



Adolescent mothers in resource-limited settings: STIGMA & INVISIBILITY

LOCATION:



Free State,
South Africa

SUMMARY OF THEMES:

- **THEME 1. PUSHED TO "HIDE":** Girls are pushed to stay at home and hide as a result of ongoing punishment within their schools and communities – this is particularly true for “visible” issues such as pregnancy, rather than issues that are sometimes more easily “invisible” such as HIV.
- **THEME 2. REMAINING INVISIBLE WHILE CONTINUING TO CARE:** Despite girls “remaining invisible” during pregnancy and as adolescent mothers, they strategically continue accessing needed care to ensure the health and safety of their babies. This is an extreme – but self-protective – response to stigma they experience in their communities.
- **THEME 3. COMPOUNDING STIGMAS:** Girls endure multiple stigmas during pregnancy and motherhood. This exacerbates existing stigma adolescents living with HIV already face.

CONTEXT

- This research summarizes fifteen months of ethnographic fieldwork with 33 (HIV-negative and HIV-positive) pregnant adolescents and teenage mothers in Free State, South Africa. This research was carried out 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.



KANANELO is a 19-year-old mother with a one-week-old baby boy. 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. For Kananelo, staying away from school is easier than being pregnant at school.



METSI is 23-year-old young woman who is engaged. She is HIV-negative, and a mother to a four-year-old girl. She was the first in her family to finish high school, and earn her Bachelor’s degree. She says her teenage pregnancy was a great disappointment, but her family eventually accepted her.



MAMMAKO is a single, 50-year-old elder in the community. She is living with HIV and a mother to two adult children. She was a pregnant adolescent in the 90’s and now works as an HIV counselor in various township clinics. Given her role as an HIV counselor, she often sees the way pregnant adolescents falsify personal information at the clinic in order to evade surveillance.



VERO is a 19-year-old adolescent girl. She is HIV-negative and in her first trimester. Vero explains that pregnancy-related stigma exacerbates HIV-related stigma because pregnancy is difficult to hide.





THEME 1.

Pushed to “hide”

Staying away from school and staying at home is easier than being pregnant in the communities where these adolescent girls and young women live. Indeed, pregnancy is a physically obvious symbol of a girl’s actions, which are viewed as bringing shame to her, her mother, and her family.¹ By ‘hiding’ during pregnancy, girls can avoid scolding and harassment. Hiding, and excluding girls from society, is a way to ‘punish’ girls for becoming pregnant. The adage ‘out of sight, out of mind’ truly applies to many pregnant adolescents’ stories.



Kananelo says: *The people see pregnant girls and they talk, like a lot. I don’t like that - so I stay at home...During*

pregnancy, I didn’t want to go outside, because I didn’t want people to see me like this (pregnant). I was allowed to go everywhere, but I didn’t want to go. I went to the shops one day. I heard the old people gossiping about me saying, “Oh she is pregnant, oh look at her.”



Metsi says: *Ja, we are afraid of disappointing our parents. ...we don’t walk around (during pregnancy) with the (unborn)*

baby. ...We only leave the house for the clinic, or for an emergency, or if we really have to leave the house.

THEME 2.

Remaining invisible while continuing to care

While antenatal care seemingly increases visibility, some pregnant adolescents have found ways to become ‘invisible,’ and retain access to antenatal care.

Girls travel between different clinics, keep track of different clinic files, and falsify personal details as a methods for retaining anonymity. When outside the safety of home, she hides her pregnancy by covering her belly with a thick blanket.

Yet these blankets are also symbolic of a selfless kind of protection: putting her baby’s comfort (and needs) before her own.



Mammako explains: *They (pregnant adolescents) change their names. They change and falsify their*

houses (home addresses). They say they have no phones. They go to different clinics all the time and pretend about who they are. ... A girl might be (HIV) positive at Hlano clinic. Then she goes to Leshome clinic and says she is (HIV) negative. She says she knows nothing about HIV.

THEME 3.

Compounding stigmas

Many adolescent girls and young women experience stigma linked to having HIV.

Visible stigmas are considered more severe than stigmas linked to invisible issues which are easier to hide. Visibility is also linked to urgency.² Something that is less visible, such as HIV, is perceived to be less urgent. On the other hand, something that is more visible, such as diabetes or teenage pregnancy, seems more urgent- one cannot avoid it. Pregnancy is a secret that everyone will discover as opposed to HIV can remain hidden with routine ARV treatment.

Conditions that are visible are more likely to be addressed. This is one reason why most girls disclose teenage pregnancy (visible) and not HIV (less visible) to their families and partners.



Vero says: *If I must choose? Uh, I don’t have HIV, and there is still stigma for those people. ... I would rather have*

HIV than sugar [diabetes]. Because with sugar, you can lose your leg.

NEXT STEPS (draft for discussion):

- ➔ Government and community organizations supporting pregnant adolescents need to consider the ‘invisibility’ adolescent mothers endure. This can help ensure that adolescents continue accessing healthcare for themselves and their infants.
- ➔ Programming efforts should facilitate support networks for pregnant adolescents and their families. These networks can provide emotional and practical support such as distributing childcare responsibilities so adolescents can resume school.
- ➔ Improving community awareness about adolescent pregnancy can help improve community-based support and decrease the stigma linked to adolescent pregnancy.
- ➔ HIV care and other socio-health interventions should consider combining their support strategies with antenatal, postnatal, and early child development interventions.

1. Mkhwanazi, N. (2014a). “An African way of doing things”: Reproducing gender and generation. *Anthropology Southern Africa*, 37(1-2), 107. doi:10.1080/23323256.2014.969531. Varga, C. (1998). *Health care utilization, nutrition, and pregnancy outcome among adolescent primigravidas in Kwazulu-Natal, South Africa: A rural/urban perspective*. 2. Bray, R., Gooskens, I., Kahn, L., Moses, S., & Seekings, J. (2010). *Growing up in the new South Africa: Childhood and adolescence in post-apartheid cape town*. Cape Town, South Africa: HSRC Press.