YOUNG FAMILIES

GENDER, SEXUALITY AND CARE

Edited by Nolwazi Mkhwanazi and Deevia Bhana
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Acknowledgements

This book happened because of the combined interests of both editors in gender, sexuality and reproductive health of young people. In June 2015, both editors presented papers at the Dublin, Ireland, Conference hosted by International Association for the Study of Sexuality, Culture and Society. Nolwazi Mkhwanazi suggested an edited volume that put together our combined interests, which drew on our wide academic networks. Within a year of this suggestion the full edited book was completed. This collection wouldn't have been possible without this chance meeting that developed into a full-scale project involving over 15 scholars. We drew up a call for papers and within a period of two to three months we received full draft papers from authors. We organised a two-day workshop at the University of Witwatersrand where many of the contributors met each other, refined their ideas and subsequently met with us as editors to further develop the chapters. We are grateful for the support of and generosity showed by the authors who committed to write and develop their chapters within a short period of time and to make themselves available for individual meetings to further improve on the submissions. Indeed, each of the chapters presents thoughtful, new and insightful accounts of young families and charts new areas for research in South Africa.

We would like to thank the various grants that made our work and collaboration possible. Nolwazi Mkhwanazi was fortunate to receive financial support from two sources that allowed fieldwork and writing time: the DST-NRF Centre in Human Development and the Faculty Research Committee, both at the University of the Witwatersrand.

Deevia Bhana would like to acknowledge the South African Research Chairs Initiative (SARChI). This research is supported by the South African Research Chairs Initiative of the Department of Science and Technology and National Research Foundation of South Africa (Grant No. 98407).

We would like to thank the HSRC Press for responding so graciously to our proposal. Over the years we have been working in the field of gender, sexuality and young people's reproductive health. We have built a network of academic support and we are thankful to our colleagues who supported our endeavour. We have written and presented our work in the area of teenage sexualities and reproductive health at various universities and conferences. We are especially grateful to reviewers and colleagues who provided incisive critique of the research.

Nolwazi Mkhwanazi wishes to express thanks to Naledi Mokoena, Marcia Vilakazi, and Tshegofatso Bessenaar for their work in making the project successful. Molefi Makola is thanked for his administrative support and Cheyenne Jordaan for her technical assistance.
Deevia Bhana is especially grateful to Rob Pattman for his readiness in challenging ideas around childhood sexuality and gender. Deevia Bhana supervised the late Dr Nomvuyo (fondly known as Vuyo) Nkani’s PhD thesis and her work is the leading inspiration for this book. Rosemarie Milburn is thanked for her administrative support. Deevia thanks her sons Adiel and Nikhil who remain her strongest foundation.

To Sarah Bologna, we thank you for your excellent editing skills and for the time spent on each of the chapters. We could not have done this without you! We thank Mike Maxwell for copyediting and putting the final chapters together.

The support of the DST-NRF Centre of Excellence in Human Development towards this book is hereby acknowledged. Opinions expressed and opinions arrived at, are those of the authors and are not necessarily to be attributed to the COE in Human Development.
OPENING LINES
South Africa is a young democracy with a young population. In 2015, Statistics South Africa estimated that of the total population of almost 55 million people, nearly 40 per cent were younger than 20 years old. A significant number of these young people become parents during their teenage years. In South Africa, as in many parts of the world, childbearing during the teenage years is discouraged because of the resulting adverse life outcomes for the majority of teenage parents and their children. However, even for young parents, childbearing is a significant life event, and it deserves a more nuanced understanding.

No matter what age the parents are, the birth of a child creates networks of relatedness and has a profound impact on the lives of the people who care for the child. When childbirth occurs among teenagers, many more people feel the impact acutely. Female kin, particularly mothers and grandmothers, often step in to help care for the child, creating what we call ‘young families’. These families are ‘young’ in that they are comprised of young children, young parents and young grandparents, who are often of reproductive and working age.

The term ‘young families’ is also intended to acknowledge that for many generations of black African and coloured women, it was common to have children at a young age. The high incidence of girls becoming pregnant during what are regarded as the teenage years – 13 to 19 years old – is not a new phenomenon in South Africa. Historically, a girl was married at a young age and as soon as she was biologically able to do so, she bore a child (Delius & Glaser 2002). The birth of a child to a young mother was a badge of pride and a sign that she was fertile (Preston-Whyte 1988). The situation today is very different. The birth of a child to a young mother often occurs outside of a recognised union – be it marriage, customary union or other state legislated unions – and in the public imagination her pregnancy is associated with sexual licentiousness. While her family may initially be angry at the news of her pregnancy, they will, more often than not, come together to provide the young woman with the support that she needs as she transitions to motherhood. In the majority of cases, they (and sometimes the genitor’s family, too) will help her to care for the child, creating a young family.

In their various forms, families create spaces that ideally enable children to become functioning members of society. Decisions about how the children of teenagers will be cared for are not straightforward. The importance of the birth of a child to young parents has simply failed to feature in studies that describe the heterogeneity...
of family life. The dynamics by which ‘young families’ are made and unmade have not been documented, and this volume seeks to fill this gap. All the chapters in the volume provide compelling accounts of the constitution, dynamics and heterogeneity of young families. By paying close attention to context, the chapters shed light on the varied ways in which young mothers and young fathers negotiate the discursive and sexualised environments they find themselves in, as well as on the social dynamics of family life in the negotiation of care.

The White Paper on Families in South Africa (Department of Social Development 2012) identifies the family as key to social, economic and human development. It highlights three priorities that need to be the focus of social welfare policy: creating healthy families, strengthening families and preserving families. These three priorities are particularly important because of South Africa’s history of fractured families. The White Paper recommends that policies enhance the capacities of families to provide care and support. This will not be possible without an understanding of the care, nurturing and support that families already provide, and of the problems and the possibilities associated with this, particularly in the case of vulnerable young families.

The discussion of early childbearing that unfolds in this volume pays close attention to the dynamics of relationships of care within families, particularly between and within genders and generations. Young families, thus, present a lens through which to shed light on bigger questions of generational wellbeing, by revealing the kinds of support systems that are available to them and the measures that are in place for young families to access these support systems. This volume, with its focus on the nexus of people who cohere around a young mother and young father, as relationships are negotiated surrounding the birth of their child, is aimed at academics and policy-makers, as well as the general public.

Understanding young families

Given the efficiency in recording the increasing numbers of teenage pregnancies in South Africa, the presence of young parents in the creation of South African families is evident. Unfortunately, in research on reproduction (biological and social), young parents are predominantly framed by negative and pathologising discourses. There is often a preoccupation with how grim their futures are likely to be, and the various arrangements that are needed to support them and their child tend to be paramount in discussions. We have heard very little from young people themselves about their experiences of becoming young parents, and their involvement (or lack of) in the formation of young families.

As South African research on early childbearing has convincingly shown, larger structural factors (race, class, geographical location) make some teenagers more vulnerable to becoming young parents than others. This volume attempts to capture the diversity in young parents’ experiences and the multiplicity of their voices. In the
current climate, where counting the number of pregnant teenagers is often a popular means to shame young people and ostracise young parents, the chapters in this volume provide a close-focused, qualitative examination of what actually happens when young families are created and what the people involved in this process have to say about it. The authors have used qualitative methods, including case studies, individual interviews, focus group discussions and participant observation. The variety of methods has enabled them to explore the nuances and complexities of social experience from the point of view of young people themselves and their significant kin. These methods have been critical in giving the reader a tangible sense of the everyday life of young families, and in generating a deeper understanding of the social processes through which families are constructed. Working within small, focused populations, the chapters engage with the questions of what happens when a young person becomes pregnant, how families decide to become involved in caring for the child, how decisions are made about who should become involved and in what ways gender and sexuality affect decisions about care, in general, and care work, in particular.

It is not easy to access information about people's intimate worlds. Qualitative research is not about crunching the numbers, it is about building respectful, empathetic relationships with people so that they can trust and feel heard and thus be willing to share their intimate spaces, thoughts and actions, without so great a risk of misrepresentation. Doing qualitative research is about suspending value judgement and taking seriously what people say. This is particularly true for those immersed in ethnographic research, as four of the authors were. Ethnography favours participant observation as a method, as it allows insights into why people do what they do and how they make sense of their actions. The job of the ethnographer is essentially one of translation: it is to explain to people from outside a community what people within that community are doing and why, and most importantly, what it means to them. In particular, the ethnographic chapters in this volume provide us with a rich backdrop of the historical, social and economic issues that challenge young families today. The value of ethnography is in its temporality. It provides us with historical understanding as well as a fleeting snapshot of the present, including the messy stuff that makes up a life: values, relationships, understandings, influences, conflicts, beliefs and feelings. It adds not only context, but also complexity to our understanding. Without this depth, statistics and variables are, at best, only a scaffold that can be dismantled, rebuilt, reshaped and reinterpreted at will.

As we have stressed, the majority of research on teenage pregnancy in South Africa has focused on the negative factors that lead to high rates of teenage pregnancy and its harmful consequences. Without exception, these studies use quantitative research methods to correlate statistical variables on teenage pregnancy. While on some levels this is important work, which helps inform policy direction and create awareness about what needs to be done to ameliorate the difficult life pathways that teenage mothers undoubtedly face, it also has large gaps. This book aims to address some of
these gaps. By putting people’s experiences first, we hope to flesh out stark statistics with the complex, lived reality of what is surely a most fundamental part of being human: childbirth.

Families in context

To listen to young mothers and fathers, as the authors in this book did, is to hear stories that reverberate with the problems of power and inequality. Young people’s experiences of care are inextricably affected by social and economic forces, which, in turn, affect how families negotiate care. Survival pressures and livelihood needs significantly influence what families can do to support young parents. Those whose lives are economically precarious and socially marginalised will also struggle to eke out a living to support and care for their children. The chapters in this book show that, even under stressful social conditions, families can and do work around their economic limitations. Many chapters in this volume address the tensions and contradictions that families negotiate, and the structural and institutional limits that set the parameters for how care is thought about and acted upon. The chapters underscore how families work, under circumstances not of their own choosing.

Families differ from each other. In South Africa variations in family life are rooted in and deeply intertwined with race and class inequalities, experienced today as the legacies of apartheid. Apartheid’s context of white domination relied on racial segregation and created different realities for different races. For African families, apartheid policies governed who worked, where they worked and how often they returned home, producing fragile family structures. Fathers were absent and children were often raised by a mother or a kinswoman, but this was not necessarily by choice (Preston-Whyte 1993: 63). Over time, as an increasing number of African women began to participate in the labour economy, both fathers and mothers became less involved in their children’s lives. White children, in contrast, were often raised in a nuclear family, with both parents present in their daily lives.

The effects of these racialised inequalities on children growing up in South Africa have been explored by Burman and Reynolds (1986) and Barbarin and Richter (2001), and, more recently, by Makiwane, Nduna and Khalema (2016). The long-lasting effects of these historical legacies are particularly evident in parents’ involvement with children today. It is reported that only 31% of African children under the age of five live with their fathers, compared to 84.5% of white children, 77.5% of Indian children and 53.5% of coloured children (Stats SA 2015). Almost 21% of African children live with neither parent.

Noting the variations in experience and the ways in which history and social processes weave into family life, the chapters in this book take heed of how race, class and location constrain opportunities for care. Gender relations are produced in and are the effects of social, political and economic inequalities, with consequences for who gets involved in and who is left out of caring responsibilities.
The legacies of apartheid continue to shape families, with varying effects on how care is constructed. The differing experiences of childcare are locked into South Africa's painful history, where, for those on the margins, persistent unemployment intertwines with chronic levels of poverty to produce negative outcomes. When young people became parents, their experiences tie into contemporary structures of inequality, through which care is negotiated. Family life and formation are also deeply affected by religious and cultural ideologies. When young families are formed, they work from religious and cultural doctrines that help shape ideas, performances and experiences of gender, sexuality and care. An understanding that pays heed to the social and structural pressures through which care is negotiated by young families is a key theme that cuts through the chapters of this volume.

The studies discussed in the volume were conducted in mainly urban settings, in the provinces of KwaZulu-Natal, Eastern Cape, Western Cape and Gauteng. Understandings of the intersections of gender, sexuality and care produced by urban locations are different from those produced in rural settings. We know, for example, that in poor rural African communities, weaker networks of support, persistent unemployment, poor infrastructure, chronic poverty and high rates of HIV characterise everyday life. These variables create further obstacles in negotiating care (Nxumalo et al. 2016).

When young people have a child, their ability to secure care is locked into already circumscribed contexts of care. The heterosexual transmission of HIV also means that certain families will be more vulnerable. Dellar et al. (2015) report that 113 000 young women between the ages of 15 and 24 years of age are newly infected with HIV per year, while young men of the same age are four times less likely to have the disease. Women are not only affected disproportionately by the disease, but they are also most burdened with care work. Whilst families have found strategic ways in which to step up support for those with HIV, caring for the ill occurs simultaneously with other care work, including caring for the elderly and children. Mothers and grandmothers of young parents are often charged with doing much of this care work, despite their own reproductive histories indicating that, as having been young parents themselves in the 1990s and early 2000s, they may have themselves have acquired HIV (Chazan 2008; see also Swartz, Blake, this volume). As Manderson et al. (2016) and Swartz (this volume) suggest, the disease has changed social relations, intimacy and family dynamics. The ways in which care is constructed within such families is shaped by and works in tandem with other changes in the health of family members. The birth of a child to young parents is, thus, an added consideration to challenges that families already face, especially in contexts of poverty. These challenges include chronic unemployment and caring for the young, sick and elderly.

**A gender and generational chasm**

The ways in which we see and think about teenage pregnancy are not neutral. Perceptions of teenagers inform representations of teenage pregnancy and vice
versa, as do our social and historical baggage, moral values and cultural contexts. South African studies on teenage pregnancy have discussed the long-standing and persistent conflict between genders and generations that a teenage pregnancy reveals. This conflict is essentially over the power to control young people’s sexuality, and when and with whom they can have sexual relationships.

Recent revelations of young women’s deliberate and conscious involvement in transactional sexual relationships for material gain – coined ‘blesser and blessee’ relationships – have produced public outrage. A blesser gives material goods to a blessee who, of his/her own free will, agrees to have sex. Blessers are moneyed men who can offer overseas trips, shopping sprees, property and flashy cars. Economically, the blesser can be compared to the sugar daddy and the basic premise of intergenerational sexual dynamics remains. Amid the rapidly transforming social, political and economic context in South Africa, some African men have thrived. As Leclerc-Madlala (2002) notes, in the context of deep poverty, lack of access to clothes, cell phones and cash mean that young women are vulnerable to relationships that involve sex for material exchange with older men. Concerns about young women’s vulnerability to HIV within sexual relationships based on material exchange have led to concomitant concerns about their morality and their rights to express their sexual freedom (Groes-Green 2011).

It is fitting that the popularity of these intergenerational relationships has taken centre stage at a time when the government strategy is ‘to wean teenagers of sugar daddies’. These two moments, occurring simultaneously, are instances of generational conflict that also reveal the older generation’s ideological stance about youth sexuality. To the older generation, young people are seen as being shortsighted and as acting in ways that are self-destructive. In the context of a highly patronising and paternalistic attitude, young women are depicted as being ‘addicted’ to sex (read: unable to control themselves). However, young people portray their sexual encounters as resulting from active decision-making, not from their passivity. While young people’s power to contest the ways in which their sexuality is portrayed plays out more effectively on a bigger public platform, in more intimate spaces – which are the focus of this book – there is little room for contesting the social, economic and discursive forces that shape young parenthood.

In an article published over two decades ago, Preston-Whyte and Zondi (1989) noted how African women in KwaZulu-Natal province were not simply enacting adult morality and decisions about sex and sexuality. Rather, they found that women’s agency was striking, in relation to their own bodies and their reproductive rights to use contraception and to give birth. The number of teenagers who become mothers or fathers has decreased over the past 15 years (Panday et al. 2009). This decline in fertility is more pronounced among teenagers between 12 and 14 years old. It is important that we do not lose sight of this achievement amid sensationalist reports about the rise in teenage pregnancy. As Mkwananzi’s chapter (this volume) shows, the statistics do not justify the extent of the current moral consternation regarding
the increasing number of young parents in South Africa. However, the media’s reports on the number of schoolgirls who become pregnant every year help create a misleading impression that the overall rate of early childbearing is rising. This misrepresentation of the statistics has become one of many means by which the older generation can express its disappointment with young people’s behaviour.

Another way is through the persistently negative discourse and representation of early childbearing, which tends to level the blame on individuals, and often on young women. Research has repeatedly underscored that the phenomenon cannot be understood outside of the particular structural constraints that make it more likely that young women who are poor, African or coloured and who live in rural areas will become pregnant. The individual girl who is pregnant is often accused of being selfish or of abusing democratic freedom. Blaming young women for the high rates of early reproduction is also, inadvertently, a critique of post-apartheid democracy, which is, as Hodes (this volume) suggests, seen to have brought with it new forms of delinquency and promiscuity among young people. Such ideological views, which differ between groups and across time, emanate from particular ideas about the world and human development. The lines of chasm, in this instance, are gender and generation.

**Gender, sexuality and care**

The overarching themes of the book are gender, sexuality and care. These themes are intimately connected, and, to understand young families, inseparable. Gender is fundamentally a relational concept involving power dynamics (Connell 1995). Our focus is on how gender structures young families. Like Connell (1995), we understand gender to be a socially constructed and negotiated process that necessarily involves men. It is a process where strategic choices about relationships and care are made in the broader social context of male power and structural inequalities.

Caring is deeply gendered and central to any discussion of families. The chapters in the book examine how young mothers and fathers and their kin, work around their individual circumstances as they mediate the broader social, cultural, and structural environments to provide care for their child. Young parents actively negotiate with each other and others to determine who will provide care and support. We view young families as a key component of a gendered experience in which men and women negotiate sexuality, reproduction and the care of younger children. A focus on young fathers and the construction of masculinities is an important part of our book, because it is impossible to understand how young families are created without also understanding the varying roles men play. South African research on young fathers, although still in its infancy, suggests that, firstly, young mens’ experiences of becoming fathers are similar to those of young mothers, and, secondly, that most young fathers want to be involved in their children’s lives. As for young mothers, for most young fathers pregnancy is unexpected and comes as a shock. Young fathers are
also afraid to tell their parents, and find it difficult to juggle schooling and parenting. However, a significant difference is that young men face an added complication of not being in control of the decision about whether they can assume the role of fatherhood, while for most young mothers, childcare is mandatory.

Decisions about childcare are negotiated and involve families, rather than being made by an individual. So, a genitor's ability to assume the role of fatherhood is predicated on negotiations with his own family and the family of the mother. For example, if the young man is at school, he is unlikely to be in a position to pay inhlawulo (damages), with the consequence that access to the child is often (although not always) restricted. In such a scenario, the genitor's kin can choose to pay inhlawulo on the young father's behalf, or the mother's family may postpone or decide to overlook the payment and allow the genitor and his kin to be involved in childcare. Importantly, chapters in this book show that families are becoming increasingly flexible in allowing a father to be involved in his child's life. While such decisions are context specific, many young fathers identify their inability to pay inhlawulo as the main barrier hindering their assumption of the role of father, with its accompanying responsibilities.

Historically, the payment of inhlawulo was the key indicator of a genitor's acceptance of paternity and it bestowed upon children a sense of belonging to the father's family. It allowed the performance of rituals introducing the child to the paternal ancestors. While negotiation, and (although increasingly rarely) the payment of inhlawulo, remain an important statement regarding a father's acceptance and acknowledgement of paternity, it has also become a way for the maternal family to control who they want to count as extended family. In the context of widespread poverty, insistence on the payment of inhlawulo is one way for older women to screen relationships with potential paternal kin, based on both their financial ability and their willingness to provide care. In most cases, this is not done vindictively, but, rather, in a way that enables gatekeeping, while also protecting the dignity of the families involved.

What care means and how it manifests are not always apparent. There are obvious forms of care, such as the day-to-day tasks that are required to ensure people are fed, washed and clothed, but there are other forms of care that are not so visible and often overlooked. For instance, when a teenager becomes a mother, the questions of care that arise are not only about care for the child but also care between generations of women; daughters, mothers and grandmothers. These forms of care are central to the wellbeing of young families, as authors in this book stress.

Care is not neutral; it is highly contested and not always experienced positively. Since early childbearing out of wedlock is not a new phenomenon, and given that its occurrence is often associated with bad parenting, communities have developed ways for ‘fallen’ daughters and mothers to ‘atone’ and renew their adherence to dominant ideals of gender roles and sexuality. This has become a way for women to
care for each other, and in so doing, also to reproduce and maintain the status quo. Although young parents are poised to disrupt norms, by virtue of being perceived as deviant, many end up reproducing them. The tension between agency that disrupts and agency that simply reproduces conventional norms is a theme that runs through most of the chapters.

The issue of respectability is another theme that runs through many of the chapters in this volume. Respectability is a form of care that women give each other between generations; an acknowledgement of their desire to be good and morally upstanding. Several of the chapters (Bhana; Blake; Botha; Singh & Naicker; Swartz; and Versfeld) describe young women’s experiences of becoming mothers, and the importance of being seen as a good mother and finding ways to earn respectability is a theme that resurfaces again and again. As stated earlier, families rarely withhold support to young mothers when children are born. The mother’s care in supporting her daughter helps the young mother to navigate her future and the daughter’s acceptance of this care helps restore her mother’s respectability.

