



Adolescent mothers in resource-limited settings: FAMILY SUPPORT

LOCATION:



Free State,
South Africa

SUMMARY OF THEMES:

- **THEME 1. FAMILIAL RESILIENCE:** many families must redistribute scarce resources to take care of a new child in their home. Often an adolescent's mother takes on a primary caretaker role to ensure that an adolescent mother can pursue her own education and employment opportunities – an opportunity intended to “lift” her whole family.
- **THEME 2. SAVED BY SCHOOLING:** Despite facing significant barriers to resuming their education, all girls discuss wanting to finish schooling to ensure good futures for them and their children and many identify suitable alternatives such as night school.

CONTEXT

- This research summarizes fifteen months of ethnographic fieldwork with 33 (HIV-negative and HIV-positive) pregnant adolescents and adolescent mothers in Free State, South Africa. Research was conducted with permissions and ethical approvals from the University of Oxford, University of the Free State, township hospital, and Free State Department of Health. All names have been anonymised to protect the identity of adolescents and their families.



LERATO is a 19-year-old mother with a one-week-old baby boy. She is living with HIV and single. She lives with her grandfather. In the first few weeks after birth, her mother moved to the township to help Lerato take care of the newborn. After her mother returned to her hometown, Lerato started night school. She takes care of her baby in the daytime, and attends school at night. Going to night school, in a township section far from her home, ensures anonymity. No one knows Lerato in her new school. Few see her leave her home, because she goes to school in the dark.



KANANELO is a 19-year-old girl. She is an HIV-negative, single mother to a six-month-old baby boy. Kananelo lives with her grandparents because she is an orphan. She says that disappointing her grandparents by becoming pregnant caused enough pain, and she does not want her grandparents to face any more heartache, gossip, or scrutiny.



SEIPATI is a single, 19-year-old girl. She is HIV-negative and in her third pregnancy trimester. Seipati and did not attend school during pregnancy. She is a bold and boisterous young woman who readily communicates her opinion. She loves her family above all else, and lives in her mother's house.



BOHLALE is a 20-year-old mother to a six-month-old baby boy. She is living with HIV and single. She had been sick since she gave birth to her baby boy. Her HIV aggravated her delivery experience, and subsequently limited her physical capabilities. Her family, especially her mother, took care of her baby.





THEME 1.

Redistributing family resources

After a baby is born, many families must redistribute their resources so they can accommodate new babies, and help with childcare. In many cases, adolescents' mothers help girls take care of new babies.¹ **For some families, helping with childcare means reorganising who works in a household and who stays at home. Some families must decide who will stop employment and become the main caregiver for a new baby at home. This is a huge decision. In 2014, almost three in every four people (76%) were unemployed in the Free State province.² Today, the unemployment statistics are at least equal to this in the township.** Sacrificing a job in this context is a deeply meaningful response to teenage motherhood. Because of this sacrifice, an adolescent's future career is a rising tide that can lift her whole family. An adolescent's career will 'repay' her family for their sacrifice. In some ways, when a adolescent's mother stops working, this is an 'investment' in an adolescent's future, not just a requirement for it. **Redistributing family resources is one way that some families can turn a cycle of deprivation into a cycle of prosperity.**



Lerato says: *My mother is coming from Bloemfontein. She stays with us. She helps me with the baby, teaching me. She will leave after two weeks. She must work. ... I am back at school. I work hard. One day, I want to study nursing. I will make my grandfather proud.*



Kananelo says: *My grandmother helps with the baby sometimes. But when the baby is crying, then I must do it. I can't sleep. My grandmother says I'm lazy. And I must do the nappies. But sometimes she helps, and my sister too. I live with my grandparents since my father died. I miss him too much, but I see him in my dreams. ... I want to be an architect. I will go back to school so I can provide for my son. I want to give him everything. I want to take care of him.*

THEME 2.

Education as gateway to bright futures

Though access to education varied among girls depending on their resource constraints and health status as new mothers, all girls discussed wanting to finish schooling to ensure good futures for them, and their children. **There are at least two main barriers, however, to education as a gateway to a brighter future namely childcare responsibilities and postnatal (HIV-related) maternal health.** Indeed, not all families can help with childcare. Some girls must take a "gap year" during her pregnancy. In time, some girls make plans to return to school. Some girls talk about education like it is salvation. Gaining an education will help some girls transcend poverty, and take care of their babies in the long-term. For some girls, HIV – and not necessarily childcare or family support – also limits schooling. This was the case for Bohlale. For Bohlale, a teenage mother who is too 'sick' to attend school or look after her baby, familial care is vital. Despite the very real and trying challenges of childcare. Some girls find ways to do, even if this means night schooling.



Seipati says: *...My mom will take care of the baby. She is my hero. ... Then I can finish school. ... I want to be a soldier in the army. I will be brave, and make lots of money for my baby.*



Bohlale says: *My mother is sleeping with the child. She feeds the child. I am too weak. My brother helps too. But not when he has school or homework. And my grandmother helps when she comes to visit. But she is old. She comes from Lesotho. They love my baby so much. I see how my family cares. ... They take care of my baby. They show me they accept me and what I did.*

NEXT STEPS (draft for discussion):

- ➔ Programming efforts can facilitate support networks within and among pregnant adolescents and their families. This could help adolescents (and families) share experience and guidance regarding navigating young motherhood. This would provide girls' and their families emotional support and help share childcare responsibilities so girls' can resume school.
- ➔ Community organizations can work collaboratively with adolescent girls to determine how to maximize personal, familial, and government resources in order to ensure they can resume school while simultaneously taking care of their infants – especially for girls who have limited familial support.

¹ Mkhwanazi, N. (2014a). "An African way of doing things": Reproducing gender and generation. *Anthropology Southern Africa*, 37(1-2), 107. Mkhwanazi, N. (2014b). Revisiting the dynamics of early childbearing in South African townships. *Culture, Health & Sexuality*, 16(9), 1084-1096. ² Free State Department of Health. (2014). Annual performance plan Free State Department of Health for MTEF 2013/14 - 2015/16. South Africa: Free State Department of Health.