ngatsi lokutshi cha vele umntfwana bengingamfuni
<i>—When I started changing shape, at two or four months, they didn't talk to, to me” (G9:333).</i>	Uma kungasi simo sami, 2 months or 4 months bangangi khulumisi.
<i>—You have to think for the child and it takes your money. Even if you get a little money and want to buy yourself something, you realise that you have to think of the child first and the money is only a little. If you find there is no food, it needs me to buy food” (G10:229).</i>	Ngoba umntfwana uyamcabangela kani yena kutsi ungabamba imali lencane kufune ucabangele yena noma bofuna kutitsengela tiphahla takho mara uyocabanga kutsi kumele ngicala ngitsengele mntfwana before utitsengela wela ngitsi ngiyabuka imali yincane. Thole kutsi akunakudla funa ngitsenge kudla.
<i>—Other challenges of being a mother: It's very annoying that I can't care for my child. That I don't have the money as a mother”(G9:467).</i>	Lokunye lekumachalaltjisi kutsi ngibe ngumake neh. Kukhatsateke kakhulu kutsi ngingakhona mntfwanami kumsaphota neh. Kuthole kutsi anginamali ngingumake.
<i>—Ah, I don't care about that. Now I am focused on learning. I learn even at night, I don't go out. The sun goes down, but I'm inside looking at my books. If the child is sleeping, I am getting more clever learning my books. So that I can gain something at school, so I can finish grade 12” (G10:185).</i>	Ah, angisabukiloyo nyalo ngititjela kutsi ngimele kufundza sikolo ngifundza amabhuku ami ebusuku angihambi ngihlale nihleli ilanga lingashona nginge endlini yami ngilale ngibuke emabhuku ami ngifundza.nangabe umntfwana wami alele bese ngiphaphame ngibuke emabhuku ami ngiyafundza. Kute nami ngitogaina esikoleni kute nami ngicedze grade 12.
<i>—Now, I realise I am a mother of a child. I don't go to the guys anymore. I</i>	Ah, nyalo vele nigtitjelile. Ngingumake wemntfwana angisayeti tidvotakundzala takucala

<i>used to go, thinking it's nice. Now, I don't want to, I feel like a mother of a child" (G10:201).</i>	bengiteta kutsi kugrand nyalo angisafuni lutho kutenta nyalo ngitiva ngugumake wemntfwana.
<i>—To be a mother is very difficult. To take care of a family and to raise a child you also show to other mothers what it is. And you have to be strong to be a mother and you have to fight the mother's fight. You see?" (G9:451).</i>	Ube ngumake neh kuba matima kakhulu kunaka umndeni wakho kuphatsa umntfwana umake kakhulu uphinze ukhombise nakulabanye bomake kutsi kuba ngumake kuyucaza kakhulu ene kuba ngumake kubalulekile batsini wathithe bafazi wathitha imbokodo loko kufuna kukukhombise nawe loko kutsi kuba ngumake ene ube nemandla ube ngumake ene ulwe uba ubulwelwe bamake. Uyabona?
<i>—I'm still fine, because I got used to it. I don't have problems now. Because I could never throw the child away" (G10:173).</i>	Ngiva solo kuright ngoba sengijwayele. Senginankinga sekuright. Ngoba angeke ngize ngimalahle vele.
<i>—In the end I accepted that I am a mother" (G9:321).</i>	Ekugcineni nga accepta kutsi sengi ngumake nyalo.
<i>—He goes out to have fun. It make my heart feel pain, I stay alone at home all the time (G3:218).</i>	Uyahamba uyadlala. So kwenda vela inhlitiyo yami iva buhlungu, ngihlale ekhaya ngasonke sikhathi.
<i>—To be a mother is very difficult in these times because things have now gone out of my reach" (G3:358).</i>	Kutsi kubangumake kumatima kakhulu kelesikatsi sanyalo ngoba tinta setishushumbile.