Through an analysis of the qualitative data, the chapters in the book reveal the context specific ways in which gender and sexuality are socially constructed and families regulate young people’s sexuality, placing women’s sexuality, in particular, under surveillance. Dominant ideas about gender roles shape who provides care for children and how. At the same time, they also dictate expressions about sexuality, heterosexuality in particular. Our focus in this book is around heterosexual unions and how young families are formed within these normative sexualised contexts.2

Patriarchy is a powerful concept to explain male domination and power over women in various social settings, including the family. However, in describing the formation of young families, the authors in this volume are sensitive to gender as relational, fluid and changing, and look beyond the patriarchal foundation through which male power is legitimised. An understanding of young families requires attention to gender and cultural constructions, and the interplay of gender dynamics with sexuality, race, age and class. We do not dismiss patriarchy; instead, we have woven an understanding of women’s subordination as well as their contestation into our explanation of relations of power.

The chapters in this volume capture these complexities by situating gender as it is co-constituted with structural inequalities and other axes of difference. The authors have, indeed, put gender to work, suggesting a more nuanced relation, in which women actively negotiate and challenge dominant norms, despite being circumscribed by the broader structural environment. Men, too, resist conventional expectations of their role (albeit in a small way), thus affecting gender relations. Some chapters describe how men and young fathers develop caring capacities and women abandon children. These transgressions of gender norms are not something that patriarchy alone can explain.
The roots of the book

This edited volume arose as a response to calls, made during 2015 and 2016, from international funding bodies, government departments and policy-makers for more interventions in the sexual and reproductive health of girls and young women in South Africa. For example, in a speech made to the National Assembly in May 2016, the Minister of Health, Dr Aaron Motsoaledi, announced ‘a plan to deal with the young generation’.

The plan involves an externally funded campaign, to the amount of 3 billion rand, aimed at girls and young women, and also at the ‘the men who are infecting and impregnating them’. The objectives of the campaign include decreasing HIV infections, rates of teenage pregnancy, and sexual and gender-based violence; keeping girls in school until matriculation; and increasing economic opportunities for young women. To try and wean them away from sugar daddies without taking into account the wider contexts in which young women live, their social relationships and the ways in which those relationships constrain or enable action, such campaigns are bound to have a limited effect.

The idea of this book was inspired by the work of the late Nomvuyo Nkani (2012), whose PhD thesis made a critical case for the need to understand the relationship dynamics that surround early childbearing. Based on her fieldwork, her experiences as a teacher and her many years of living in the community where she conducted her research, Nkani's thesis was was one of the few ethnographic and empirical understandings of teenage pregnancy and motherhood in South Africa since the turn of the twenty-first century. Nkani discussed the relationship dynamics that pregnant teenagers encountered within the (often hostile) schooling environment, and provided a sensitive portrayal of teenage mothers. She showed that, contrary to popular ideas, the majority of teenage mothers valued education and wanted to finish school, and strove to be good mothers to their children. She also made a strong case for the need to focus on emerging constructions of masculinity among young fathers and their effect on the creation of young families. Nkani argued that it was not just teenage pregnancy that resulted in low educational achievement for teenage mothers but a combination of factors, including school policies toward learner pregnancy, the attitudes of teachers, and support (or the lack thereof) from parents and genitors. Her argument, which sought to unpack and understand the complex interactions of a variety of competing variables as experienced by people in their everyday lives, remains both overlooked and under-recognised, despite its far-reaching implications for policy.

This edited volume also arose from the need to profile and make accessible recent scholarship on early childbearing in the South Africa. In 2006, Nolwazi Mkhwanazi published an article that reviewed the landscape of teenage pregnancy research in South Africa. She identified three broad schools of research: the official school, the revisionist school and the feminist school. She noted that, while the large-scale structural forces that increase the likelihood of a teenager becoming pregnant have
already been identified by scholars who have been conducting research on this issue, particularly in the last half century (for a review of these studies see Macleod 1999a; Macleod 1999b; Macleod and Tracey 2010), what has been overlooked are the ‘local, social and cultural ideas of the world and how the world should be lived in’ (Mkhwanazi 2006: 101).

Since the paper was published over 10 years ago, there is now evidence of a new and growing body of research, much of which is being conducted by emerging scholars and which constitutes an important departure from earlier studies, specifically because researchers like Nkani spend a significant amount of time in communities conducting ethnographic research. They take seriously the particular local ideas they encounter, recognising them as important in influencing how people act. This body of research thus presents a new way of understanding the prevalence of early childbearing in South Africa.

Given that many of these scholars have had very little or no experience in writing papers for publication, compiling an edited volume provided a means for us as editors to mentor each author. Through workshops and intensive feedback sessions, we built a mentored writing process into the development of the book. We also encouraged supervisors to co-author with their students. This book is, therefore, the product of a community of scholars who were willing to share their time, research and expertise. We have endeavoured, too, to enable researchers’ experiences and relationships they formed in the field to come through in the text, to allow it to be suffused with the unmistakable quality of lived realities. In the spirit of ethnography, this book is about putting people first, because, as authors and ethnographers, we understand and respect that ‘we hold in our words, real peoples’ lives’ (McClaurin 2011: 123).

The layout of the book

The book is divided into five parts. Rebecca Hodes, in Chapter 2, discusses popular perspectives on young families, especially young mothers. In Chapter 3, drawing on general household surveys, censuses and birth registration data, Sibusiso Mkwananzi presents a demographic picture of teenage mothers and fathers in South Africa. How many are there? Who are they? How old are they and where are they from? These two chapters are intended to be read together, as they present a nuanced framing of the topic before we delve into the more personal and intimate experiences of young families.

In each chapter of Part 2, ‘Young Mothers’, a single case study is used to discuss the experiences of early childbearing in a resource-poor setting among African, coloured, Indian and white communities. The inclusion of Indian and white communities makes this section, and the book as a whole, unusual, as the experiences of white and Indian young mothers have been given so little attention in South Africa. Deevia Bhana’s Chapter 4 is about an Indian working-class teenage
mother from Chatsworth, Durban. In Chapter 5, Nina Botha presents the story of Mina, a young, white Afrikaans girl who, because she is pregnant, is sent to a special school for children who are ‘sick’. In Chapter 6, Anna Versfeld draws attention to the circumstances of Aliyah, a young coloured mother who has to make her own way, as she no longer has access to the support systems that were available for young women in her mother’s generation. The section ends with Nolwazi Mkhwanazi’s Chapter 7, which presents an unusual story told by Rethabile, a young African mother, about her experience of pregnancy, birth and motherhood.

Part 3 explores perspectives on fatherhood and discusses the obstacles that young fathers encounter. In Chapter 8, Nomvuyo Nkani discusses inhlawulo and the processes and meanings surrounding it, which are often little understood. In Chapter 9, Siphamandla Chili and Pranitha Maharaj discuss the experiences of a group of young fathers who are studying at a tertiary institution in Durban. Chapter 10, by Nozipho Mvune, discusses the experiences of a teenage father, Mandla, who lives in rural Kwazulu-Natal. Chapters 9 and 10 both point to the difficulties that fathers face in trying to become involved in the lives of their children, the influence of local contexts in their understanding of their roles and responsibilities as fathers, and the kinds of support that they, as fathers, should provide to the young mother and child.

Part 4 explores the intergenerational dynamics within young families in relation to care: the care of the child, the care of the mother, and families of care. In chapters 11 and 12, the authors focus on different aspects of the parenting dynamics: in Chapter 11 Sisa Ngabaza and Tamara Shefer explore the gendered nature of parenting by discussing parenting dynamics in young mothers’ families in Cape Town; and in Chapter 12 Shakila Singh and Preenisha Naicker focus on support as control, looking at young mothers’ families in Durban. Both chapters reveal how young mothers’ experiences of parenting, and the organisation of care in relation to their young children and to themselves, are shaped by gendered normative practices. Chapter 13 by Alison Swartz and Chapter 14 by Rosemary Blake focus on the complex relationship between care and being a good mother in families with three generations of mothers.

While all the chapters in the book, to Chapter 14, present families as generally supportive (albeit with conditions), the final chapter of the book by Deirdre Blackie is a sobering reminder that this is not always the case. Blackie’s Chapter 15 presents one answer to the critical question: what happens when families do not care? She discusses what services the state provides when families are not there, and how young women experience these services.

Notes
1. The four racial categories invented by apartheid – African, coloured, Indian and white – are still in use in the country, and we have used them in this volume. While many people
identify according to these categories, we understand that this is highly problematic. However, in contemporary South Africa, racial categories continue to be salient, especially in the context of understanding class inequalities and social redress.

2. See Breshears and Lubbe-de Beer (2016) for an analysis of queer families in South Africa.


References


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Teenage pregnancy is the source of heady public debate in South Africa. In parliamentary debates, policy briefs, research studies and national news coverage, teenage pregnancy has been positioned as a key challenge to national development. Survey data shows that overall rates of teenage pregnancy have been declining for decades (Branson et al. 2013; Department of Health 2012; Garenne et al. 2001; McDevitt 1996; Singh & Hamid 2015). However, the prevalence of teenage childbearing in South Africa remains relatively high. By 2008, a quarter of 20-year-old South African women had given birth in their teens (Branson et al. 2013: 2). Persistently high rates of teenage fertility present a marked contrast to declining fertility trends among older age groups (Dickson 2003: 63; Kaufman et al. 2001). While overall national rates of teenage pregnancy are decreasing, the public’s preoccupation with teenage pregnancy appears to be growing. Spikes in fertility among teenagers in particular provinces have ignited public attention (see, for example, Bhana et al. 2010; Panday et al. 2012).

A growing body of literature questions why teenage pregnancy has a particular grasp on the public imagination in South Africa (Macleod 2010; Macleod 2013; Mkhwanazi 2013). Authors describe how teenage pregnancy has been portrayed as an ‘escalating epidemic’ and a ‘contemporary crisis’, stoking a ‘moral panic’ (Branson et al. 2013: 1; Panday et al. 2012: 12). They explain why teenage pregnancy may be interpreted as a contemporary phenomenon, signalling a breakdown of particular values (Mkhwanazi 2014a). In this chapter, I explore reasons for mounting public disapprobation towards teenage parenthood, contrasting the claims of political figures and the accounts of elderly caregivers with the experiences of teenagers and young people. I focus on public reactions to young parents and on public and political concerns with teenage motherhood, in particular. I argue that, at least since the mid-1990s, teenage parenthood has become emblematic of perceived social failings among young South Africans. I also explore how differences in gender and generation are evoked in conceptualisations of teenage pregnancy.

One indicator of growing national concern about young parents is the inclusion of strategies to curb teenage pregnancy in the speeches of South Africa’s highest ranking political leaders, including cabinet ministers and the president (see Botha in this volume; Mkhwanazi 2013). In an address to the National Assembly on 16 May 2016, the Minister of Health, Aaron Motsoaledi, announced the development of a ‘major programme … to deal with the young generation’, to be launched on
16 July (Youth Day) 2016. After reducing rates of HIV infection in young women, the plan’s principal objective is ‘decreasing teenage pregnancy’. In a speech to traditional leaders in 2015, President Jacob Zuma also described teenage pregnancy as a grave and novel challenge, necessitating a drastic response. He called for teenage mothers to be separated from their children and sent away, perhaps to Robben Island.²

Politicians often make provocative statements, playing to the sentiments and ideals of specific audiences. Zuma’s suggestion of separating young women from their babies and sending them away to an island – perhaps Robben Island – was, in part, a rhetorical flourish. It is precisely in the casual nature of the recommendation that its meaning resides. Robben Island, as a site of brutal social exclusion, holds a particular place in the collective South African imagination. Through suggesting exile there as a potential punishment, Zuma’s remarks reveal the depth and intensity of moral opposition to teenage pregnancy. They demonstrate how public condemnations of teenage pregnancy serve as powerful tools for drumming up ideological allegiance and political mobilisation.

A copious literature on teenage pregnancy in South Africa maps the associations between structural conditions, including poverty and inequality, and social norms of sexuality and reproduction (Bhana et al. 2010; Bhana & Mcambi 2013; Bhana and Nkani 2014; Hodes et al. 2016; Jewkes & Morrell 2012; Mills et al. 2009; Mkhwanazi 2010; Mkhwanazi 2014b; Toska et al. 2015; Varga 2003). The literature questions how agency and autonomy jostle with subordination and subjugation in the sexual and reproductive behaviours of teenagers. This chapter adds to this literature by suggesting that public contestations about teenage pregnancy – which is marked by gendered and generational divisions – include a material dimension. Teenage pregnancy is also a site of struggle between genders and generations over state resources (biological and material) and how they should be invested in the post-apartheid era. I suggest that the struggle is fundamentally about how different forms of capital, including the reproductive capital of young women, should be spent.

The chapter draws on three years of empirical research in collaboration with the Mzantsi Wakho study. This is a mixed methods, longitudinal study that focuses on the health experiences of young people aged 11–19.³ The study is located in the Amathole District of the Eastern Cape Province; the province with the highest number of pregnancies among primary school girls (Department of Basic Education 2014: 30). By mid-2016, over 1 500 teenagers had been enrolled in the study, and over 1 000 hours of community and clinic observations conducted, principally within participants’ homes and healthcare facilities, in urban, peri-urban and rural areas. This chapter draws on interviews and focus group discussions conducted with over 80 teenagers and 12 caregivers of teenagers (primarily elderly women) facilitated by qualitative researchers familiar with the study setting. Findings presented here are based on data gathered in Mdantsane, Gompo, Duncan Village and Dimbaza.
Zuma’s comments on teenage pregnancy were reported by the South African Press Association (SAPA) as follows: ‘teenage pregnancy was something alien to earlier times when traditional cultures were respected…There were no pregnancies of teenagers and people built families at the right time.’ Zuma suggested that welfare grants should not be paid in cash but in vouchers to prevent parents from misspending them: ‘Should we give the money or should we have vouchers that are very specific, either to buy food or uniforms for the school or to pay for the schools – so that the money will not be used for anything except the needs of the child…It is a matter to talk about…because there is no mother who is going to take a voucher and go to this – what is this for hair? – a salon.’

In this chapter, I compare and contrast Zuma’s claims with the ideas and experiences of teenagers and their families, whose lives span the years of apartheid and the transition to a democratic South Africa. I analyse how young women and men and their older relations contest the significance of teenage pregnancy, as a manifestation of moral and material recklessness among young women.

‘Something alien to earlier times?’

Apartheid was, in its ideological essence, a project of racial domination. Authority was vested in the white monopolisation of formal political and economic control. Apartheid also functioned within a gendered dimension, upholding patriarchal norms. Black men participated in the apartheid wage economy because they had little other choice. But they also benefited from the systematic exclusion of women from the formal labour economy, and were able to exercise power as the principal wage earners. Mark Hunter (2011) and Jonny Steinberg (2013: 506) have argued that this ‘patriarchal bargain’ was fundamental to the apartheid social and moral order.

Studies of gender in South African history document a diversity of responses to paternalistic norms (Bozzoli 1983; Gaitskell 1982; Hyslop 1995; Lee 2005; Marks 1987; Marks 2000; Walker 1990). Scholars have challenged the traditional consignment of social actions to either the ‘public’ or ‘private’ realm, arguing instead for broader ways of conceiving of identity and agency (Badassy 2011; Bradford 1991; Burns 2004; Hodes 2016; Morgan & Wieringa 2005; Potts & Marks 2001). Yet, the distinction between the ‘public’ and ‘private’ realms remains a useful one, particularly in surveying how gender was codified at the level of the state, through laws and policies. Shireen Hassim (2006) identifies two historical shifts that reframed South Africa’s formal commitments to gender equality.

The first shift was in the late 1970s and 1980s, during which resistance to apartheid assumed a mass character. As mobilisation flourished at local level, women were drawn into politics through grassroots organisations. Matters previously consigned to the domestic realm and confronted by women as wives and mothers were put onto the public, political agenda. Women’s rights advocates championed a commitment to gender equality within the anti-apartheid movement by establishing connections
between women's struggles and nationalist struggles (Hassim 2006: 28). Many in the African National Congress (ANC) – both within party leadership and the broad-based ‘comrades movement’ – saw feminism as a Western imposition and a divisive distraction within liberation politics (Hassim 2006; Seekings 1991; Sitas 1992). From the 1980s onwards, women’s rights activists recast feminism as a political ally and catalyst within the anti-apartheid movement, rather than as a separate struggle. They did so in a way that resonated with popular understandings of women as wives and mothers, infusing deeply ingrained social identities with new political possibilities.

The second major historical challenge to patriarchal social norms took place during South Africa’s transition to democracy in the years surrounding the 1994 elections. During the late 1980s and early 1990s, a political battle was waged over women’s rights and their codification in law. Due in large part to the advocacy of women’s organisations, South Africa’s secular law-makers ruled that the right to gender equality superseded the right to cultural practices, meaning that, if a cultural practice promoted gender discrimination, it would not enjoy constitutional protection.

However, since the late 1990s, a ‘turn to tradition’ in South African politics has challenged the commitment to gender equality, with a resurgence of support for patriarchal values (Morrell et al. 2012a: 17). As Walker has discerned, ‘the authoritarian construction of culture is being used to espouse a particular interpretation of tradition’ (2013: 90), and the issues of gender equality and reproductive freedom are now at the centre of debates about democratic statecraft. Through arguing that teenage pregnancy was without precedent in history, Zuma was signalling a rupture with the past, separating the moral worlds of the pre- and post-democratic eras.

Historical and ethnographic records have shown that teenage pregnancy has a long history in South Africa. Zuma’s description of teenage pregnancy as something ‘alien’ is belied by this literature (Kaufman et al. 2001; Potts & Marks 2001; Preston-Whyte 1990; Preston-Whyte & Zondi 1989). Early childbearing has been connected with urbanisation, which, in turn, has been associated with a loosening of morals and the loss of sexual control, especially over young women (Pauw 1964; Mayer 1971).

But, while concerns with teenage pregnancy and sexual freedoms among young women have an established past in South Africa, teenage pregnancy has become hyper-visible in the post-apartheid era and is understood to have reached alarming new heights (Panday et al. 2009). A focus group discussion with young men in East London captured this belief:

Facilitator: Why are girls becoming pregnant as teenagers?

Kwakza: Because they are rebellious to the laws that are given to them by their parents. And when they reach teen stage they have peer pressure and influence by their friends, and end up pregnant.

Butho: Because the modern way of living is not the same as olden days, even their parents don’t sit down with them and tell them what’s right or wrong...
Tsotso: I think it’s freedom and all these rights they are given. When they are told not to do something, they will say, ‘I have the right to do that’. Even when they go out, they drink booze and the peer pressure gets to their mind. The influence of alcohol plays a significant role. She gets pregnant after that and regrets her decision, but it’s too late.

Individual interviews with teenagers raised similar themes to those that emerged in focus group discussions. In an interview, 19-year-old Slaga from Mdantsane explained:

Teenage pregnancy has been there since the olden days, it’s just that these days it has escalated because of the way we live in the township. Some of these girls copy this from their mothers because they did the same in their days and also the peer pressure. The new government laws push them to have babies instead of stopping them from having babies at that young age…

Among teenage men and numerous caregivers in this study, democratic laws and social welfare policies were understood as incentivising teenage pregnancy through the provision of healthcare and social grants. Young women were alleged to be using their reproductive capacity for material advancement. Rather than realising the dreams of the post-apartheid future, for which their parents and grandparents had fought, they were tethering their elders to another cycle of domestic labour and familial responsibility. A grandmother, Qcobisa, explained:

The problem now with our youth is that they get out of hand…Some parents are complaining about their children…They complain about teenage pregnancy and [they complain] their children don’t give birth to one child. They have many children, which are going to be your responsibility as the grandmother. [The mother] will leave the kids with you and again wander the streets…What am I going to do with the house full of kids?…I am the one looking after her [my daughter’s] kids. She takes the money and drinks it.

Qcobisa’s view, too, was that young women were exploiting their sexual desirability for material enrichment.

Young women made resolutely different claims about their reproductive intentions and aspirations, and many expressed an acute awareness of pregnancy not as a means of material advancement, but of its obstruction. In contrast to allegations of ‘pregnancy for profit’, they described the financial and social challenges that pregnancy and young motherhood entailed:

Interviewer: How is it to have a baby?
Akuhle: Yho!
Interviewer: It’s difficult?
Akuhle: Yes, it’s difficult.
Interviewer: Why do you say it’s difficult?

Akuhle: Because I don’t have a life. It disturbs you as well. I’m supposed to be doing my matric but I’m not in school because of the baby.

Akuhle’s view subverts notions of ‘mercenary motherhood’ – that young women use children as a source of profit. It is Akuhle – not the state or her family – who bears the principal responsibility for her child. Akuhle understood childbearing and motherhood as a ‘disturbance’, a closing down of her social world and of her chances for educational advancement. A group discussion with teenage girls revealed this commitment to education as the principle means of empowerment, as well as fearful notions of the disproportionate responsibility borne by teenage mothers for their children:

Interviewer: Is it okay for girls to fall pregnant at school?

Dineo: No, you must learn first.

Interviewer: And then you can fall pregnant?

Dineo: Then work first and have everything so that you won’t depend on anyone.

Interviewer: Oh okay, so before you get pregnant what will you have?

Dineo: A house and a car first.

Interviewer: What do you want to be when you grow up?

Dineo: A doctor.

Rather than a source of new freedoms and opportunities, pregnancy was understood by numerous teenagers and young women in this study as weakening future prospects for educational and material advancement. Noluntu explained:

Some friends of mine said it is not nice to fall pregnant when you are still young because the boys like to deny their children, and you will end up raising the child alone. A child will mess up your future. You end up not being able to go out to the mall with a friend or, if you see something in a magazine, you end up not being able to get it for yourself.

The young women in this study understood education as the best means of securing a prestigious career, and sought to order their reproductive destinies accordingly. But, as is clear in Noluntu’s association of a successful future with consumer purchase power, they also associated aspiration and advancement with the freedom to consume.

A growing literature has examined South African youth identity, exploring how consumer culture collides with the language of aspiration and ambition characteristic of the post-apartheid era (Hunter 2002; Leclerc-Madlala 2003; Posel 2013; Salo & Davids 2009). The post-apartheid media landscape has seen an explosion of
images that glamorise high-end material consumption, presenting luxury objects as indexical of empowerment and transformation (Hodes 2014). In the post-apartheid present, a desire for material advancement, through access to the child support grant, is alleged to be incentivising pregnancy. Young women are believed to be having children to access the child support grant (a cash pay-out of about R370 per month in October 2017), and then to be spending this on leisure pursuits and luxury items, such as beauty treatments. In his address to traditional leaders, Zuma made a similar claim about the use of hair salons. This perception was echoed by some of the young men in this study. Slaga explained:

From my area there are girls that are younger than me but have babies, and from what I see is that grant money also encourages them. Some even know that if they have two or three babies, they will have more at the end of the month to drink and buy clothes for themselves, not their babies.

For Kwakza, too, the child support grant was understood to be incentivising pregnancy among girls. He described how ‘[G]irls are spoiled by the government by giving them the grant. So they know that when they have a child they get money, money that they don't use for the baby. They buy Brazilian hair, so it's too much freedom they are given’ (group discussion, East London, November 2014).

For Kwakza, the child support grant was providing young women with the wrong kinds of agency, boosting their purchase power while simultaneously licensing sexual profligacy. The claim that young women were using their reproductive freedom for material advantage was levelled by a number of young men and elderly caregivers in this study. The gravity of this offence was ascribed to its amalgamation of moral and material offence. Beyond a reproductive transgression, teenage pregnancy was understood as a material transgression: a form of luxurious self-indulgence. It was for this reason that Zuma advocated issuing vouchers, rather than cash, to teenage parents seeking the child support grant: so that their spending could be surveilled and regulated by the state.

‘Should we give the money or should we give vouchers…?’

Allegations that young women are squandering money on luxuries and neglecting their national responsibilities as mothers have an established history in South Africa (Hodes 2015). These charges have gained ground at particular historical and economic moments in which women have been perceived to be gaining greater financial autonomy through both waged labour and social welfare. In the 1930s, for instance, white women entering the labour force were alleged to be using their salaries for frivolous pursuits, abandoning their social responsibilities to their families and to the nation in favour of material goods and leisure activities (Hodes 2015). This historical claim resonates powerfully with contemporary accounts of abuses by teenage girls of the greater purchase power and autonomy afforded by the child support grant.
The idea of ‘dole mums’, that women are having babies to access welfare, is widespread globally (Richter 2009: 94), and is central in Zuma’s statements. The allegation that society’s most vulnerable are abusing and usurping state resources reveals how blame, transgression and illegitimacy are vested in these groups. Although research has consistently shown that there is little evidence that young women are having children principally to access grants (Makiwane 2010; Rosenberg et al. 2015; Solomon 2013; Willan 2013;), this claim is widespread in South Africa, and was commonplace among the young men and elderly caregivers in this study, who blamed young women for abusing the welfare system to enrich themselves. As 23-year-old Aija explained:

...[I]n these days teenagers at the age of 16 and 18 are getting pregnant just to get the grant...All they care about is having fun and nothing else...Some of them get pregnant on purpose of getting the grant money from government, because in their homes there is no one bread winner or maybe the sister is a domestic worker and she has to feed lots of people in the household. There are lots of kids in the house that are still in school, so they decide to have a baby as a source of income. But now they use the money that was meant to feed their babies to have fun...go to braai places and buy alcohol...They say, 'success is all about making profit', so by having babies they are making a profit.

Aija’s view was that both social and material factors were root causes of teenage pregnancy. He believed that teenage mothers may use child support grants to pay for leisure activities or to supplement their families’ income. For Aija, teenage pregnancy afforded young parents luxuries, but was also a means of survival, depending on the level of poverty and deprivation that they faced.

Teenage girls in this study also described how parenthood may augment a family’s income, but that this was reliant on particular ‘terms and conditions’ principally related to the father’s support for the pregnancy. Sixteen-year-old Rihanna, for instance, stated that she would become pregnant only on three conditions. First, her boyfriend would accept paternity. Second, he would have a steady income. Third, he would be ‘motivated’ to provide support for both her and her baby.

In a focus group discussion with young men, participants disagreed with each other about the frequency of paternity denial. While some believed that most young men accept some financial responsibility for their babies, Vusi explained that this depended on the success of negotiations between the families of the young mother and father, and also on the existence of a stable income among the father and his relatives. Themba argued that the majority of teenage boys did not provide support for their pregnant partners: ‘they make the girl pregnant and run away from their responsibility’. Kwakza agreed: ‘Most guys say, ‘No, this is not my baby...[saying to teenage mothers] “You are accusing me of something I didn’t do”...Which is unfair to girls’. But other focus group participants disagreed, explaining that some
fathers accepted paternity, while others denied it, and that this was dependent in part on their girlfriend’s motivations. Kwakza explained how young women were to blame for the men’s abnegation of fertility, because of how they pinned paternal responsibility to ‘the nice guy that is financially stable and who comes from a good background’. Kwakza identified paternity deception and entrapment as another form of ‘mercenary motherhood’, particularly among girls with multiple sexual partners.

Aija, Rihanna and Vusi recognised diversity in motivations for teenage parenthood, avowing differences in material, moral and relational dynamics. The literature on teenage pregnancy in South Africa grapples with this experiential and motivational diversity (Bhana & Nkani 2014; Harrison et al. 2001; Jewkes & Morrell 2012; Mkhwanazi 2010; Morrell et al. 2012b; Ngabaza 2011). A strand in this literature challenges binary portrayals of young people as either reckless risk-takers or vulnerable victims (Seekings 2006). Through a close, critical analysis of the various meanings of teenage pregnancy, these studies have shown how diverse sexual and reproductive behaviours have coalesced with, and challenged, the hierarchies of gender and generation among young families in South Africa. Aija’s alarm over how young women may be using sex not merely for subsistence or survival, but as a basely acquisitive strategy, pointed to the combination of morality and materialism in the public perception of maternal motivations of teenagers. In his comments about teenage pregnancy, Zuma also combined the moral and the material. In his description, teenage pregnancy gathers new moral momentum and blame for this developmental challenge is shifted from the state to the citizen – from the national collective to the individual.

Feckless and reckless?

Public interest in teenage pregnancy in South Africa has flourished because of its resonance with deep-seated fears about the loss of social and sexual control of young women. Political authorities, including President Zuma, have capitalised on the opprobrium surrounding teenage pregnancy to mount a critique of democratic statecraft – including reproductive and sexual rights. Due in large part to the advocacy of women’s organisations in the 1980s and 1990s, the right to gender equality supersedes the right to cultural practices under South African law. For the first three decades of South African democracy, contestations regarding reproductive rights and freedoms and who bears the authority to license them have been waged bitterly in public and in private.

The democratic legal framework – and the various policies and programmes that have been implemented by the state in order to advance gender equality – are at the core of this social contestation. New reproductive laws and policies, in particular, such as those regarding the termination of pregnancy and welfare for teenage mothers, are alleged to have brought foreign freedoms and licensed promiscuity among youth – the generation with whom resides the greatest responsibility for
South Africa’s political transformation. Pregnancy among teenagers is commonly understood as an arch expression of delinquency, promiscuity and the abuse of democratic freedoms and ideals. The rights and freedoms accorded to children, youth and women are perceived as promoting sexual profligacy, and are connected to other forms of feckless, unbridled consumption.

Among both the older adults and the young men in this study, gender equality legislation was blamed for licensing promiscuity among teenagers. While the young women in this research also used a rights discourse to defend sexual freedom, their experiences of sexual and reproductive rights did not signal a social rupture related to democracy. Many experienced reproductive rights as a rhetorical mirage, while patriarchy persists in the realities of widespread sexual violence, sexual coercion and control of women’s sexual and reproductive behaviours. Although equality is enshrined in South Africa’s lawbooks, the social practices of patriarchy continue to undergird social relations. This is a contestation about gender and generation, but also about governance, statecraft and the ideals of social and economic transformation in South Africa. Revealed in this conflict are the tensions between freedom and control, and autonomy and submission: the moral and material struggles of a young democracy in flux.5

Notes
3. The study protocol was approved by ethics committees at the universities of Cape Town and Oxford, the Eastern Cape provincial departments of Health and Education, and all participating health facilities. Paediatric AIDS Treatment for Africa, UNICEF and the National Department of Health are partners in this research.
5. I thank research participants and advisers, in particular the healthcare workers, teenagers and families interviewed. I am grateful to Nolwazi Mkhwanazi, Deevia Bhana, Shireen Hassim, Nicoli Nattrass, Deborah Posel, Jonny Steinberg and Nompumulelo Zungu for their guidance, and to Sarah Bologna and Liz Sparg for their careful editing. I thank Lucie Cluver, Lesley Gittings, Mavis Nobuhle, Elona Toska and Beth Vale for their collaboration.
References


In 2014, the World Health Organization reported that 11 per cent of births worldwide (an estimated 16 million) occurred among teenage women between the ages of 15 and 19 years. According to Clifton and Hervish (2013) the global teenage birth rate in 2013 was 52 births per 1 000 women aged 15 to 19. Developed countries accounted for only 5 per cent of these births, where the average teenage birth rate was 17 births per 1 000 women aged 15–19 years. Sub-Saharan Africa has the highest prevalence of teenage pregnancy in the world. Births to teenage mothers, which are estimated at 101 births per 1 000 women aged 15 to 19, account for more than half of all the births in the region (United Nations Population Fund 2013). Within the region, however, the rates of teenage pregnancy vary widely. Middle Africa has the highest rates, followed by West Africa, eastern Africa and, last, southern Africa (Clifton & Hervish 2013).

In South Africa, the total fertility rate has decreased steadily over the past five decades, from an average rate of 6 children per woman in the 1960s, to 3 per woman in the 1990s, to a current level of 2.1 in 2017 (Canty et al. 2017; Panday et al. 2009; Rossouw et al. 2012). The decline in teenage fertility has only been slight and has not matched the rate of overall fertility decline. For example, Panday et al. (2009) indicate a decline of 10 per cent in teenage fertility between 1996 and 2001, whereas Loaiza and Liang (2013) and Makiwane and Udjo (2006) cite a 17 per cent decline, from 66 to 55 births per 1 000, from 1995 to 2012. This relatively high rate of fertility among adolescents has resulted in a unique bimodal age-specific national fertility pattern that peaks in the adolescent years and again in the mid- to late twenties, influenced mostly by births among black Africans (Benton & Newell 2013).

The aim of this chapter is to provide demographic information on young mothers and fathers in South Africa in order to present a picture of the composition of young families. The chapter presents data that provides background and context for many of the qualitative chapters that follow in this volume. Thus my aim is not to present the latest calculations on the rates of teenage pregnancy in South Africa. Using nationally representative survey and birth registration data, I show that although teenage fertility has steadily decreased over time, the percentage of teenage pregnancies has actually increased. The decrease in fertility can partly be explained by an increase in terminations of pregnancies. This means that overall there has been a decrease in the incidence of teenage mothers and fathers. In much of the current data regarding teenage pregnancy, especially data generated from the national household surveys, the question of actual births to teenage mothers is often under-reported. This has important implications for our understanding of teenage birth rates.
Methods used in the study

The data I use for teenage pregnancy and the termination of pregnancy (ToP) are from the updated versions of the General Household Surveys (GHSs) from 2009 to 2013. The questions on pregnancy in this survey are asked of all females within a household, allowing respondents to report pregnancy on behalf of others. This particular provision was added to increase reporting of pregnancy, as well as to collect pregnancy data for sensitive cases (such as cases of teenage pregnancy and when abortion occurred). The GHS, conducted by Statistics South Africa (Stats SA) since 2002, is a cross-sectional, nationally representative survey intended to determine levels of development and service delivery nationally. It uses a multi-stage design, where primary sampling units are selected at the first stage, and dwelling units are selected at the second stage. A questionnaire is the primary tool used to collect information from the selected households.

The data sets for this chapter were extracted from Stats SA’s database (2015). The study focuses on females aged 10 to 19, of whom there were 10 153 in the 2009 survey, 10 273 in the 2010 survey, 9 615 in 2011, 9 122 in 2012, and 9 111 in the 2013 survey. I conducted a bivariate analysis of teenage births, using data from the 2011 South African census. The analysis includes 316 640 females from 2011, representing 3 602 829 adolescent females in South Africa. The girls were aged from 12 to 19 years at the time of data collection. The census data sets were extracted with permission from the Minnesota Population Center, which supplies harmonised census data on the Integrated Public Use Microdata Series (IPUMS) database (IPUMS 2013). A randomly chosen 10 per cent sample was made available for download with person and household weights to represent levels of teenage females who gave birth in the entire population.

The 2011 census took place in October. First, special dwelling institutions were counted, followed by households within the 103 576 enumeration areas (EAs) in South Africa. The EAs were generated based on municipal size and boundaries and estimated population density. The census had different questionnaires for households, individuals living in institutions and institutions (Stats SA 2013).

I also analysed data from national birth registration records between 2001 and 2013. These records included a total of 13 198 934 births and provided data for tracking teenage births between 2009 and 2013, as well as the ages of 13 138 980 mothers and 3 802 108 fathers. Data on the fathers’ ages was missing in approximately 65 per cent of the cases but only 0.33 per cent of data on the mothers’ ages was missing.

Study variables

The GHS assessed teenage pregnancy through a single question: ‘Has any female household member been pregnant during the past 12 months?’ Responses could be: ‘Yes’, ‘No’ and ‘Do not know’. This question was combined with one about age: ‘What is XXXX’s date of birth and age in completed years?’ Teenage pregnancy was coded as 1 and teenage non-pregnancy as 0.
ToP data was generated by the GHS through the question: ‘What is the current status of this pregnancy?’ Responses could be: ‘Currently still pregnant’, ‘The child has been born alive’, ‘The child died in the womb or during childbirth’, ‘Unspecified’, ‘The child died in the womb or prenatally’, ‘Not applicable’ and ‘The pregnancy was ended by choice before birth’. Only data pertaining to teenage females was considered in this section, as the GHS does not collect fertility related data from males. ToP was coded 1 and non-termination as 0. Teenage birth status in the birth registration data was decided by the age of the mother. The year of birth was recorded and respondents who answered 2009 to 2013 were considered to have given birth during the time period under study. Female respondents aged 10 to 19 were included in this part of the study. Teenage births were coded as 1 and non-births as 0.

### Demographic and socio-economic variables

The study used the following variables: age group, race, marital status, education level, employment status, place of residence and province. A detailed description of these variables, their coding and the questions that generated the data in the census is provided in Table 3.1.

#### Table 3.1 Description of study variables

<table>
<thead>
<tr>
<th>No</th>
<th>Variable Name</th>
<th>Definition</th>
<th>Coding</th>
<th>Item questionnaire</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Age</td>
<td>Age of respondent</td>
<td>Numerical value ranging between 10 and 19</td>
<td>Item F-02: Age in completed years.</td>
</tr>
<tr>
<td>2</td>
<td>Marital status</td>
<td>Current marital status of respondent</td>
<td>Ever married/cohabiting (1); Never married (0)</td>
<td>Item P-03: What is (name’s) PRESENT marital status?</td>
</tr>
<tr>
<td>3</td>
<td>Race</td>
<td>Race of respondent</td>
<td>African/Black(1); White(2); Indian/Asian(3); Coloured (4)</td>
<td>Item P-05: How would (name) describe herself in terms of population group?</td>
</tr>
<tr>
<td>4</td>
<td>Education level</td>
<td>Highest education level of respondent</td>
<td>No Schooling(0); Primary(1); Secondary(2); Tertiary(3)</td>
<td>Item P-20: What is the highest level of education that (name) has completed?</td>
</tr>
<tr>
<td>5</td>
<td>Place of residence</td>
<td>Rural or urban residence</td>
<td>Rural(1); Urban(2)</td>
<td>Derived from front cover items of main place and sub-place.</td>
</tr>
<tr>
<td>6</td>
<td>Household poverty</td>
<td>Household classification as ‘poor’ if total annual income for household falls within lowest two categories of annual income per household, that is, R0–R4 800, which would be considered below the lower bound poverty line of R501 per person, per month, even if only one person lived in the household.</td>
<td>No(0); Yes(1)</td>
<td>Front cover items: Total number of persons in the household and Item P-16: What is the income category that best describes the gross monthly or annual income of (name) before deductions and including all sources of income? Used to create total income per household per annum.</td>
</tr>
</tbody>
</table>
Analysis of the study

In analysing the data, percentages were used to show the changes in teenage pregnancy and fertility over time. National and age-specific rates were calculated separately over the various study years. The percentage of teenage fertility was calculated using the equation:

\[
\text{Teenage fertility percentage} = \frac{\text{Number of teen mothers}}{\text{Mid-population of female teens}} \times 100
\]  

(1)

while pregnancy was calculated using:

\[
\text{Teenage fertility percentage} = \frac{\text{Weighted \# of teen mothers}}{\text{Weighted \# of female teens}} \times 100
\]  

(2)

The study employed the chi-square test for linear trend (critical value of \(p=0.05\)) to determine whether the changes in teenage fertility and pregnancy over time were significantly increasing or decreasing in a linear manner. Graphical plotting of the ToP rate per 1,000 pregnant teenage females gave insights on the trends in ToP between 2009 and 2013. This was calculated using the following formula:

\[
\text{Teenage TOP percentage} = \frac{\text{Weighted \# of TOPs among teen females}}{\text{Weighted \# of teen pregnant females}} \times 100
\]  

(3)

Bivariate analysis involved cross-tabulation of fertility with various background factors (age group, race, marital status, education level, place of residence and household poverty status). The chi-square test was applied for all cross-tabulations to establish the statistical significance of the differences in pregnancy levels across categories using weighted data. The level of significance for the chi-square test was set at 0.05. The results in these differences of teenage fertility are shown later in this chapter, in Table 3.2.

Teenage mothers and fathers were also studied over time, using birth registration data. This data was mostly unedited, so I first adjusted the birth registration data using Hill’s variant of the Brass fertility estimation: ‘Comparison of cohort fertility registered between two censuses with cohort parity increments method’ (United Nations 1983). This was to allay concerns of data inaccuracy caused by the incomplete registration of births. The resultant adjusted birth registration data was then compared to the raw collected data to show the extent of possible differences. The method was ideal for adjusting the data, as I was able to calculate average parities for women across age groups in 2001 and 2011. Additionally, I had birth registration data for both years and used adjusted census data that, on the whole, accurately reported age and gender. (Adjusted census data is the final product after the collected data is processed and corrected of errors through numerous statistical methods.)
The method used 2001 and 2011 parity levels for women in their reproductive ages in order to create cohort parity increments. It enumerated women of reproductive ages from both censuses as well as age-specific births registered in 2001 and 2011 in order to calculate adjusted age-specific fertility rates and compare these to the observed age specific fertility rates in both 2001 and 2011. Figure 3.4 (see page 39) illustrates the differences between the three fertility schedules. While the adjustment method excluded younger teenage females (12–14 years old) in its analysis, I was able to use the raw birth registration in my analysis of teenage mothers and fathers. However, the adjustment method was unable to correct the registration data or to identify precisely which individuals may have supplied incorrect information.

Cross-tabulation of a mother’s age group by year enabled me to see whether the numbers of teenage mothers had increased or decreased between 2001 and 2011. I conducted the same cross-tabulation exercise for fathers. Finally, I cross-tabulated mothers’ and fathers’ ages for all teenage mothers for the year 2011, and this showed the age distribution of men having children with teenage women. This was important in establishing the likely partnering combinations occurring among teenage mothers. Fathers’ ages were also cross-tabulated across provinces for all births from teenage mothers in order to establish if there were any differences between provinces in the ages of the fathers. All cross-tabulations were tested statistically through the chi-square test, or the chi-square test for linear trend for changes across time (years).

**Results of the study**

**Teenage pregnancy versus teenage fertility and incidences of teenage pregnancy over time in South Africa, 2009–13**

The incidence of teenage pregnancy between 2009 and 2013, based on the results of the GHS, is depicted in Figure 3.1. Standard error bars are included to determine whether the recorded levels were statistically different or not. In addition, a forward prediction segment has been added to forecast future levels. Overall, the percentage of teenagers becoming pregnant increased by 12 per cent between 2009 and 2013, and, based on these results, was expected to continue increasing into the future. Teenage pregnancy results were different for most years, except the standard error bars showed the true value for 2012 overlapped that of 2013 slightly (the two years possibly have equal values at population level).

As Figure 3.1 shows, 3.27% of teenagers became pregnant in 2009. This rose by approximately 8 per cent in 2010, dropped in 2011 and rose again by 15 per cent to an eventual estimate of 3.67 per cent in 2013. The trend line shows the rate at which teenage pregnancy has increased over the years.
Reasons for this increase in rates of pregnancy over time could not be established from the data. However, a younger age at menarche, coupled with adolescents having their first sexual encounters at an earlier age may have contributed (Nduli 2012). This would also explain why an increased number of younger girls became pregnant over time.

**Numbers of teenage births in South Africa, 2009–13**

The numbers of teenage births, with their standard error bars, according to birth registration data from 2009 to 2013 are shown in Figure 3.2.

Figure 3.2 shows that the percentage of teenage girls who gave birth decreased between 2009 and 2013. In 2009 just under 3 per cent of teenage females had given birth in the previous 12 months. In 2013 the rate of teenagers giving birth dropped by approximately 8 per cent to 2.74 per cent. Results from the chi-square test of linear trend showed that there was a statistically significant linear decrease in teenage births between 2009 and 2013.
Incidence of termination of pregnancy among adolescents

The incidence of ToP among adolescent females is shown in Figure 3.3. It was not possible to ascertain from the data whether the terminations were legal. The graph shows that, overall, the rate has increased by 50 per cent, rising from just below four ToPs per thousand pregnant teenage females in 2009 to six per thousand in 2013.

Although more adolescent females are becoming pregnant over time, ToP as an outcome is also increasing. This partly explains why there are increasing incidences of teenage pregnancy but decreasing rates of teenage childbearing. Other explanations for this trend could also include miscarriages, neonatal deaths, still births and births not being recorded.
Levels of teenage fertility by socio-economic category, 2011

The results of the bivariate analysis of fertility levels across socio-economic categories are shown in Table 3.2. Fertility was significantly higher amongst older adolescent girls: approximately 14.5 times that of girls who were 10–14 years old. In addition, married or cohabiting girls were three times more fertile. The table shows that black African teenage females had the highest rates of fertility, followed by coloured girls, Indian girls and, lastly, white girls. The highest rates of fertility were among girls who had no schooling at all, followed by those with secondary education, tertiary education and, finally, primary education.

Table 3.2  Weighted percentage distribution of teenage females by fertility status, Census 2011

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Gave birth n=12366</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age group</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12–14 years old</td>
<td>0.40</td>
<td>0.00</td>
</tr>
<tr>
<td>15–19 years old</td>
<td>5.82</td>
<td></td>
</tr>
<tr>
<td>Marital status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never married</td>
<td>3.49</td>
<td>0.00</td>
</tr>
<tr>
<td>Ever married/cohabiting</td>
<td>11.99</td>
<td></td>
</tr>
<tr>
<td>Race</td>
<td></td>
<td></td>
</tr>
<tr>
<td>African/Black</td>
<td>4.22</td>
<td></td>
</tr>
<tr>
<td>Coloured</td>
<td>3.76</td>
<td></td>
</tr>
<tr>
<td>Indian/Asian</td>
<td>1.15</td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>0.79</td>
<td></td>
</tr>
<tr>
<td>Educational level</td>
<td></td>
<td>0.00</td>
</tr>
<tr>
<td>No schooling</td>
<td>8.38</td>
<td></td>
</tr>
<tr>
<td>Primary</td>
<td>1.69</td>
<td></td>
</tr>
<tr>
<td>Secondary</td>
<td>4.98</td>
<td></td>
</tr>
<tr>
<td>Tertiary</td>
<td>4.12</td>
<td></td>
</tr>
<tr>
<td>Household poverty</td>
<td></td>
<td>0.00</td>
</tr>
<tr>
<td>No</td>
<td>3.82</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>4.62</td>
<td></td>
</tr>
<tr>
<td>Place of residence</td>
<td></td>
<td>0.00</td>
</tr>
<tr>
<td>Rural</td>
<td>4.53</td>
<td></td>
</tr>
<tr>
<td>Urban</td>
<td>3.35</td>
<td></td>
</tr>
</tbody>
</table>

Household poverty differentials showed that higher proportions of childbearing occurred among girls living in poor homes. Place of residence results showed that urban girls had lower levels of fertility (at 3.35 per cent) than their rural counterparts (4.53 per cent) and these results were statistically significant. Provincial differences in fertility proportions (not shown in the table) were also statistically significant, with the Northern Cape having the highest level of pregnancy at 4.77 per cent,
followed by the Eastern Cape (4.38 per cent). Gauteng (3.10 per cent) and the Western Cape (3.22 per cent) had the lowest levels. The results of fertility differences, according to these two geographical location variables, were congruent: urban areas were found to have lower levels of fertility, as were Gauteng and the Western Cape, the two provinces with the highest levels of urbanisation in South Africa.

**Verification of the accuracy of South African birth registration data: The Brass P/F ratio Hill’s variant method**

Results from the application of the Brass P/F ratio Hill’s variant method to the 2011 birth registration data are shown in Figure 3.4. The differences in the observed and adjusted age-specific fertility rates show that they decreased between 2001 and 2011 for all women, except those aged 40 to 49.

**Figure 3.4 Differences in observed and adjusted age-specific fertility rates (ASFRs) in South Africa, 2001 and 2011**

The adjusted 2011 data displayed lower age-specific rates of fertility. However, this was a decrease of only 27 per cent among those who were 15–19 years old. A similar pattern was seen in the fertility schedule across ages, regardless of whether the data was adjusted or not. Similarly, regardless of whether or not year or birth registration data had been adjusted, 15–19-year-olds included the second fewest of mothers of all age groups in 2011 and the third fewest in 2001. The number of births to teenage mothers has decreased over time and has remained below 40 births per 1 000 women aged 15 to 19 years. These differences are evident, regardless of whether or not the birth registration was were adjusted, and are an indication that South African birth registration data is precise enough for an accurate analysis of patterns and trends in phenomena recorded within this database. Based on this assessment of the birth
registration data, I continued the analysis with raw, unadjusted data, to look further into issues regarding teenage mothers and fathers that could not be evaluated from the adjusted results.

**Teenage mothers over time**

The number of teenage mothers aged 12 to 14 years as a percentage of all mothers per year from 2001 to 2011 is shown in Figure 3.5.

**Figure 3.5** Percentage of younger teenage mothers (12–14 years) as a percentage of all mothers from 2001 to 2011

![Graph showing percentage of younger teenage mothers from 2001 to 2011.](image)

Figure 3.5 shows that, overall, the proportion of teenage mothers aged 12 to 14 years has decreased with time; more than halving, from approximately 20 per cent of all mothers in 2001 to about 8 per cent in 2011. Regarding the proportion of younger and older teenage mothers, the greatest proportion of mothers aged 12 to 14 years occurred in 2006, 2007 and 2008, while 2011 had the lowest percentage of younger teenage mothers in the decade. The number of births among this younger population decreased slightly from 2001 to 2003, then increased until 2006 before decreasing steadily until 2011.

Figure 3.6 shows the percentage of older teenage females of mothers of all ages. This was approximately 13 per cent in 2001, but decreased slightly in the following year and then increased, peaking at 14.5 per cent in 2005, after which it dropped to 12.43 per cent in 2011. Overall, there was no evident decrease (that is, the decrease was not statistically significant) over time in the percentage of teenage mothers aged 15 to 19 years.
Figure 3.6 Percentage of older teenage mothers (15–19 years) as a percentage of all mothers between 2001 and 2011

With whom are South African teenage mothers having children?

I also investigated the cross-tabulation of mothers’ and fathers’ ages for 2011. As shown in Table 3.3, mothers aged 13 to 14 years predominantly had partners aged 15 to 19, followed by partners aged 20 to 24, representing an age gap of six to eleven years. The mothers aged 15 to 19 years predominantly had partners aged 20 to 24, a five to nine year age gap.

Table 3.3 Age distribution of fathers of children born to teenage mothers in South Africa, 2011 birth register

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>13</td>
<td>66.67**</td>
<td>33.33*</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>14</td>
<td>47.73**</td>
<td>40.91*</td>
<td>9.09</td>
<td>2.27</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>15</td>
<td>30.06*</td>
<td>53.80**</td>
<td>12.34</td>
<td>2.85</td>
<td>0.63</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.32</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>16</td>
<td>27.98*</td>
<td>52.94**</td>
<td>14.48</td>
<td>3.17</td>
<td>0.98</td>
<td>0.15</td>
<td>0.15</td>
<td>0.00</td>
<td>0.00</td>
<td>0.08</td>
<td>0.08</td>
<td>0.00</td>
</tr>
<tr>
<td>17</td>
<td>18.73</td>
<td>55.47**</td>
<td>19.26*</td>
<td>4.41</td>
<td>1.37</td>
<td>0.38</td>
<td>0.26</td>
<td>0.12</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>18</td>
<td>12.42</td>
<td>55.71**</td>
<td>22.53*</td>
<td>5.90</td>
<td>2.10</td>
<td>0.82</td>
<td>0.37</td>
<td>0.12</td>
<td>0.02</td>
<td>0.02</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>19</td>
<td>6.93</td>
<td>52.64**</td>
<td>28.70*</td>
<td>7.51</td>
<td>2.82</td>
<td>0.94</td>
<td>0.27</td>
<td>0.12</td>
<td>0.05</td>
<td>0.00</td>
<td>0.00</td>
<td>0.01</td>
</tr>
</tbody>
</table>

** Highest proportion of fathers for this age
* Second-highest proportion of fathers by age group

For mothers aged 15 and 16 years, the second-highest proportion of fathers were their peers aged 15 to 19. However, for mothers aged 17 to 19 years, the second-highest proportion of their children’s fathers were aged 25 to 29; an age gap of 6 to 12 years. Overall, most teenage mothers had children with males that were at least five years older than them, while the lowest proportion of teenage mothers had children with males of a similar age.
**Where are younger and older partners of teenage mothers predominantly situated in South Africa?**

The proportion of men fathering children of teenage mothers across provinces in South Africa is shown in Table 3.4. The greatest percentage of young and old partners of teenage mothers is from KwaZulu-Natal, followed by Mpumalanga.

<table>
<thead>
<tr>
<th>Father's age group</th>
<th>Western Cape</th>
<th>Eastern Cape</th>
<th>Northern Cape</th>
<th>Free State</th>
<th>KwaZulu-Natal</th>
<th>North West</th>
<th>Gauteng</th>
<th>Mpumalanga</th>
<th>Limpopo</th>
</tr>
</thead>
<tbody>
<tr>
<td>15–19</td>
<td>9.99</td>
<td>1.35</td>
<td>0.77</td>
<td>1.88</td>
<td>35.03**</td>
<td>0.61</td>
<td>6.48</td>
<td>25.61*</td>
<td>18.27</td>
</tr>
<tr>
<td>20–24</td>
<td>6.37</td>
<td>1.84</td>
<td>0.63</td>
<td>2.27</td>
<td>36.52**</td>
<td>0.87</td>
<td>8.56</td>
<td>23.89*</td>
<td>19.06</td>
</tr>
<tr>
<td>25–29</td>
<td>5.33</td>
<td>3.04</td>
<td>1.01</td>
<td>2.50</td>
<td>40.02**</td>
<td>0.99</td>
<td>10.48</td>
<td>20.83*</td>
<td>15.80</td>
</tr>
<tr>
<td>30–34</td>
<td>5.92</td>
<td>5.24</td>
<td>1.52</td>
<td>2.11</td>
<td>37.70**</td>
<td>1.86</td>
<td>10.99</td>
<td>20.20*</td>
<td>14.45</td>
</tr>
<tr>
<td>35–39</td>
<td>7.80</td>
<td>4.73</td>
<td>0.95</td>
<td>2.60</td>
<td>41.37**</td>
<td>2.36</td>
<td>11.58</td>
<td>17.49*</td>
<td>11.11</td>
</tr>
<tr>
<td>40–44</td>
<td>8.39</td>
<td>3.50</td>
<td>2.10</td>
<td>2.80</td>
<td>35.66**</td>
<td>2.10</td>
<td>13.99</td>
<td>13.29</td>
<td>18.18*</td>
</tr>
<tr>
<td>45–49</td>
<td>8.93</td>
<td>1.79</td>
<td>1.79</td>
<td>7.14</td>
<td>33.33**</td>
<td>5.36</td>
<td>7.14</td>
<td>19.64*</td>
<td>14.29</td>
</tr>
<tr>
<td>50–54</td>
<td>4.76</td>
<td>0</td>
<td>0</td>
<td>4.76</td>
<td>19.05</td>
<td>4.76</td>
<td>14.29</td>
<td>28.57**</td>
<td>23.81*</td>
</tr>
<tr>
<td>55–59</td>
<td>16.67</td>
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<td>0</td>
<td>16.67</td>
<td>16.67</td>
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</tr>
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<td>60–64</td>
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<td>50**</td>
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<td>0</td>
<td>50**</td>
<td>0</td>
</tr>
<tr>
<td>65–79</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>50**</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>50**</td>
<td>0</td>
</tr>
<tr>
<td>70+</td>
<td>0</td>
<td>100**</td>
<td>0</td>
<td>0</td>
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<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

** Highest proportion of fathers by age group from this province
* Second-highest proportion of fathers by age group from this province

**Teenage fathers in South Africa 2001–11: What is happening over time?**

According to birth registration data, the age of teenage fathers ranged from 15 to 19 years. Some 44 771 births were fathered by teenage males between 2001 and 2011. During the decade, the greatest percentage of teenage fathers occurred in 2001, followed by 2005 and 2006. Between 2001 and 2011 the frequency of teenage fathers decreased by 35 per cent, and, in 2011, just 7.17 per cent were registered. This, however, still amounts to at least 3 211 teenage males who became fathers in 2011.

The distribution of fathers among teenagers as a percentage of all fathers over time is shown in Figure 3.7. Teenage fathers made up approximately 1.5 per cent of all fathers in 2001 and this decreased by 35 per cent to 0.98 per cent in 2011. The graph shows that this was a linear decrease. The error bars of 2001 and 2011 do not overlap, demonstrating that these two percentages were statistically different. Therefore, the figures for 2001 and 2011 were not the same, both in the dataset and in the population.
Age differentials for teenage fathers over time are presented in Table 3.5. The table shows that across the years the incidence of fatherhood increased with age. However, the number of fathers aged between 15 and 17 years old decreased between 2001 and 2011, while it increased over the decade for 18- and 19-year-olds.

Table 3.5  
**Age distribution of teenage fathers over time in South Africa, 2001–11 birth register**

<table>
<thead>
<tr>
<th>Age</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
<td>12.77</td>
<td>0.69</td>
<td>0.33</td>
<td>0.53</td>
<td>0.34</td>
<td>0.44</td>
<td>0.62</td>
<td>0.51</td>
<td>0.49</td>
<td>0.29</td>
<td>0.12</td>
</tr>
<tr>
<td>16</td>
<td>2.48</td>
<td>3.25</td>
<td>3.57</td>
<td>2.61</td>
<td>3.23</td>
<td>2.75</td>
<td>2.24</td>
<td>2.97</td>
<td>2.73</td>
<td>2.20</td>
<td>1.65</td>
</tr>
<tr>
<td>17</td>
<td>22.22</td>
<td>11.16</td>
<td>11.14</td>
<td>10.85</td>
<td>9.70</td>
<td>10.28</td>
<td>10.06</td>
<td>9.87</td>
<td>10.95</td>
<td>9.29</td>
<td>7.91</td>
</tr>
<tr>
<td>18</td>
<td>20.50</td>
<td>27.81</td>
<td>28.79</td>
<td>28.38</td>
<td>29.31</td>
<td>28.49</td>
<td>28.68</td>
<td>28.74</td>
<td>28.94</td>
<td>27.52</td>
<td>28.46</td>
</tr>
<tr>
<td>19</td>
<td>42.02</td>
<td>57.08</td>
<td>56.17</td>
<td>57.63</td>
<td>57.41</td>
<td>58.04</td>
<td>58.40</td>
<td>57.91</td>
<td>56.90</td>
<td>60.71</td>
<td>61.95</td>
</tr>
</tbody>
</table>

The decrease in numbers of teenage fathers over time by age was not consistent. In 2011 the percentage of fathers aged 15 years was more than a hundred times less than in 2001, whereas that of 16-year-olds was only 50 per cent smaller and that of 17-year-olds was approximately three times less. In comparison to these decreases among the younger part of the group, the percentage of fathers aged 18 years increased between 2001 and 2011 by 39 per cent, and that of 19-year-olds also increased by 47 per cent.

**Where are teenage fathers predominantly situated in South Africa?**

To further explore the differences in age of teenage fathers, I tabulated the provinces where they were registered. Table 3.6 shows that 15- and 16-year-old fathers are largely from Mpumalanga, followed by KwaZulu-Natal and Limpopo.
Table 3.6  Percentage distribution of teenage fathers across provinces in South Africa, 2011 birth register

<table>
<thead>
<tr>
<th>Father’s age</th>
<th>Western Cape</th>
<th>Northern Cape</th>
<th>Free State</th>
<th>KwaZulu-Natal</th>
<th>North West</th>
<th>Gauteng</th>
<th>Mpumalanga</th>
<th>Limpopo</th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
<td>25*</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>50**</td>
<td>25*</td>
</tr>
<tr>
<td>16</td>
<td>9.43</td>
<td>1.89</td>
<td>0</td>
<td>22.64</td>
<td>1.89</td>
<td>7.55</td>
<td>30.19**</td>
<td>26.42*</td>
</tr>
<tr>
<td>17</td>
<td>15.35</td>
<td>1.97</td>
<td>1.18</td>
<td>31.89**</td>
<td>0.39</td>
<td>5.91</td>
<td>28.74*</td>
<td>13.78</td>
</tr>
<tr>
<td>18</td>
<td>11.05</td>
<td>1.42</td>
<td>2.52</td>
<td>35.23**</td>
<td>0.66</td>
<td>6.67</td>
<td>23.41*</td>
<td>17.83</td>
</tr>
<tr>
<td>19</td>
<td>10.42</td>
<td>1.31</td>
<td>0.91</td>
<td>38.37**</td>
<td>0.50</td>
<td>7.55</td>
<td>23.36*</td>
<td>15.81</td>
</tr>
</tbody>
</table>

** Highest proportion of fathers by age
* Second-highest proportion of fathers by age

The greatest percentages of teenage fathers aged 17 and above were in KwaZulu-Natal, followed by Mpumalanga, indicating that these provinces would benefit from an intensification of campaigns aimed at discouraging younger males from becoming fathers.

With whom are South African teenage fathers having children?

Table 3.7  Age distribution of mothers of children born to teenage fathers in South Africa, 2011 birth register

<table>
<thead>
<tr>
<th>Father’s age</th>
<th>Mother’s age group</th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
<td>25.00*</td>
</tr>
<tr>
<td>16</td>
<td>5.66*</td>
</tr>
<tr>
<td>17</td>
<td>1.57</td>
</tr>
<tr>
<td>18</td>
<td>0.77</td>
</tr>
<tr>
<td>19</td>
<td>0.40</td>
</tr>
</tbody>
</table>

* Highest proportion of mothers for this age
* Second-highest proportion of mothers for this age

As Table 3.7 shows, the age groups of the partners of teenage fathers were plotted to establish with whom they were having children. The results are very different from the pattern seen among teenage mothers, as the majority of partners across the ages of teenage fathers were aged within their peer cohort, zero to four years older. Over 75 per cent of teenage fathers fell into this group. This was followed by partners from the next age cohort and the cohort below theirs for younger fathers (aged 15 and 16), but this was in 5 per cent to 25 per cent of the cases.

Finally, to determine where older and younger partners of teenage fathers were from, I tabulated mothers’ ages by province for partners of teenage fathers. Table 3.8 shows that the greatest percentage of partners of teenage fathers aged 12 to 24 were predominantly from KwaZulu-Natal and Mpumalanga. Partners older than 25 years were from the Western Cape and KwaZulu-Natal, while the few cases of partners aged 40 to 44 years all occurred in Limpopo.
Table 3.8  Percentage distribution of mothers of children born to teenage fathers, by age and province in South Africa, 2011 birth register

<table>
<thead>
<tr>
<th>Mother’s age group</th>
<th>Western Cape</th>
<th>Eastern Cape</th>
<th>Northern Cape</th>
<th>Free State</th>
<th>KwaZulu-Natal</th>
<th>North West</th>
<th>Gauteng</th>
<th>Mpumalanga</th>
<th>Limpopo</th>
</tr>
</thead>
<tbody>
<tr>
<td>12–14</td>
<td>4.35</td>
<td>4.35</td>
<td>0.00</td>
<td>4.35</td>
<td>26.09*</td>
<td>0.00</td>
<td>8.70</td>
<td>43.48**</td>
<td>8.70</td>
</tr>
<tr>
<td>15–19</td>
<td>10.05</td>
<td>1.32</td>
<td>0.78</td>
<td>1.85</td>
<td>35.12**</td>
<td>0.62</td>
<td>6.46</td>
<td>25.44*</td>
<td>18.36</td>
</tr>
<tr>
<td>20–24</td>
<td>13.27</td>
<td>1.46</td>
<td>1.46</td>
<td>2.04</td>
<td>43.15**</td>
<td>0.15</td>
<td>8.75</td>
<td>19.39*</td>
<td>10.35</td>
</tr>
<tr>
<td>25–29</td>
<td>18.97*</td>
<td>3.45</td>
<td>1.72</td>
<td>0.00</td>
<td>34.48**</td>
<td>3.45</td>
<td>15.52</td>
<td>12.07</td>
<td>10.34</td>
</tr>
<tr>
<td>30–34</td>
<td>28.57**</td>
<td>0.00</td>
<td>14.29</td>
<td>0.00</td>
<td>14.29</td>
<td>0.00</td>
<td>14.29</td>
<td>14.29</td>
<td>14.29</td>
</tr>
<tr>
<td>35–39</td>
<td>57.14**</td>
<td>0.00</td>
<td>0.00</td>
<td>14.29</td>
<td>14.29</td>
<td>0.00</td>
<td>14.29</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>40–44</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>100.00**</td>
</tr>
</tbody>
</table>

* **Highest proportion of mothers by age group from this province
  * Second-highest proportion of mothers by age group from this province

A context-based discussion of the data in this study

The data I have presented shows that the numbers of births to teenage mothers have decreased over time. I have also shown that there is an overall increase in the percentage of adolescents becoming pregnant. While ToP is legal and provided free of charge in designated health facilities, studies report that young women are often unaware of or unlikely to use them (Ehlers 2003; Mkhwanazi 2015; Varga, 2003). The data in my chapter indicates that there is a significant difference between teenage pregnancy rates and teenage childbearing and this difference is partly explained by an increase in pregnancy terminations among teenagers. It is difficult to speculate from the current data, however, whether young people are accessing formal ToP services or illegal abortions.

The demographic and socio-economic differentials I have presented in this chapter indicate that race, education, age and marital status build a profile of teenagers who are most likely to become pregnant: these are poor, rural, black African girls, between the ages of 15 and 19, who have had little or no schooling. Older teenagers had a 14.6 per cent higher chance of pregnancy than younger teenagers. Although the lowest percentages of pregnancies occur among Indian and white girls, it is important to remember that teenage pregnancy and fertility do occur among these groups: percentages range from 0.79 per cent to 1.15 per cent, which translated to an estimated 924 Indian and 1 577 white South African teenage mothers in 2011. It is important that, as researchers, we access the narratives of these mothers. Bhana’s chapter in this volume unpacks and explains some of the issues affecting Indian girls experiencing early motherhood, while the chapter by Botha does the same for Afrikaner white girls.
Rural contexts in South Africa are also significant. According to the data, women had a higher chance of becoming pregnant if they were married or cohabiting and/or residing in the largely rural provinces of the Northern Cape or the Eastern Cape. Because they are predominantly rural, these provinces are more likely to adhere to cultural and gender norms, where women’s relatively subordinate position is often reinforced. Rural areas are also often poorly resourced, particularly regarding access to health and other government services. Already marginalised, young rural women are likely to continue to live life on the margins, vulnerable to poor social and educational outcomes that are embedded in the historical legacy of inequality. The increased likelihood of teenage pregnancy within such fragile environments can have negative effects on the constitution of families and on children (see Mvune, this volume). In rural South African settings, poor infrastructural support, restrictive gender and cultural norms, unemployment and poverty coalesce to reduce women’s agency and ultimately reinforce the race, gender and class inequalities that remain pervasive in South Africa (Hunter 2010).

The data also shows that births to young teenagers have slowly decreased, yet births to adolescents aged 15 to 19 have remained fairly constant. The data confirms, too, that young women tend to have children with partners who are older than them. However, the age gap is not as great as often imagined. Adult males aged 20 and over are fathers of more than half of the children born to 14–19-year-old mothers. In South Africa, teenage girls are portrayed as having transactional sex with sugar daddies who are in their 30s and 40s (Toska et al. 2015). The data shows that the fathers of children of mothers aged 12 to 14 years are likely to fall in the age cohort of 15 to 19, and those aged 15 to 19 are likely to have children with partners aged 20 to 24. Age mixing, transactional sexual relations and sugar daddy relationships are thus less common than some of the literature suggests. While sugar daddy relationships and ‘blessers’ do require attention in terms of power inequalities that increase women’s vulnerability to unwanted pregnancy and HIV, due attention must also be given to relationships among teenagers and young people.

However, amidst structural inequalities, teenage women’s involvement with males who are not their peers is of concern. Young women living in poverty are often vulnerable within relationships where gender and/or age affect whether women are able to negotiate safe sex. As Dellar et al. (2015) report, young women’s vulnerability to unwanted teenage pregnancy and HIV often rests on such unequal relationship dynamics. This points to the need for better sexual, reproductive and health interventions that target young people, and interventions that are designed to address gender inequalities within intimate partner relations.

The results of the spatial distribution of teenage mothers’ partners suggest where prevention campaigns could best be targeted. Male education, regarding the risks of premature sexual activity and early childbearing, needs to take place in the provinces with the highest levels of age mixing. Ways of counteracting cultural norms that help
make it permissible for sexual activity to occur between young women and men who are not part of their age cohort need also to be addressed.

I have drawn attention to the fact that very young teenage mothers had children with teenage fathers who were noticeably older than them. This may be expected, as men reach puberty and develop secondary sexual characteristics at a later age than females. The data also suggest that teenage fathers aged 15 to 19 were likely to father children with female partners in their own age cohort, highlighting the need to address teenage sexuality and relationship dynamics amongst young people. Thus far, few sexual and reproductive health education programmes in schools view young people as interested in sex and motivated by pleasure and desire. A focus on teenage masculinities and sexualities thus remains important.

The data I have presented in this chapter needs to be situated in a broader context of South Africa’s reproductive histories. In South Africa, poor black African and coloured women remain the population groups who are most vulnerable to becoming young mothers and to the deleterious effects of teenage pregnancy. The findings of Preston-Whyte’s (1991) study of teenage pregnancy in black African and coloured communities suggested a link between schooling and teenage pregnancy, in that teenagers who had dropped out of school were more likely to conceive than those who were at school. Furthermore, the authors suggested that particular norms in communities could be factors in the high rates of early parenthood. For example, they wrote that in black African communities a strong value was placed on fertility, and, since in these communities marriage and childbearing had become increasingly separate, having a child out of wedlock at a young age was condoned.

Recent research, however, suggests that public perception of teenage pregnancy has become increasingly negative (see Mkhwanazi 2012; Hodes, this volume). This is despite the decline in the overall rates of teenage fertility. Both Hodes (this volume) and Mkhwanazi (2012) argue that the negative perceptions of teenage pregnancy have to do with long-standing generational conflict. Mkhwanazi specifically discusses how this conflict has played out during different time periods and its gendered nature, where the concern for boys is around crime and juvenile delinquency, whereas the concern for girls has always revolved around controlling their sexuality. These authors draw attention to longer histories of early parenthood within African and coloured communities and the racial, gendered, generational and classist underpinnings of the increasingly punitive perceptions of early parenthood.

In summary, early parenthood is associated with poverty. Economically and socially marginalised young women are more vulnerable to becoming pregnant. By becoming mothers at a young age, teenagers are said to perpetuate the cycle of gendered poverty, making it difficult for their already marginalised families to break the cycle. The burden placed on family life, with the maternal kin often bearing most of the childcare and financial responsibilities, is evident in this volume (Nkani; Ngabaza & Shefer). However, what is often overlooked is the pleasure that young
mothers take from having a child and from caring for that child. Ngabaza and Shefer (this volume) write about the loss that young mothers experience when, in order for them to continue with their education, their child is looked after by kin who then become the primary caregivers and make all the decisions regarding the care of the child.

This study presents numbers of teenage mothers and fathers across time and space in South Africa. Defining young families is complex: the birth of a child does not necessarily lead to marriage or to a new nuclear household being formed. Rather, there are myriad options, ranging from the expectant mother leaving her parents’ home to live with relatives or to start her own household, to continuing to live with her parents who may also take up the responsibility of caring for her child as their own. One of the strengths of this study is the quantitative incorporation of teenage fathers from available national data, as this group is usually not examined, due to a lack of data. Although the method has its limitations, it does constitute a preliminary method for tracking the trend of teenage fathers in South Africa, and for generating a picture of whether or not the phenomena are decreasing or increasing over time.

References


This chapter focuses on the gendered narrative of Anisa, a South African Indian teenage woman. Her story emerges from a larger, interview-based project, which sought to understand the ways in which gender and sexuality are constructed by young people between the ages of 16 and 17 years, in a variety of school contexts in the KwaZulu-Natal province of South Africa (Bhana 2016). Anisa is 17 years old and lives in a working-class context in Chatsworth, a predominantly Indian township of Durban, where she grew up with her four siblings. Anisa's parents separated when she was four years old and her mother was pregnant with her fourth child. Her mother looked after her and her siblings and she has not seen her father since he left. Anisa's mother had a night job and a day job, and the siblings took care of each other while she was away at night. In Anisa's words,

[my mother] worked, put me in school...Life was very difficult because as a single parent [family] we couldn't really get to go for excursions and sometimes it was even difficult to get a proper meal, and have the luxuries that some of the children with both parents will have...I was the eldest daughter there, had to do everything to take care of my sisters and brothers...Life was difficult and at the age of 13 I started to work in a local tuck-shop...I am a Muslim girl so I used to go to prayers to sing...every time they have a prayer and if you sing, they give you a little money and that money was used for bread and milk. Sometimes, the Muslim community supported my family with groceries and school uniforms [for the children].

In her matriculation year, when she was 17 years old, Anisa became pregnant. She left the local school because of the stigma attached to teenage pregnancy and didn't return because she had to care for her child. When she was interviewed, her baby was three months old and her goal was to ‘make my life and my baby’s life a much better life.’ Anisa expressed deep regrets: ‘what's happening to me now, I get really disappointed, I get emotional and I just break down and I start hating myself and venting all that anger and it upsets me...as a teenager you should make the most of life. You don't have to go and get yourself involved in sexual activities and end up having babies.’

This chapter considers how agency is forged, mediated and restricted through complex factors relating to locale, class, gender and religion. In particular, I explore how these factors affect conventional understandings of femininities as they relate to young working-class Indian women in Chatsworth today. Conventional teenage
femininities, as studies suggest, operate on power inequalities, where young women’s unblemished states of sexual innocence (compared to men’s assumed sexual prowess) are normalised in the utopia of heterosexual romance, marriage and babies (Allen 2005; Reddy & Dunne 2007; Skeggs 2004). Connell (1987) refers to conventional femininities as submissive and accommodating of male power. Further developing this understanding of conventional femininities, I draw attention to how they shape Anisa’s transition to teenage motherhood in three ways. First, in the context of Chatsworth, by having sex outside of marriage and becoming pregnant at the age of 16, Anisa disrupts conventional patterns of femininity. Second, Anisa resists the option of marrying to restore respectability, on the basis of an abusive relationship dynamic and her subordinate status within it, thus rejecting conventional femininity. Third, despite exercising her agency earlier, by refusing to marry and consequently becoming a single mother, Anisa ultimately accommodates conventional femininity, by expressing regret for disrupting heteronormative cultural ideals and having a child before marriage.

Teenage pregnancy and early childbearing have distinct race and class patterns (see Mkwananzi, this volume). As the chapters in this volume show, the ways in which teenagers mediate sexuality and pregnancy are highly dependent upon their social contexts (see Blake; Botha; Mkhwanazi; Mgabaza & Shefer; Swartz; Versfeld, all in this volume). As Jewkes et al. (2009) note, gendered power inequalities operate alongside age, class and other social differences, which, to a large extent, shape experiences of teenage sexuality and women’s relative subordination within the larger social context.

As already stated, Anisa is Indian, Muslim and lives in Chatsworth. Under apartheid, Chatsworth was defined as a township that housed working-class Indian South Africans. The residents of contemporary Chatsworth can be categorised into a range of socio-economic classes, reflecting the upward social mobility of Indians in the country. Statistics South Africa (2014) shows that from 2006 to 2011 there was a 74 per cent decrease in the proportion of Indian people living below the poverty line, and in 2011 only 3.4 per cent were found to be poor, compared to 54 per cent of Africans. Desai (2000) cautions against homogenising South African Indians as middle class and economically mobile and documents the extreme levels of poverty in Chatsworth, where income insecurity and poor housing are rife.

In South Africa, Indian women were historically positioned in subordinate roles in the family and marriages were often arranged (Desai 2000). However, growing Westernisation and economic changes, including the state’s support for gender equality in the workplace (see Hodes, this volume) has altered family dynamics against traditionally defined masculine and feminine roles. These changes interact with religious discourses. According to Muslim religious discourses, pre-marital sex is forbidden, and, among South African Indian teenagers, being a pregnant teenager and a young parent remains highly stigmatised and to be avoided (Bhana 2016). In this context, family honour is linked to respectability; thus feminine conduct has to be untainted and young girls should be sexually uncontaminated. This does
not mean that pre-marital sex does not occur; rather, teenage sexuality is hidden, silenced and denied.

Few empirical studies describe the stigma and difficulties attached to teenage pregnancy among South African Indian teenage women, so young Indian women are often homogenised and regarded as an ‘unproblematic’ population group. As Jewkes et al. note: ‘Teenage pregnancy is a deeply embedded social phenomenon. While teenage women contribute to shaping it, their attitudes and actions are critically shaped by the environment in which they are socialised and the relationships which they develop’ (2009: 684). Thus, to have an understanding of what it means to be pregnant and to have a child, it is necessary to pay attention to teenage women’s actions and attitudes and how they negotiate femininity in the broader gendered environment. As a young, working-class, Indian woman, Anisa’s story has wider implications for understanding teenage sexuality, pregnancy and early motherhood within the multiracial, multicultural and variable-class politics that house gender inequalities in South Africa. Her story sheds light on age, race, class and gender in a young woman’s experience of becoming a teenage mother while negotiating relationship dynamics; schooling; stigma; family circumstances and a myriad other poverty-related challenges.

**Sex at sixteen: Gender, sexuality and love relationship dynamics**

Important feminist scholarship has demonstrated how gender norms, supported by cultural practices, such as male sexual entitlement within heterosexual relationships, circumscribe teenage women’s sexual decision-making. This reduces their ability to negotiate sex and makes them vulnerable to HIV and unwanted pregnancies (Christofides et al. 2014; Jewkes et al. 2009; Mkhwanazi 2010; 2014a; Morrell et al. 2012). The difficulties teenage women have in negotiating sex are complexly intertwined with race, class and endemic patterns of poverty. Of particular relevance is the way in which teenage femininities are produced within gender relations and how this helps to reinforce male domination and produce risk-laden femininities – albeit usually with some level of female agency (Bhana & Anderson 2013; Graham 2016; Reddy & Dunne 2007). Femininities that are less assertive, more accommodating of male power and premised upon gender and cultural norms often result in unsafe sex and unwanted, mistimed and unplanned pregnancy (Jewkes et al. 2009).

Anisa was 16 years old when she had her first boyfriend, who was 21. She called this relationship a ‘fling’ and the relationship lasted only a few months. She talked about the pleasure of going out and watching movies at the Chatsworth Centre with him, and referred to him as ‘sweet’. According to Anisa, ‘He was a kind of sweet guy but at that age I didn’t really know much about relationships so at the end of it after a couple of months we ended up breaking up. It didn’t really mean anything to me.’

Sexuality, thinking about having boyfriends and imagining heterosexual futures are often central preoccupations in young people’s lives (Allen 2005; Gevers et al. 2013).
Relationship patterns fluctuate; they can be serious and long term or a short-term ‘fling’. Breaking up and making up are everyday occurrences. Anisa’s first boyfriend was a ‘fling’, and, as she said, ‘it didn’t really mean anything to me’. This relationship was also her sexual debut. It was her second boyfriend, the father of her child, about whom she expressed excitement, sexual attraction, desire and love. Anisa spoke about going out and forging a relationship before finally ‘falling’ for her boyfriend:

On the first date we went to watch the movies in Chatsworth Centre with all my friends. It was nothing serious, more like a friendship thing and…I enjoyed myself…I met him through one of my friends, Nadia…We used to speak…but I wasn’t into him, but on that day he asked me out and we all went out for a party and…I fell for him eventually.

Anisa spoke about the constant telephonic communication with her boyfriend, the excitement of speaking to him, going out to meet him and having fun. As Dunn (2002) notes, within romantic discourses the attention that men give to women is part of the sexual ritual, and women are expected to be flattered by the attention. Anisa described her sexual intentions: ‘He told me it was his sister’s birthday and I must come stay over…and one thing led to another…It was actually my intention going there and…[we] ended up doing something like that [sex] because I knew the consequences and so on.’

Anisa’s intention to have sex challenged conventional norms demarcating the acceptable patterns of conduct for a 16-year-old that are embedded in the specific social and cultural context of Chatsworth. In terms of religious codes, Anisa contested her Muslim upbringing and defied the rules set down regarding pre-marital sex. Conventional femininity, however, is intricately connected to submission to dominant gender norms, requiring acquiescence within sexual relations. According to normative understandings of sexuality women are expected to prevent pregnancy (Wilkins 2008), although men control condom use and determine the timing of sex. Luker (1996), too, argues that contraception use has been feminised and the responsibility for preventing a pregnancy is placed on women. Anisa reproduces this discourse by drawing on the seriousness of the relationship as the reason why she did not use protection but also blaming herself because it was her responsibility, as a woman, to prevent pregnancy. In so doing, she reinforces male power and obscures male responsibility in pregnancy prevention. Having unsafe sex, therefore, reinforced, rather than contested conventional femininity within an intimate partnership. Anisa did not blame her boyfriend for failing to use a condom and stressed her own complicity in becoming pregnant, as she knew the ‘consequences’. She was seriously invested in the relationship, and sex, she said, happened when they could find the right place and time, as determined by her boyfriend: it was he who asked her to the party and he who determined when and where to have sex.

Anisa was neither a victim of male domination nor of sexuality. She knew the consequences of unsafe sex. Femininity is forged through love and desire with sexual
Anisa's story: Becoming A teenage mother in An Indian community

intent, which defies conventional ideals of purity (Allen 2005). Conventional notions of femininity hinge on 'love' as an important factor in negotiating sexual safety. Love justifies non-use of contraception and gendered norms make love and contraception use women's domain. As studies show (Reddy & Dunne 2007), in relationships that are considered to be serious, unprotected sex is evidence of love and part of the romantic discourse, where women often manage love by subordinating to and being subordinated by men, and thus engage in unsafe sex. Love, sex and contraception are mired in conventional understandings of femininity and becoming pregnant; and must be understood within these complex dynamics. Thus, in building and maintaining her romantic relationship, what becomes obvious is Anisa's agency (in her sexual desires) but also her subjugation to conventional gender norms and patterns of femininity.

Deference to male power within relationship dynamics upholds conventional femininity, putting Anisa at risk with the result that she fell pregnant. Indeed, as Reddy and Dunne (2007) argue, by aspiring to and maintaining conventional femininity, women often relinquish their power in intimate sexual decisions, thus compromising their wellbeing. Teenage women contribute to the construction and maintenance of counter-feminist ideals and conventional femininity (Gevers et al. 2012; Schalet et al. 2009). Having a child disrupts the gender norms and cultural ideals associated with marriage. Disruptions to these norms often mean that unmarried teenage mothers are pathologised.

‘I’m pregnant’: Prospects of marriage and schooling

After the party, Anisa tested positive for pregnancy at the local clinic. She informed her boyfriend Leo, first:

I think exactly he knew I was pregnant because...a week before that when we went out to eat and I started feeling sick...At first he seemed like he was happy but then...he didn't seem to be as caring as he was at first...Weeks after that he changed, really changed...He stopped everything...[such as] phone calls whereas [before] he used to phone me two or three times a day.

Within the context of teenage relationships, women bear the brunt of negotiating the relationship (Bhana & Anderson 2013). In Anisa's case, the news of the pregnancy broke down her relationship with Leo. Within intimate partner relations, sex, contraception and pregnancy are the women's burdens. While conventional femininity – heterosexual romance, marriage and babies – is culturally sanctioned, it is precisely this form of femininity that leads to unwanted pregnancy and hardship. In relating the ending of the relationship, Anisa focused on the loss; the end of the romantic love, the changing nature of relationship dynamics and the pervasive forms of gender inequalities. She grieved the end of the romance, noting her feelings of loss at losing contact with Leo and no longer being cared for. 'He stopped everything' is significant as 'everything' is bound together in the affect of romance; namely flattery,
communication and sexual encounters, which are central to emphasised femininity. Her story shows neither resistance to nor acceptance of his conduct but, rather, her feeling of hopelessness.

In reflecting upon what to do about her pregnancy, Anisa and Leo considered both adoption and abortion, although the latter was not an option that Anisa supported: ‘At times I used to get really frustrated. Abortion was my baby’s father’s choice;… adoption was my choice…I used to tell him of adoption and so on and when he put that abortion into my head I used to get very emotional…adoPTION not abortion.’ Similar to Mkhwanazi’s (2014b) findings regarding African mothers, Anisa carefully considered her options, showing an awareness of women’s rights regarding legal termination and adoption, although she did not follow these options. Having decided to continue with the pregnancy, Anisa then had to tell her mother:

…I didn’t know how to tell her…I was pregnant…At that time, she froze… from the next day it was just that cold shoulder…I would have liked if she had just screamed at me and took out all her anger…but then she kept on giving me the cold shoulder and that really hurt me because then I thought you know what am I going to do. I knew that I had really disappointed her judging from her life and my father leaving her when we were so small…I really upset her…

Her mother’s initial response was to give Anisa the ‘cold shoulder’ for defying acceptable feminine and religious conduct, bringing negative attention to the family and increasing the household’s financial burden. Yet, her views gradually changed. This change was underpinned by an attempt to manage the stigma and provide a semblance of respectability for herself and her family. She reproduced conventional discourses of femininity by demanding that Anisa marry. Anisa explained:

For weeks she [her mother] never spoke to me until this one day I had a clinic appointment…Then she started asking me about the baby’s father and saying that he needs to come [to our] home with his parents. I had to say yes, yes. I am going to tell him to come and we were fasting at that time and she didn’t really push me into bringing him home…so I didn’t really tell her what the problem was at that time – you know, his reaction at that time because he’s avoiding me. I just left it like that…I started showing and then she…kept on asking me why didn’t he come and we need to see him and [think about] getting married…and the child is a big responsibility and everything and…then eventually I had to tell her the truth that he doesn’t want to have anything to do with me and the baby and…[she] kept on asking me for his number to phone him saying she wants to speak to him and so on but judging from the way he used to speak to me and scream at me and so on, and knowing my mother and what she went through, I didn’t want him to disrespect her so I never gave her the number up to this day. I never gave her, I always told her I’ll tell her what he says or what he has said but I know he will just be rude to her and I wouldn’t want that to happen.
Jewkes et al. (2009) argue that pregnancy prevention amongst Indian teenagers is caught up in financial, social and cultural implication, including the expectation of marriage. Anisa’s mother confirmed this, and, besides wanting to ensure the financial wellbeing of the child, her insistence on marriage was partly to manage the stigma within the local context; the shame of defying Muslim religious codes.

This narrative is, therefore, complexly intertwined with shame, religion, the management of stigma and the changing dynamics of Anisa’s relationship, from love and flattery to abuse and violence. The expectation of marriage was fuelled by the need for respectability and social demands that place a heavy burden and pressure on unmarried teenage mothers. Anisa’s refusal to adhere to her mother’s request to engage with her boyfriend’s family suggests her agency amid the deteriorating and abusive context of her relationship. While attempting to protect her mother from the violence within her relationship, her actions diverged from the expectations of teenage sexuality and reproduction in South African Indian communities. Instead of succumbing to and restoring respectable conventional femininity based on good Muslim conduct, Anisa became a single parent. Her conscious strategy to prevent her mother from contacting her ex-boyfriend and his family – despite the multiple burdens she faced – was her recognition of the irretrievable breakdown of the relationship and her way of managing the violence within it.

Anisa was punished for having sex, and faced the burden of pregnancy alone, with few economic prospects. She was inextricably caught up in the double bind that leaves unmarried, pregnant teenage women in a position where their respectability is at risk. At this juncture, Anisa had few options and was highly constrained by the social, cultural and economic context, which limited her access to support. At school, Anisa found both support and discrimination:

In school…I had this one close friend and I told her about me being pregnant. I felt very emotional…My English teacher found out…and eventually…I spoke to her…She advised me…[that] they [school] wanted me to complete my studies and make something out of my life…to study…Emotionally…it was very difficult for me.

Unlike studies that have found that schools are particularly harsh in managing teenage pregnancy (see Morrell et al. 2012), Anisa found support from some of her peers and teachers. She encountered a strong push from the school to complete her studies. However, given the disruption of normative femininity, in a context where teenage pregnancy is rare, the stigma from some classmates, through which she regulated her life at school as a pregnant teenager, was pervasive. Anisa described her experiences:

…living in Chatsworth news spreads fast, so…eventually everybody found out…Being a schoolgirl it’s not easy being pregnant and living in an environment like that…so it was difficult for me to try and hide a stomach with a school dress and putting a jersey on. So for a couple of weeks after that
I decided to stay at home because I couldn’t handle the pressure of people talking and I used to be very uncomfortable around some of the learners that I knew. You know...they were going to pick on me and start gossiping and all this so I decided to stay at home because I felt I really needed that...After telling my English teacher...before I could leave she got together with some of the teachers and they contributed a big package and...gave me a lot of baby stuff and they helped me a lot after giving birth...clothes and nappies and...some of them even gave me money.

Being pregnant and attempting to ‘hide a stomach with a school dress’ was in conflict with conventional forms of femininity. As Morrell et al. (2012) show, being pregnant while at school is highly stigmatising. School is expected to be a place of academic learning. Learners like Anisa are expected to be children, not sexual beings, so being pregnant at school conflicts with expected norms. Although Anisa talked favourably of teachers at her school, the option of remaining at school was difficult for her as she also positioned herself within normative concepts of femininity and she felt ashamed and embarrassed. In negotiating pregnancy, stigma, embarrassment and the struggle to meet the standards of conventional femininity, Anisa chose to opt out of school, and in so doing, circumscribed her educational options. Without a matriculation certificate, access to post-school education was subsequently further restricted. Anisa’s limited opportunities and general economic insecurity reproduced the pattern of gendered poverty, ensuring her position in the lower economic order. The reality of unemployment forced her to rely on her mother for all support.

**Regret, loss and conventional femininity**

Anisa spoke of hardship, regret and loss. This discourse is similar to that of participants in Singh and Hamid’s (2016) as well as Mkhwanazi’s (2010, 2014a) studies. These authors documented how young mothers regretted pregnancy and early motherhood and spoke about how they had ‘ruined their lives’. Similar to stories told by African working-class teenagers, Anisa’s story of regret was entangled in the construction of the absent genitor who forced her to bear the burden alone, with great financial difficulties.

He hasn’t contributed financially or emotionally. He just backs off. It’s as if he doesn’t want to have anything to do with us...He just never contacted [me]. He never cared...Sometimes I feel I’m not good enough because sometimes when she [the baby] cries, sometimes you don’t know what she’s crying for and sometimes I see her in pain and then I wonder, you know what, maybe I’m not doing something right. In terms of buying her nappies and everything [it] is very costly. So I know the responsibility but then now when you are in it…it’s very difficult for me.
Anisa also mentioned regret in relation to missing out on her youth. She experienced loss in being unable to fulfil conventional narrative of romance, love and marriage. Thus, while conventional patterns of femininity are deeply implicated in having unsafe sex, being overburdened with the challenges of pregnancy and being a young mother, Anisa resurrected conventional patterns of femininity, and her despair and loss were directly related to her failure to live up to these normative but elusive expectations.

I see...like married couples, some of them living so happily ever after or you hear of somebody getting married or somebody getting engaged. I'll be so happy for them...I don't see myself as getting married. I think it's because you know when you trust somebody so much then I mean they betray you.

While Anisa continued to idealise married couples and the happy-ever-after romantic discourse, she also said that she would not get married. Her reason was strategic. Although she reproduced conventional femininity, which demands love, marriage and babies as the linear process through which relationships are forged, her defiance of conventional patterns meant that marriage, as she understood it, was no longer an option. In her choice not to marry, she simultaneously upheld and denied conventional femininity. The structures of conventional patterns of femininity made her responsible for the baby: 'I'm more responsible now and the sleepless nights...just kept on. At first I couldn't handle it but now it seems I got used to it...My life really changed.'

Anisa's story highlights the pervasive markers of gender and class inequalities and how they change and adapt in different circumstances. Gender relations are complex and flexible, rather than simply functioning to reproduce inequalities. Anisa's story speaks of real change. She concluded the interview by focusing on future aspirations:

I [would] like to study on a part-time basis, complete my matric[ulation] and study...I want to study...and become a teacher so...that I can educate them [teenage girls?] in terms of school...I wouldn't mind finding employment as a social worker and dealing with people's problems...I would like teenage girls to be aware and so on, so I would like to educate them on teenage pregnancy and...You know we have a whole life ahead of us, and sometimes mistakes happen and so on, and maybe if they gain a little knowledge and what to expect, you know, so they don't make the same mistakes because it's a whole new life, it's another life involved and it's a big responsibility.

Anisa linked education to her aspiration to become financially independent but also to spread the message of unsafe sex and the 'mistakes' that can happen. Having a baby brings new responsibilities and constraints and changes gender relations, and, having learnt this, Anisa now wants her story to act as a warning to others in similar situations.
Confusions and challenges

Anisa's story provides insights into the distinctly gendered patterns in becoming a teenage mother that undermine the life chances of young women in working-class contexts. By focusing on an Indian Muslim South African teenager, the chapter challenges the view that Indian teenage sexualities are unproblematic and homogeneous. Anisa's story is one of contradictions, confusions and challenges, underscored by the hierarchies and inequalities that gender, race, class and religion generate. Her story highlights the multiple concerns about becoming a teenage mother, and the critical roles of gender and class inequalities in shaping pregnancy and teenage motherhood.

Anisa both unsettled and upheld conventional femininity. Although Anisa expressed her agency in the process of becoming a young mother, she unwittingly reproduced conventional forms of femininity and, in so doing, diminished her agency. The story highlights the confusion and the contradictory forces of becoming pregnant and having a child, which are implicated in both the causes and consequences of conventional femininity. For example, in her narrative Anisa accepted the blame for not using contraceptives and took on the responsibility of becoming pregnant. By not challenging this situation, Anisa became complicit in the enactment of counter-feminist discourses, which fuel women's subordinate position within gender relations and reproduce gendered poverty.

The abrupt changes in becoming a teenage mother are not easy to manage, especially for those who are under financial duress and experience stigma and relationship problems. As for many girls, childbearing for Anisa resulted in adversity, pain, loss and suffering. In becoming a mother, she experienced deterioration in her relationships with both her boyfriend and her mother. The resultant loss produced a sense of isolation and the lack of support made her feel regret. Although Anisa's school teachers were supportive, the ways in which conventional patterns of femininity were regulated and shaped meant that the burden of stigma, shame and loss of respect – as well as a realisation of how much care the child required, and in the absence of financial security – caused Anisa to drop out of school. This underscores the point that schools still need to do much more to provide a supportive environment for teenage mothers (Nayak & Kehily 2015). While Anisa's future prospects appear brighter, since she plans to study, the chances of her returning to school are slim in the immediate and short term, especially given her family's financial hardship.

There is a need for more feminist scholarship that focuses on how race, class, religion and local circumstances affect teenage pregnancy and young motherhood, in order to help policy-makers to address more carefully how young women can be supported and how fathers can be encouraged to become involved in the lives of their children. Attention to the specific social, cultural and religious context within which teenage pregnancy is located has much to offer in addressing the multiple
challenges and inequalities that young women face. Working with teenage men and women to understand gender and sexual dynamics and relations of power remains important, as is the need to address conventional forms of femininity that put young women at risk. A focus on relationship dynamics should be key in interventions that seek to foster gender equality and generate an understanding of how conventional patterns of femininity work to deplete women's agency and compromise their sexual wellbeing (Graham 2016; Reddy & Dunne 2007; Singh & Hamid 2016). Empowering agendas for women remain important, but they must work with the contradictions that women face, for example, the insistence on condom and other contraceptive use reinforcing conventional femininity. Young women need to understand and disentangle the contradictions of love, sex and contraceptive use.

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Mina’s story: ‘Sick’ with child in an Afrikaans-speaking community

Nina Botha

Today, I drove Mina home.¹ When I got there, her mother insisted that I come in for a cup of tea, and Mina and I sat around the kitchen table as she made us some sandwiches. Her mom remarked that it reminded her of when Mina and die klein bogsnuiter (that little scum bag [Johan]) sat around the table, in order to have a serious discussion with her (from the author’s field notes, 23 June 2009).

The phrase ‘sick with child’ is used in an article by Cardozo-Freeman on games played by girls in Mexico (1975: 14). In the article, the phrase is quoted as coming from a woman who describes herself while pregnant and implies that having children is an affliction brought upon her by circumstances, abusive, selfish men and her own powerlessness. For the purposes of this chapter, I have adapted this phrase for a South African context, where girls who have become pregnant during their schooling are sent to a hospital school, a place usually reserved for schoolchildren too sickly or frail to attend a mainstream school.

This chapter is based on ethnographic fieldwork on teenage pregnancy undertaken in 2009 in just such a school, located within a predominantly Afrikaans-speaking community. Employing narratives from my fieldwork, with a specific focus on Mina’s experiences, I show how within this community, the social ‘ill’ of teenage pregnancy is framed as a deviancy, a ‘dis-ease’ transmitted by immorality. Consequently, the cure is to send the pregnant teenager to a hospital school, in order to restore her respectability. The hospital school can be viewed as an example of a ‘Foucauldian’ disciplinary institution, given that professionals exercise their controlling systems of power on pregnant teenagers and young mothers. In the chapter, I show how the Afrikaans notion of ordentlikheid (respectability) plays a critical role in how teenage pregnancy is managed within this community.² Simply, I argue that the process of ‘curing’ teenage pregnancy is rooted in the preservation of ordentlikheid.

Ordentlikheid

Ordentlikheid, usually translated as ‘respectability’, a term that emphasises ‘economic independence … orderliness, cleanliness and fidelity in sexual relations’ (Goodhew 2000: 241), best translates as ‘common decency’. The term is often linked to religion; in the South African context, Christianity, as represented by the Dutch Reformed Church, has been the backbone of much of what is considered ordentlik. Ordentlikheid entails a quality of a certain type of Afrikaans-speaking person.³ This
type of person is patriarchal, strives to be middle class, and is conservative regarding overt sexual behaviour. This is especially true of females (see Salo 2007). In recent literature, this *ordentlike* ‘personality’ is portrayed as a burden, fostering social norms that are out of sync with contemporary South Africa. Jansen (2008) illustrates this with an example of an Afrikaans-speaking father who cannot bring himself to ask a coloured man for assistance to pay for his daughter’s tertiary education.

Versfeld (this volume) provides an understanding of *ordentlikheid* as it manifests in the lives of coloured women in the poor community of Manenburg. My remarks here are restricted to white Afrikaans-speaking communities, although much of what I discuss including the influence of religion on ideas of *ordentlikheid* applies, despite race.

*Ordentlikheid*, as I use the term here, refers to a way of establishing and maintaining behavioural norms (Salo 2002: 405). In her study of a shantytown community on the outskirts of Cape Town, Fiona Ross found that *ordentlikheid* functions as a marker of the ability of residents to maintain stable social relationships over time (Ross 2010: 39). It is the marker of a properly socialised person, in contrast to someone who is *rou* (uncooked) or socially unformed (Ross 2010: 40–41). This dualism is echoed in my own work, where *ordentlikheid* contrasts with having ‘fallen’ pregnant, or being ‘sick’ with child.

Some historical contextualisation is called for. Afrikaners come from a group of people who, after two brutal wars against the British (in 1881 and 1889–1902) had become geographically scattered and had no common identity. This, combined with a system of government that increasingly favoured extensive white farming, led to a huge displacement of people from peasant smallholdings. Most of these displaced people ended up living together in urban slums. From the perspective of the wealthier, white Afrikaans people, this was a big problem, since these newcomers to the city, who were white skinned but poor, challenged the assumption that whites belonged to a superior race (Teppo 2004: 32).

Some poor white people living in these slums had children with members of other races. This was interpreted as leading to ‘deleterious social effects on the European’ because mixing races led to the ‘good genes’ of the superior races being ‘contaminated’ by the ‘lesser genes’ of other races (Teppo 2004: 36). While considering any race other than Caucasian as irredeemably inferior served the political aims of government policies elsewhere, in South Africa this assumption meant that most poor white people who had some mixed blood in their background would always be regarded as degenerate or inferior, an unacceptable situation because these so-called whites were so few in number. As such, environmental factors were stressed as causative of their ‘degenerate’ condition in the slums. This could be remedied by a better environment, social intervention and schooling (Teppo 2004: 33).

This process of uplifting poor whites meant that the focus of social intervention shifted from broad-based social engineering to controlling the family as a unit. This,
in turn, meant that being a ‘good white’, to use Teppo’s term, or an ordentlike person, involved having a certain kind of family. This ideal family structure was imposed by social workers and schooling, if it did not already exist. In this way, social workers, working hand in hand with the Dutch Reformed Church, created and enforced the idea of ordentlikheid, especially onto poor, white families.

In the Cape, the social interventions employed by the government centred around housing schemes, where poor whites were given respectable housing in areas where social workers could constantly monitor the family’s progress on the road from being a poor white to being a ‘good white’. At first, these programmes accepted all people with a light skin as potential individuals for upliftment, carefully selecting who would be allowed into the housing schemes (Teppo 2004: 30). Accordingly, it is unsurprising that coloured people in and around Cape Town also base their ideas of respectability on the discourse of ordentlikheid, since they were, at least at first, allowed into upliftment programmes (Salo 2002). As soon as ‘race’ was formally defined by the government, however, the selection of people no longer occurred on merit, and these social upliftment programmes began to fail (Teppo 2004: 36).

In Johannesburg and Pretoria (the setting of the research), social engineering focused more around church-based institutions, such as huisbesoek (a pastoral visit), where a church elder visited someone’s home once a month, and in schools where, beyond their normal function as educators, teachers were charged with identifying schoolchildren with problems, and notifying the local social worker. The white upliftment programmes only started in these cities after ‘race’ was officially indicated in identity documents, long after the programmes were implemented in Cape Town. This meant that ‘coloureds’ were excluded from the start.

Since the 1940s the idea of ordentlikheid has firmly taken root in certain segments of Afrikaans society, especially the working class and the lower middle class – the two segments that would have been most heavily targeted by the social engineering programmes. Today, these segments are no longer ‘whites only’. Upward mobility and the removal of restrictions on where people can buy housing has led to all South Africans, whether of African, Indian, Asian or mixed heritage moving into formerly ‘whites only’ areas. They, too, are concerned with upholding the ideals of an ordentlike person, much like their white neighbours.

Let us return to the fieldwork excerpt with which I started. Mina (17) is a striking girl, with light brown hair and hazel eyes. She met Johan (22) through mutual friends at a sokkie (a local dance) just before her Grade 10 exams in 2008. Her mother works from home, selling home-baked goods to home industry shops. Her father is a police officer by day and runs a betting ring by night. They live in the Moot, a white, Afrikaans, mostly Christian, middle-class residential area.

Mina laughed at her mother’s statement and explained, ‘We all sat around the kitchen table that Friday too, Mom, Johan and me. Luckily Dad was out, I don’t think I’d have been able to say anything if he were there.’ Mina’s mom nodded in agreement, before
Mina continued, ‘It was warm; a thunderstorm was brewing, like it does almost every day in February. Mom chased Johan out. I’d never seen her that angry before. I guess I should have seen it coming. I haven’t seen him since.’ Quietly to me she added, ‘As far as Mom knows anyway.’ Then she said, ‘The next Monday I was moved to the school.’

The school

Over 50 years ago, a school was established with the aim of educating pupils with sicknesses or injuries (both physical and mental) that prevented them from attending ‘normal’ schools. Originally, the school served only white Afrikaans students, but that changed in 1994, under the terms of South Africa’s new democracy. In 2001 it became a dual medium school, aiming to produce ‘a balanced, socially acceptable adult’ (2008 enrolment form). The school is nestled behind a government hospital, surrounded by other specialised schools for learners with special needs. A gate in the school fence allows easy access to the medical facilities at the hospital. A small, weathered sign sponsored by Coca Cola is the only external identifying mark. The simple, red-brick buildings are hidden behind an imposing concrete fence. To pass through the gate, one must have an appointment with the principal or be a member of the student body. Classrooms at the school are rectangular (approximately four by seven metres), with windows along one side. They are smaller than most classrooms found in mainstream schools. The floors are covered with linoleum, which, in turn, is covered in dust. The teachers (all women) teach their subjects in both English and Afrikaans, between 8h00 and 16h00 every weekday.

During my fieldwork in 2009, on Monday and Friday afternoons, counsellors and nurses were available to provide one 15-minute session for every learner in the school. Most of the counsellors were social workers by training (some were unqualified volunteers), sponsored by the Dutch Reformed Church. The nurses all ’volunteered’ their services, as this was not their main job. In addition to their salaries, mainly from nearby hospitals, they received a small stipend from the school. The principal did not allow male counsellors or male nurses to work at the school. The only males I encountered at the school were an aged groundsman and the occasional doctor or dominee (minister of the Dutch Reformed Church).

As a special-needs school (officially classified as a hospital school), the government provided partial funding for its hundred or so learners. A survey was carried out every Friday morning to keep track of the number of learners at the school, and the type of special needs that they had. This was essential, first because learners came and went on a weekly basis, and second because the Gauteng Department of Education assigns such schools funding based on the number of learners attending and the severity of their learning disabilities. The school must also abide by the same regulations as all government schools. The South African Constitution states that ‘everyone has the right to basic education’ (Section 29:1), and the equality clause
(Section 9:3), reads 'the state may not unfairly discriminate directly or indirectly against anyone on one or more grounds, including race, gender, sex, pregnancy, marital status, ethnic or social origin, colour, sexual orientation, age, disability, religion, conscience, belief, culture, language [or] birth'. Access also cannot be denied to anyone who applies to the school and who conforms to a government-defined understanding of a special-needs learner (Gauteng Department of Education 2009).

According to the school's enrolment forms, learners qualified for access if they were deemed too sick to attend regular schools. A qualifying candidate had to have a disease, such as cancer, tuberculosis and AIDS; a physical problem, such as a broken bone; or a syndromes, such as severe diabetes. The severity was determined by a doctor's certificate, as well as a need (perceived or real) for regular medical assistance during school hours. Additionally, the learner needed to prove that he/she could no longer function optimally in a mainstream school.

From the weekly survey carried out on Friday 18 September 2009, the student body consisted of 98 girls between the ages of 13 and 18, in Grades 7 to 12. The last male learner to attend the school matriculated there in 1982. Of the 98 girls, 35 lived in government-sponsored hostels, and the others lived in apartments rented or owned by themselves, their boyfriends or their husbands; or they lived with their parents. Most of them were Christian, and almost all of them came from working-class families or single-parent households in the Moot area. The school was by no means exclusively white – of the 98 girls, 37 were of African descent. The lingua franca was Afrikaans. Thirteen girls were at the school because they were pregnant, and because the hostels were a place of safety: social workers placed them there to remove them from what they perceived to be dysfunctional family contexts. On official records, the girls suffered from a learning disability, subcategory 'other' – which was, in fact, pregnancy.

Mina's mother served us sandwiches and orange squash as we sat around the kitchen table. Reflecting on the Friday she had found out about Mina being pregnant, she explained to me, with a sigh, why she had moved Mina to the school after the revelation: 'Mens kan mos nie jongmense alleen los nie. Maar ek leer. Daar, by die Skool, sal sy dopgehou word, en uit die moeilikheid bly' (You can't leave young people on their own. I'll never make that mistake again. At the school she will be watched, and kept out of trouble.)

By 'keeping Mina out of trouble', Mina's mother touched on two issues: first, that the school was a place where teenagers would behave appropriately for their age, and second, she implied that her daughter's pregnancy was the result of her own irresponsible behaviour. She had failed to manage her daughter's inability to act responsibly. This idea of pregnancy resulting from teenagers' inability to act responsibly is echoed widely in research and literature on teenage pregnancy. In my first meeting with the principal of the school she said: 'Why? Why does this still happen in this modern age? Information, contraception, education, it's all
everywhere, freely available. I think the kids have too much freedom, they cannot handle it yet. They are just too young. How can we expect anything but irresponsible behaviour?’ Echoing Mina’s mother’s sentiments, she also pointed out that the learners at the school are ‘n perfekte voorbeeld van hoekom jong meisies beskerm moet word’ (a perfect example of why young girls need to be protected).

A first-year female anthropology student at the University of Pretoria expressed the same sentiment, as follows (freely translated from Afrikaans):

Student: If you get pregnant, especially in school, it’s your own damn fault. Really, a girl should be able to control her desires.

Nina (the author): But what if she is forced?

Student: Well, then she should learn to defend herself. But that’s not the point. Even if she is forced she can just go to the pharmacy and get the morning-after pill. It’s not like we live in the middle ages. If you get pregnant after sex, you’ve been an idiot.

Unlike Mina’s mother and the principal, the student did not imply that teenagers are unable to be responsible, yet the idea of irresponsibility leading to pregnancy still loomed large and was prevalent. That teenagers are irresponsible is commonly believed across much of society today (see Blake; Hodes, this volume; Macleod 2001: 493). The years between a person’s 13th and 20th birthdays constitute a period where they are almost expected to be deviant. The behaviour is seen as formative in shaping young people into adults who will be ‘socially acceptable’. On the other hand, mothers have to be responsible. Teenage pregnancy is a problem because it transgresses a boundary between ‘teenager’ and ‘mother’. Pregnant teenagers are, therefore, no longer healthy teenage girls; they are now ‘sick’ with child.

This idea of pregnant teenagers as transgressing a boundary emerges again and again. For example, a teacher said to me in the teachers’ lounge at the school: ‘Dit maak my so harteer, hierdie jong meisies wat hulle lewens so weggooi. Hulle is veronderstel om fliek toe te gaan en rond te lê saam hulle vriende, nie om doeke om te ruil nie’. (It makes me so sad, to see these girls throwing their young lives away like this. They’re supposed to be going to movies and hanging out with their friends, not changing nappies.) Similarly, a father said, after dropping off his daughter one morning, ‘It’s such a responsibility they take on themselves at such a young age.’ Becoming a teenage mother (merging the boundary between mother and child) means that a girl does not follow the life path expected of her, specifically by her parents. Usually, especially for the more conservative, lower-middle- and working-class Afrikaans parents of the girls at the school, this life path involved abstinence from sex until marriage, at which point a stable job should be held at least by the male partner (Teppo 2004: 35–36).

In the context of the school, pregnancy was a problem because it was a deviation from the ‘norm.’ Foucault has argued that the idea of the ‘normal’ is a societal construct.
Enforcing ‘norms’, such as no crime, a specific number of working hours per day, or refraining from sexual intercourse until marriage, comes from a specific point in time for specific reasons. As Mkhwanazi and Bhana write in Chapter 1 (this volume), teenage pregnancy as a social problem is a very recent idea. Most of human history is characterised by childbearing as soon as a girl reaches sexual maturity. Over the last two decades, teenage fertility rates in South Africa have been decreasing (Mkwananzi, this volume). Additionally, a greater emphasis on schooling has further reduced the number of children that teenagers have. That teenage pregnancy is still regarded as a problem rests in a disjunction between what is expected of teenagers and of mothers.

The expected practice is here determined by what is considered an ordentlike life. Much in the way that ordentlikheid in Ross’s work is a marker identifying a properly socialised person (Ross 2010: 48), a marker that is visibly attained by being ‘clean and neat’, or living in a building that is ‘cared for and well maintained’ (Ross 2010: 37) being an ordentlike person is visible through the actions of one’s children. Having a daughter who falls pregnant during her teenage years indicates that either the parents somehow failed to instil the proper social norms in her, or that they themselves are somehow lacking in moral fibre. This is a clear indication that a person has somehow failed to successfully uplift him/herself, that he/she is, in Teppo’s terminology, a ‘bad white’ (2004).

To uphold society in its ‘proper’ or ‘normal’ form, deviants, such as teenage mothers, need to be disciplined into an existing social category. The process of ‘normalisation’ is done in a primarily structural manner, in prisons, mental institutions, factories, churches and schools. In these institutions behaviour is regulated by enforcing a disciplinary code. Using Foucault’s example of a prison; prisons of the modern era focus on ‘correction’, or retraining criminals to be ‘normal’ citizens. This correction is accomplished by strict routine and observation, as well as indoctrination with ‘conventional’ morality (for example, ‘Thou shalt not steal’) (Foucault 1977: 136).

The institutions control behaviour, or, in other words, strive to create ‘normal’ ‘docile bodies’ (Foucault 1977: 138). According to parents and other adults in and around the hospital school, for a teenager the ‘norm’ is a relatively carefree period. By proxy, the ‘norm’ for a mother is not. Mina’s mother alluded to this when she said: ‘Wel, dis ordentlik al te laat, nou moet sy op die harde manier leer. Hierdie is darem kwaai straf vir nie jou knieë toe hou nie’. (Well, it’s too late, now she has to learn the hard way. This [pregnancy and motherhood] is harsh punishment for an inability to keep your knees together.)

Later, as I was leaving, Mina walked me to my car. ‘I miss my old friends sometimes,’ she said. After being moved to the school she was discouraged from communicating with her friends from her previous school. She justified this isolation on the grounds that they would probably only gossip about her anyway: ‘Ek’s bietjie van ‘n slet, lyk my. Maar ek verdien dit. Ten minste kom my babatje; niemand kan sé ‘n oulike kindjie
kom van ’n sleut mens af nie’. (I’m a bit of a slut, I guess. I deserve what I got. At least the baby will be born soon. No one can think that a cute little baby comes from a bad person.)

**The good mothering institute**

Creating ‘normality’, as Foucault (2003) pointed out, is never something done for its own sake. There is always a practical application for this creative act, in other words a social aim to be achieved. In the case of the school, the result was the creation of good mothers, but this fails to explain why the school was a place of isolation. It fails to make sense of the process of removing girls from their original schools, subjugating them to therapy and constant watching, sometimes even keeping them hidden in hostels. I suggest that the reason for these draconian measures is that a pregnant teenage daughter violates the ideals of ordentlikheid.

To ensure that the girls leaving the school were ‘balanced, socially acceptable [adults]’, in other words, ordentlike adults, they needed to be turned into ‘good mothers’. The first way in which this was done was through the weekly therapy sessions that the school provided. Because pregnancy was categorised under ‘other’ but still required nurses, doctors and counsellors, the school constantly lacked funding. The deficit was made up by donations from a Dutch Reformed Church organisation. These funds went specifically towards the therapy sessions, where overtly Christian values were taught, a fact that aligned neatly with many of the girls’ parents’ views.

In the counselling sessions, the girls were told that they had sinned, and that they should attempt to make up for their error by devoting their lives wholeheartedly to raising their child. This was accepted by many of the girls. When a girl was confronted by comments on her youthfulness, by implication, the comment also alluded to her lack of ‘mothering’ ability. The birth of her baby was called the single greatest event of her life, and the child described as ‘a gift from God’. This contrasts strongly with the pregnancy being seen as punishment for her irresponsible behaviour. The influence of the therapy sessions was also visible in how the girls explained their responsibility towards their babies. After a session, Mina explained to me, ‘My baby will only have me. God gave it to me, specifically. It isn’t fair that my mom and dad should carry the burden of my mistake.’

In addition to the counselling sessions, the school offered weekly ‘good mothering’ classes. The syllabus for 2009 covered topics such as, ‘The advantages of breast feeding’, ‘Caring for a sick baby’, ‘Choosing between normal or caesarean methods of giving birth’, ‘Diaper changing strategies’ and ‘Being a good mother’. Here the school’s institutional nature was highly evident in its use of didactic classes, threats and ridicule, to create a socially acceptable mother. For example, Marli (16) was threatened with charges of neglecting her six-week-old daughter. This was a serious threat, since two babies had already been removed from their teenage mothers and placed in foster care during the course of the year. Marli told me that she
had confessed to her counsellor that she had felt like throwing her baby out of the window. As a result, the counsellor threatened her with legal action and a promise to remove her daughter if she did not become a ‘better mother’. At the time, Marli was exhausted. Her baby was sick: between ear infections and colic she had not had an uninterrupted night’s rest in nearly two weeks.

That Thursday, in the ‘good mothering’ class, the discussion focused on the development of frustration towards one’s baby. The girls were told, ‘a good mother does not feel angry at her child. She knows that her baby is a gift from God and that she is responsible for its wellbeing.’ Marli was singled out as an example of a person handling frustration poorly by having severely negative thoughts about her child. Upon hearing her name, the exhausted girl woke up and sat up suddenly, alerting the rest of the class to the fact that she had been fast asleep at her desk. Laughter followed her as she fled from the classroom.

The success of this institution to ‘normalise’ teenagers into ‘good mothers’, and the change from deviant teenager to ordentlike mother figure, is made most visible when the way in which girls were treated during their pregnancy is compared with how they were treated afterwards. While walking down the street with a group of five girls, people would fling obscenities our way because of the very visible pregnant bellies three of the girls were sporting. For these young women, hearing a stranger say, ‘Jy kon net nie jouself beheer nie, of hoe?’ (You just could not control yourself, could you?) while buying groceries, or even just a soft comment to their own audience about the gevalle meisies (fallen girls) was an everyday occurrence. In sharp contrast, while walking around with a girl who had already given birth to her baby, people would stop to admire the cuteness of the child, usually coupled with an enquiry as to the gender of the baby, and a comment about how much the baby looked like the young mother. There were, of course, still comments about her youth, but they were phrased a lot more tactfully: ‘Is jy nie bietjie jonk nie?’ (Aren’t you a bit young? or You started young) is a common way of stating this. The young mother often has a ready answer: ‘The baby is the best thing that has ever happened to me, a real gift from God.’

That the school functioned as an institute of ordentlikheid came as a surprise to me. I knew that pregnant girls went there, which was the reason for my original interest. When I first spoke to the principal, she informed me that in the past five years three girls suffering from cancer had attended the school. The surrounding specialised schools seemed to be sufficient to care for the majority of learners in Gauteng with ‘special needs’. However, these schools were not intended for learners with serious illnesses. This information seemed to imply that there were not very many seriously sick learners in Gauteng schools or that sick learners preferred to remain where they were. I assumed that the greatest need for schools with medical facilities rested with pregnant learners, and that, as such, the school was performing the function it was intended to. But, since many girls entered the school long before their pregnancy became a health issue, and given that for most pregnancies, there is no need for constant watching, this assumption is not valid.
A survey form used by the Gauteng Department of Education records illnesses and physical disabilities. Accordingly, useful statistics are available on the number of students with illnesses or disabilities that would allow them to qualify for entrance to a hospital school. In 2008, 106,000 children (under the age of 16) across South Africa needed anti-retroviral treatment (Stats SA 2009: 8), and 40,000 children of school-going age indicated that they were not in school due to illness (compared with 46,000 indicating pregnancy as their reason for absence). Clearly, facilities for learners with serious medical conditions are needed. In 2005, there were 23,000 learners with severe illnesses in mainstream schools (Stats SA 2005: 22). If there are facilities available to assist medically ‘challenged’ learners, why do they remain in schools not intended to accommodate them?

Reading the archived enrolment forms of the three girls with cancer who had attended the school, I noted that they had been completed by the girls’ parents. Under the section ‘Reason for application’, the following entries had been made:

Unhappiness in [previous] school, when [her] hair fell out because of chemotherapy. (Form dated 2004)

[She] asked us to move her; she felt too out of place without any hair. The old school does not let her wear a hat or a scarf. (Form dated 2006)

Medical reasons, the chemotherapy is making [her] too sick to function easily with other, healthy school kids. Also, she feels out of place because of looking sick. She is teased about paleness and dark shadows under her eyes. (Form dated 2007)

Clearly, the school did not serve its catchment area in terms of medical needs. Usually, a severely sick learner will simply remain in the school where he or she has been, or will stop attending school altogether; only those few who felt ‘out of place’ moved to the hospital school. Consequently, those who attended the school were characterised as having a sickness that was also a social issue, not exclusively a medical one. The reason Mina and her classmates went to the school was not because they were too sick to be in a ‘normal’ school; they were there so that they could be watched and controlled in a manner that ‘normal’ schools cannot. They were there to be taught to be ‘good mothers’. In Foucauldian terms, they were deviants; individuals who are undisciplined or ‘dangerous’, who no longer conform to ‘normal’ social expectations (Foucault 1977: 295). In my terms, they were, in one way or another, violating ordentlikheid.

Postscript

As in 2009, it would be erroneous to assume in 2017 that this need for a place to ‘normalise’ social transgressors is a localised phenomenon, confined to the ‘conservative Afrikaners in the Moot’, as a colleague of mine put it. Our political leaders championed the idea then, and continue to do so now – pregnancy is
grouped with sexually transmitted diseases in healthcare policy and practice. That said, nowhere is ever static. Ten years have made marked changes at the hospital school.

The first change is that the school now has a website, publicly advertising what was quite private before. The second change is the language of education. In 2012 the school became a dual medium school, teaching in both English and Afrikaans, but a mere two years later, Afrikaans was removed as medium of education, following larger trends in South Africa to Anglicise. The school has also split itself into two ‘units’, one now explicitly called the School for Pregnant Learners, and the other for learners with psychiatric difficulties, located at a nearby psychiatric hospital. Although it remains an anomaly for the school to have a learner who has physical illnesses – reflected in its dual unit structure – it is working more closely in conjunction with the major public hospitals in the area. It is from the school’s contact with these hospitals that it draws its pregnant learner base, and no longer almost exclusively through social networks formed by churches and teachers.

Alongside the change to English and the change in background of the learners, much of the emphasis on ordentlikheid has been diluted, replaced with a greater emphasis on physical wellbeing and continuing education, a marked departure from 2009. Much of the social engineering efforts have changed, with traditionally Afrikaans churches being replaced by social workers and psychologists, often senior students taken from the nearby University of Pretoria. Afrikaans families are now generally allowing their pregnant daughters to remain in the Afrikaans schools that they were enrolled in.

**Notes**

1. The name of the school has been withheld at the request of the principal. All names used here to refer to girls at the school are pseudonyms.
2. To preserve grammatical correctness, I also use the forms ordentlik (the adverb, ‘respectably’) and ordentlike (the adjective, ‘respectable’).
3. By ‘type’, I wish to indicate that, as Alant points out, there are many ‘shades’ of Afrikaners in South Africa today: ‘the average Afrikaner has gone extinct long ago (if such a thing ever existed!), and the diversity of natures and shades within contemporary Afrikanerdom has up to now not been exactly this recognition’ (Alant 1978: 2–3). Presented here is one type of Afrikaner, with characteristics that other Afrikaners may identify with, but a type that is not representative of all Afrikaners or Afrikaans-speaking people.
4. By ‘normal’ schools I mean schools without special facilities for learners with needs other than those of an average South African learner. ‘Normal’ or the ‘norm’ consistently appears in quotes to indicate that it is by no means necessarily the ‘norm’ for every human being. In the context of this paper, it serves as an indication of the expectations of individuals in and around the hospital school. In other words, it is an expression of ordentlikheid.
In no specific order, there is a school for learners with cerebral palsy, one for Down's Syndrome learners, one for deaf learners and another for blind learners. There were several trade schools in the area as well, until 1998, when the implementation of Outcomes Based Education made them redundant.

In both cases, the child was removed out of necessity: one child was removed because of an abusive stepfather, the other because of a severe lack of financial means. The idea that removing a child from its mother can be a form of discipline is just that, an idea, but it does not detract from its power as a threat. The circumstances of the babies being given new legal guardians are not well known amongst the girls.

Again, for ethical reasons I will not share the link of the school.

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MINA’S STORY: ‘SICK’ WITH CHILD IN AN AFRIKAANS-SPEAKING COMMUNITY

Aliyah’s story: Generational change in Manenberg

Anna Versfeld

Meeting at the Centre

My research − an 18-month ethnographic process – started in Manenberg on a cold winter’s day in mid-2010. Judy, a worker at the Druiwevlei Community Centre and I set out a circular huddle of chairs in the hall. Mothers and grandmothers came in slowly and shyly and sat down. We were there so that I could discuss my shift from being a non-profit practitioner who worked with children in the area, to being a researcher who studied children’s experiences and understandings of violence. The meeting was formal and the participants furrow-browed as they voiced their concerns about the children: child abuse and neglect, ill health, domestic violence, drug and alcohol abuse, ‘metalheads’, gangsterism, education and school drop-outs, unemployment and teenage pregnancies. Then Judy told them that in a workshop their children had drawn pictures of suitcases filled with everything I would need to bring with me for my research stay in the area and that a number of the girls had drawn ‘sexy clothing.’ The seriousness in the room cracked. Quick as a flash, Leila, a woman in her early 30s, said, ‘You don’t need sexy clothes to come here to Manenberg, you just need pyjamas and a swirlkous (head-stocking)!’ To great hilarity other women started chipping in. The list of things I would ‘need’ to come to stay in the area was as follows:

- **Stukkende pentihose** (Stockings with holes in them)
- A **hokkie** (a shack) − for which I would need **planke** (planks), **plate** (roof sheets), plastic, board and ceiling boards
- Toiletries
- Pyjamas or ‘silk boxers’ (nylon shorts) and a t-shirt
- A **salwar** top (long shirt) so that I can just put that over my pyjamas when I want to go out − with the comment, ’Klere is net vir die weekends’ (Clothes are just for the weekends).
- A **doekie** (headscarf)
- A ‘feather double’ (duvet)
- A **swirlkous/kopkous** (head-stocking)
- Morning slippers – ‘for the whole day’
- An **oka pyp** (hookah pipe).
The oka pyp suggestion raised a discussion. One mother said, ‘Nee, jy’t nou nie meer ’n oka pyp nodig nie, nou is dit ’n mixit pyp!’ (No, you don’t need a hookah pipe, you need a mixit pipe!) ‘What is a mixit pyp?’ I asked. Someone explained that it is a pipe that you put dagga (marijuana), tik (methamphetamine) and flavoured tobacco in. Another corrected her, explaining that tik doesn’t smoke well in a mixit pyp – a mixit pyp is just for dagga and tobacco. Leila, who had started and led much of this joking, ended it by saying, ‘And you don’t need a suitcase to come here, just bring one of those green Pick n Pay packets, that’s all you need, you don’t need much to come to Manenberg!’

In this way I was introduced to a caricatured version of local adult women – poor, jobless, living in backyard shacks, unkempt, not bothering to get out of sleepwear unless a special occasion presented itself, and using addictive substances. This caricature was particularly striking because it stands in stark contrast with the ordentlike moeder (respectable mother) figure Salo (2003, 2004) found to be prevalent in Manenberg in the early 2000s. The differences between the caricatured woman I was presented with and the ordentlike mother figure are, I suggest, a consequence of the erosion of possibilities for young women to develop positive identities in Manenberg, due to political and economic shifts.

Cole and Durham (2007) illustrate that larger political economic forces affect, and are affected by, the intimate family sphere. They see as important ‘the way in which widespread social and economic changes, particularly the rise of market-based liberalized economies and their entanglement with state policies and international rhetorics, provide new contexts for life course and social reproduction’ (2007: 5). They argue that the ‘drama’ of macro changes (particularly those of globalisation) is ‘figured in the negotiations of people’s everyday obligations and relationships as they struggle to shape liveable presents and futures’ (2007: 6). Given this, they write, people’s experiences as they take up and occupy different social age categories are situated in relation to expectations regarding who they want to become and what kind of lives they want to live.

This chapter illustrates how women’s lives and expectations are partially shaped in relation to the meanings of personhood and generational change in Manenberg. Through my representation of Aliyah’s story, aged 16 when I conducted this research, which I contrast to that of A’ntie Rachel, I explore the shrinking of what were once possibilities for young women.

Manenberg is notorious for being an area of high levels of gang activity, substance use, unemployment and social problems. One of the first Cape Flats neighbourhoods actively constructed on an apartheid map, it is often used as an example of the ravages of that system on poor families and communities (Chipkin 2003; Pinnock 2016; Robins 2002; Standing 2006). As with most poor areas that stretch out on the expansive Cape Flats on the periphery of Cape Town, the social problems in Manenberg are manifold. It is, however, also a place of ingenuity and creative
survival, and, as one young research participant said, ‘Caregiving, people and life!’ Despite the huge gains of human rights in the post-apartheid era, in many ways people on the Cape Flats have become more politically and economically marginalised in the broader national system.

**The pillars of female personhood and their changes**

In her ethnography, Salo (2003, 2004) found *ordentlikheid* to be a critical feature of female personhood in Manenberg. *Ordentlikheid*, as Salo uses it, refers to the shared values of feminine respectability that were historically grounded in religious ideals, resulting in an emphasis on what Fiona Ross (1995) describes as ‘sobriety, religious observance, submission to authority, literacy, sexual propriety, modesty and family loyalty’ (Ross quoted in Salo 2004: 101). Salo shows how the female ideal of *ordentlikheid* served to structure social relations, imbue spaces with meaning, and ascribe moral value to actions, appearances and character traits. As such, it was a critical aspect in the construction of personhood.

According to Salo, personhood is about who the individual is in relation to society, and how they fit in. Though Salo does not say so explicitly, the way she uses personhood implies positive social evaluation. I make this explicit by using the phrase ‘positive personhood’, which I use as the general social consensus on whether an individual is a valuable being. The construction and maintenance of *ordentlikheid*, Salo (2003, 2004) argues, was built on the presence of women’s privileged access to three factors in a context of relative deprivation during apartheid: work, welfare and housing. The gendered framework of poverty in Manenberg (and, more broadly in the Western Cape for women labelled ‘coloured’ by the apartheid system) was, therefore, in contrast to much of the country, where women were ‘especially disadvantaged in the patterns of poverty and inequality’ (Lund 2008: 3). The next section serves to verify the historical presence of the three pillars Salo outlines and their importance in the construction of positive female personhood, and to examine the consequences of macro-economic and political changes on young women as they presented themselves in my study.

**Work**

Antie Rachel was born in 1947, on the eve of apartheid, to parents who had a fractious marriage. One of 13 children, she and her siblings lived with her mother and grandmother in a five-bedroomed home in the suburb of Kensington. Her mother was a factory worker, and Rachel grew up under the vigilant eye of her grandmother who ensured that life was centred in the home, and that they didn’t ‘know the street’. Describing the depth of their poverty, Rachel said, ‘Ons het kaalvoet geloop’ (we walked barefoot), indicating that they were too poor to cover basic necessities. Aged 13, Rachel completed Standard 5 (Grade 7) at school. Seeking to assist her family financially, she enlisted a cousin to assist her in finding work in a
large local fish factory, without parental permission. Because she was underage for legal employment, she signed on as a casual worker at the beginning of each week.

All the older women I interviewed spoke of the historical ease of finding work, almost always through a family connection. (One participant spoke of how girls used to be threatened with, ‘If you don’t behave you’ll never come to the factory with me!’). This was the result of a variety of processes and systems that had been put in place and fortified, to provide coloured women with employment, albeit poorly paid. These included the Coloured Labour Preference Policy (1955) – which sought to ensure coloured people were employed over and above African people – and the development of heavily protected local industries, such as textiles, canning and food, which employed mostly women. Social support systems, such as community centres with after-school programmes, were set up to assist mothers, so it was possible for them to leave their homes and families during work hours.

This state support of coloured women was a consequence of two factors. First, provision of basic support to coloured people was one way in which the apartheid state attempted to build a social bulwark between Africans and whites (Erasmus & Pietersen 1999). Second, as Jensen (2008) has written about extensively, negative stereotypes abounded about coloured males. One such stereotype was that they had a propensity towards alcoholism. Other negative characteristics (deemed to have been innate, as a consequence of Khoisan heritage) included work shyness, playfulness, rampant sexual appetite and an inability to take responsibility (Adhikari 2006; Standing 2006). While these stereotypes were not solely applied to men, coloured women were regarded as the (more) responsible agents for supporting and raising children, and being law-abiding citizens.

A pattern of poor women as the prime actors in both reproduction and production had, in fact, been set in South Africa as far back as the 1930s. With the burgeoning of factories, lower-end industrial jobs were largely occupied by women (Iliffe 1987). In the Cape, these women were largely coloured, such as those residing in Manenberg. In contrast, historically, most of the work that was available to men from Manenberg was casual and irregular, in construction or on the docks (Salo 2004: 316), and unemployment was rife. This gender difference is evident in a 1975 study, which states that there was a ‘surplus of 77 000 coloured male workers in the Western Cape in 1975, but a “shortfall” of 46 000 coloured female workers’ (Van der Horst 1976: 29).

This has all changed now. Post-apartheid shifts in economic strategy led to a rapid breakdown of industries, particularly in the garment and textile sector. Employment opportunities for women were dramatically curtailed as the factories ceased to be the prime employers. According to the South African Clothing and Textile Workers Union (SACTWU), in this industry alone (in which the majority of women in Manenberg had been employed) there were 18 450 recorded job losses in the Western Cape between 2002 and 2011 (SACTWU 2011).2 At the time of this
research, the majority of older women in Manenberg who were employed were working in domestic service.

These shifts in available work hit young women, like Aliyah, hard. Aliyah had been born in her grandmother’s house, and still lived there with her mother, three siblings, child, grandmother and a family friend. Like Rachel, she became pregnant at 15 years of age. Unlike Rachel, she was still at school; in Grade 9 at the time. With the changes in the economy and the political situation, young women’s aspirations had, largely, turned from work to education, though this was often thwarted by teenage pregnancy. Aliyah dropped out of school after the birth of her son, Sedik. Of a group of eight girl friends in early high school years, she said that none had completed school and all had children by the time they were 18 years old. Throughout my research time, none had solid work.

Aliyah’s situation was not, then, unusual. Less common, perhaps, was the fact that she had not (yet) given up on the idea of getting an education, which she saw as the only option for constructing a future over which she had power. Once Sedik turned two, and Aliyah felt he was old enough to stop breastfeeding, she returned to school, leaving him with A’ntie Sara, her grandmother, during school hours. This was a concession reluctantly made; A’ntie Sara had been looking forward to quieter days, having already retired and raised her final grandchild past babyhood. On returning to school, however, Aliyah found she was trapped between the expectations of parenthood, and the lack of position implied by her school-going status. Describing the situation, she said:

I went back to school, Grade 10 again. So my grandma [and] them, they skelled (scolded) about [how] they can’t look after my child, and all that. So afterwards I told my mommy I’m going to drop out…I don’t want my family to every time tell me, they must do this they must do that [for me]. And whenever Sedik got sick I [had to] come home, and so…now I am at home for three years…I never got a job, everything is difficult. I’m turning 19, but everyone still treats me like a child. Even though I have one and I am mature, but they still treat me like a child. I tried to commit suicide three times.

After dropping out of school the final time, Aliyah started courses at a local college, but her enrolment was short lived. For a brief period after that she worked at a local sweet factory. The pay was minimal (R350 per week basic salary), the working days were long (generally stretching to 12 hours), and her contract terms tenuous. And, as local notions of respectable daughterhood required (Salo 2004: 279–280), Aliyah handed her weekly pay over to her mother, who managed the household finances. Discouraged, she quit after a few weeks.

Towards the end of my research Aliyah was still pinning her hopes on getting a job, in order to save up money to study, but she was stymied as to how to get one. Her best efforts consisted of creating her curriculum vitae, printing a pile, dropping
these at shops and businesses in the city centre, and then waiting for a call. Young women – such as Aliyah – having not completed their matriculation, were not able to assume the paths of their mothers into low or semi-skilled steady work, found through friends and family. They also could not rely on these networks to assist them in finding work. Most who found work were employed on short-term contracts as cashiers and packers in supermarket chains.

**Housing**

Not only had work opportunities shrunk dramatically for women coming of age, so had options for acquiring a brick home. Formal housing in Manenberg had originally been constructed by the City Council for families being forcibly removed from other areas. Rachel’s family was relocated from Kensington to Manenberg (dusty, streetless, without schools, on the very outskirts of the city and fringed with farms) in the first wave of forced removals. At 16 years of age, having borne one child (which her mother took under her care), Rachel was put out of her mother’s house for disregarding a night-time curfew. She was, then, ‘maintained’ by Gamal, her boyfriend.³ The relationship did not gain her parents’ approval or support. Gamal was significantly older than Rachel and had already served two prison sentences. Seeking stability, Rachel went to the City Council in 1966 and applied for a house for their small family. It was granted (a mere) three weeks later.

Rachel’s acquisition of a house was a consequence of the way in which the apartheid housing provision system worked. An allocation system was modelled on assumption of the nuclear family as the norm. This privileged male breadwinners who were married with dependent children, and mothers with dependent children (Salo 2004). Given that many conjugal relationships were rendered unstable, often due to violence (see Ross 1995) it was frequently single mothers with children who were successful in accessing housing.⁴

Rachel’s relationship with Gamal quickly turned violent. She endured five years of extreme abuse from a husband who would not allow her to control her fertility. Then, with five more children in tow, Rachel approached the local social workers, and requested another house in order to get away. Rather than the revealing the violence she was suffering, she used the excuse that the children in the apartment block teased her younger disabled brother, Henry, who lived with her. Six months later she was given a two-storey, three-bedroom, semi-detached house on a lease-to-buy contract. Aged 30, with six children and a brother in her care, Rachel established herself in the house that she still lives in. She covered the costs of raising her children single-handedly, through a combination of factory work, contract catering work, homecare work, buying and selling goods, private late-night sewing and maintenance grants. She married again, twice, but neither relationship lasted long. Through all of this her home was an immensely important resource, as I describe below.
In the post-apartheid era, the model on which housing was allocated had not changed much, but obtaining a house was no longer a matter of being young, female, coloured (or white) and capable. While one of the huge achievements of the post-apartheid government has been the building of over 3 million houses in less than ten years — and 48,232 houses in the Cape Town Municipality between 2005 and 2010 (Western Cape Province, Provincial Gazette Extraordinary 6930, 23 December 2011, p. 48) — huge backlogs and rapid urbanisation meant that, in March 2011, there were 386,590 outstanding applications for housing in the Municipality (Department of Housing, City of Cape Town, pers. comm. 2011).

By 2010, most of the house owners or leaseholders in the Druiwevlei area had inhabited their homes for 40 years or more. Having first occupied their houses as young mothers, at the time of my research most were great-grandmothers. Their households reflected this. Most contained at least some branches of two or three subsequent generations, if not in the immediate house, then in the yard. For example, Antie Delia, in her late 70s, lived in her own house with three daughters and seven grandchildren, but a further three children, with six of their progeny, all lived in structures in the yard. Aliyah’s mother, Lizette, had repeatedly sought a Council house for herself, her four children and her grandchild. By 2011 she had been on a waiting list for over four years. Seeking a house for herself and Sedik was not an option Aliyah ever mentioned.

Social grants and directed welfare

The third way in which women were, during the apartheid era, able to construct positive personhood was through access to social grants and other directed forms of welfare. The closing down of work and housing options meant that by 2011 social grants were, more than ever before, the lifeblood of everyday survival. Knowledge of how to access a grant was, quite literally, a valuable skill, which had been finely tuned during apartheid (Salo 2004), with older women tutoring aspirant grant claimers on the shape of story they needed to tell for a successful grant application. This continued, with adaptations required by changing systems and eligibility criteria. However, though their spread increased, their value decreased.

One of the government’s major drivers in its attempts to achieve basic, dignified living for citizens – in line with the 1994 Bill of Rights – has been the implementation of a far broader social grants system. As part of this process, the child support grant replaced the state maintenance grant in 1998. The latter had been available to low-income coloured, Indian and white families. Changes to the system meant that mothers who had been claiming a maintenance grant for two children suddenly received R500 a month less. Mothers with children aged seven and older completely lost their grants in the early days of the new system (Seekings & Nattrass 2006). Increases were fairly rapid thereafter (by 2010 a pension was R1 080, a disability grant R1 140, a child support grant R240 per child for children up to the age of 18, and a foster child grant R740 per month), and the overall spread was more
equitable, but the initial change was a serious blow to those who had previously been dependent on maintenance grants (Benjamin 2007; Bray et al. 2010; Jensen 2008). While the concept behind providing social support to all people in need was undoubtedly correct, it resulted in a sharp contraction in social support in areas such as Manenberg.

The effects of change

In summary, then, young women in Manenberg in 2010/11 longer had access to the resources of earlier times in terms of jobs, housing and general social welfare. It is important to recognise that this access was mediated by government policy. These resources were always limited and, therefore, had to be carefully used. Moreover, access to resources was distinctly gendered. As Salo (2004) points out, women developed their positions at the fulcrum of home and community partly because, in a context of relative deprivation, they had more access to resources than men. The difference in policy approaches to men and women was fed by stereotypes of the coloured male, who was seen to be imbued with negative characteristics. Women, therefore, became the recipients of various systems of support, within a distinctly racist historical framework that overtly privileged white and coloured people over Africans in the Western Cape.

Shifting zones of influence: Generational changes in possibilities of personal power

Deft access to and use of the limited resources available was one of the coping mechanisms women developed during apartheid, in order to ensure that enough money was available to stretch through the month (Salo 2004). This was accompanied by well-developed systems of reciprocity that allowed for the flow of resources between households in ways that did not engender shame for a mother’s momentary inability to provide for her family. These were learnt processes, making older women the harbourers and sharers of knowledge. This in itself was a resource, for the sharing of such knowledge both built social networks and established older women’s positions as senior members of the community.

My research occurred at a particular moment in history. The flow of the past, where young women were guided by older women’s knowledge and skills in becoming ordentlike adults through motherhood, work and the provision for kin, had been disrupted. New avenues for coping and developing positive personhood had not yet emerged clearly. This is not to deny that many young women were making careful and clever use of the limited options available to them, and succeeding, despite the odds. However, Salo (2009) points to the struggles young women were having in becoming fully participating citizens, due to the fact that their lives were defined by what they could not access, rather than what they could. Moreover, the growing numbers of young, female, habitual drug users on the Cape Flats points towards
the fact that ten years into the new millennium there was, indeed, a growing cohort of young women who were not succeeding in developing and accessing coping systems and who were, consequently, seeking escape from an untenable daily reality (Versfeld 2012).

In contrast, older women’s positions, established in the social policies of the past, continued to have currency – especially for those who used the system with dexterity when they were younger. The demand for accommodation meant that house ownership, or lease maintenance, was an important resource for older women, not least because, as Ross (2010) notes, there was a strong link between decent living conditions and brick houses for the urban poor.

Owning or being the leaseholder on a house confirmed mothering (Salo 2004), conferred authority and allowed a continued exchange of finance and labour for sleeping accommodation, yard space for wendy houses (small, wooden houses) or backyard shacks, or even for toilet usage. In this way, historical access to housing continued to bolster the influence of older women. Rachel's house was a good example. In addition to her younger disabled brother, Henry, who was still living with her, the composition of Rachel’s household changed frequently as her spare room and backyard extension were filled, emptied and refilled with paying inhabitants. During 2010 and 2011 there were at least 12 different people who, at some point, called Rachel's house ‘home’. This included two grandchildren who stayed during the week days, and a flow of couples that lived in the backyard: two daughters and their partners (one of whom had two children of her own), a Congolese couple from Rachel's church, and a neighbour (and her husband) who had fallen out with her family. In addition, Zainab, a five-year-old neighbour, ate most meals at Rachel’s house, as did Shakeel, who worked on the taxis and paid Rachel a weekly rate to eat, bath and spend most of his free time there, though he slept elsewhere.

Another way in which older women’s status was continually reinforced by state processes was through their access to social grants. Bähre (2011) argues that, when pensioners have more access to funds through grants than young, unemployed, but working-age grandchildren, it reconfigures kinship relations. Sagner (2000) shows how, in the rural Eastern Cape, pensions formed an important part of household incomes and that this access to finance was important for elderly people’s status and self-respect. Access to social grants played into generational dynamics in Manenberg. For those old enough to receive them, pensions were, in 2010, four times the value of child support grants. Given that many houses relied on grants for basic income, this often served to cement older women’s positions as principal providers.

For the most part, it was also often the grandmothers, or great-grandmothers, (rather than the mothers) who collected or took control of the income, whether from work or from child support grants. ‘Good’ children handed over their incomes in recognition of their mothers’ (or grandmothers’) role and responsibilities towards the family. A young person failing to recognise a mother’s or grandmother’s nurturing,
through allowing them control of finances, was deemed to exhibit a terrible lack of respect, as an example from my research notes on the days of the collection of social grants indicates: ‘I have seen occasional desperate scenes. A young woman and her grandmother have an angry stand-off. I come into the hall to hear a young woman sobbing, Dis MY disability, en daai vrou vat dit! (It’s MY disability [grant], and that woman is taking it!). The All Pay lady snaps, Daai vrou?! Wies daai vrou? Dis jou ma, wiet djy nie wat ‘n ma is ‘ie? (That woman? Who is that woman? It is your grandmother. Do you not know what a grandmother is?)’.

Aliyah, when working, had given her weekly salary to her mother (‘keeping a R50 for me’) and another young woman, Mila, aged 24, explained in her life history interview that her relationship with her mother was strong because she was the only one of her three siblings who unquestioningly gave her mother her wages. And, chin jutting up to mimic his grandmother, one of the young men in a discussion group theatrically demonstrated her response if he did not hand over his wages, saying, ‘Otherwise it’s: Waar kom die suiker vandaan, waar kom die kos vandaan, huh?! Huh?!’ (Where does the sugar come from, where does the food come from, huh?! Huh?!).

Looking at generational change in this way allows us to examine power dynamics within communities of women. The concept of ‘zones of influence’ (Makoni & Stroeken 2002: 8) is useful for interpreting what this means for generational relations. Human beings, they argue, are neither mutually infused within their social and natural environments, nor ‘do they live as segregated entities. Rather, they are “zones” of influence with their presence manifesting itself beyond the visible contours of their bodies. They “zone” in and out – influencing the world more or less – as they interact in the social network’. A crucial aspect of society, they write, relates to the gradations of influence between individuals and generations.

This concept of zones of influence is useful because it draws us away from the binary limitations inherent in the framework of structure and agency by including human relations and obligations as a critical aspect in the shaping and determining of possible behaviour. In Manenberg young women like Aliyah ceased to have the readily available options of the past for establishing their positive personhood and were struggling to expand their zones of influence into that which would be expected of adult women. In not achieving positive personhood, young women were not able to establish their influence, and in this vacuum, the older women’s zone of influence grew. Even the oldest women I knew in Manenberg (in their late 80s and 90s) owned their own houses, and therefore held positions of authority, despite their often declining physical abilities.

Calasanti et al. (2006: 18) argue that getting older causes people to be culturally devalued; marginalised in the work force (with the result they are reliant on others for their survival); and deprived of ‘authority and autonomy’. They explore the way in which this disempowerment results not only from the foreclosure of older people’s capacity to access work and related income, but also from the ways in which income
from pensions draws less respect than income generated through work. My work shows us that growing older is not necessarily equated with decline and increasing irrelevance and inability to contribute to the household economy. At the periphery, both old and young are vulnerable to swings in the political and economic context. Resources accessed by older generations, which are no longer available to younger generations, may cement the social standing of the elders. The generational variations in the possibilities for achieving positive personhood in Manenberg further show us that, not only is it impossible to generate an adequate singular representation of the average third world or African woman (Lewis 2005; Mohanty 1988), it is not even possible to present a uniform image of women in a single neighbourhood.

**Closed avenues**

One afternoon in late 2010, an older female visitor to the house berated Aliyah, who was enrolled at school at the time: ‘*Hoekom is jy nie by die skool nie?*’ (Why are you not at school?). Aliyah replied that there was nothing happening at school. The visitor slapped Aliyah’s knee and said: ‘*Jy’ se al klaar een kak gemaak; nou wil jy nog ’n ander ook maak!*’ (You’ve already messed up once; now you want to mess up again!). Aliyah looked away and laughed awkwardly. The mess that the visitor was referring to was Sedik, Aliyah’s child.

Aliyah’s situation engendered significant amounts of strain and conflict in the house. While she was still at school there was tension about her not working hard enough at succeeding. While at home, there were conflicts about how much of the childcare for Sedik was left to A’ntie Sara; about Aliyah’s inability to complete other studies or find a job. There was tension about the lack of money being given by Sedik’s father, a local youth who had acknowledged paternity (something I was told was becoming more and more rare), but who had no more financial resources than Aliyah.

Historically, motherhood had been a path to womanhood for young women. While (unmarried) teenage pregnancy had generally met with social disapproval, it had also formed an essential rite of passage for girls into womanhood, as they became mothers and contributing members of the family through work. Respectability was closely linked to the nurturance of kin (Ross 2010; Salo 2004), as were intergenerational relations. I have shown that this has wavered with the decline in available unskilled factory work, available housing and directed welfare. This raises questions, still to be explored, about shifts in the meaning of motherhood and the value ascribed to children, and the effects this will have on future generations. It raises further questions about changes to the social contracts of care between generations: who looks after children (and why), and who can, should and does provide for the household (and how). These questions deserve further research.

Returning to school has become an important strategy for future survival for young women such as Aliyah. It is not, then, as might be expected, the shift from blue collar to white collar and possibilities and aspirations that put greater emphasis
on education. Rather, the desire for education has been given further impetus by the erosion of blue collar possibilities, combined with the fact that white collar possibilities are ever more remote. In the context of my study, however, returning to school undermines young women's ability to stake their claim as women. Being at school marks them out as children themselves, and not earning an income means that they continue to be a drain on the household, rather than contributing.

In my research, I found that older women who have already consolidated their essential resources for the maintenance of themselves and their families continue to use these for the maintenance of their respectable reputations and their zones of influence. Yet they also suffer additional burdens as providers, as their daughters and granddaughters find themselves unable to provide for themselves, let alone their families. This research illustrates a particular moment in time, when the possibilities of the past have largely closed down, and prominent new avenues have yet to be developed. No doubt new avenues will unfold, and it remains to be seen how young women find and develop opportunities to establish their positive personhood and zones of influence.

Notes

1. I utilise the term 'substance' in reference to all addictive drugs, including alcohol (though I exclude tobacco).
2. In the mid-2000s, women comprised 82 per cent of workers employed in the clothing manufacturing industry (Vlok 2006: 230).
3. Locally, the word 'maintain' is used to connote the provision of the basic essentials of living: accommodation, food, clothing and perhaps some spending money.
4. While there were great housing shortages nationally at the time (Wollheim 1977), it does seem that, for those from Manenberg who knew how to work the system, acquiring a house was possible. Every one of the eight grandmothers I interviewed were the leaseholders of their homes. However, it must also be remembered that I was, for the most part, only speaking to those older women who had succeeded in obtaining housing. Mine was, therefore, a skewed sample.
5. Most homeowners had bought their houses through a lease-to-buy arrangement with the City Council.

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Rethabile’s story: To be young, pregnant and black

Nolwazi Mkhwanazi

Giving birth to a child is only one of many ways in which families are created. Over the course of South Africa’s history, attempts to create and maintain familial bonds have not always succeeded. Being ‘family’ requires conscious and continuous ethical, moral and political engagement. As some literature has suggested, motherhood in South Africa has always been more than a caregiving role: it is also deeply political (Magona 1991; Walker 1995). Responses to early childbearing are also political. As the introductory chapter of this volume shows, the majority of research has focused mainly on childbearing among young, poor, black African girls who have the highest rates of teenage pregnancy. It has been largely limited to identifying the causes of teenage pregnancy, its consequences and the ways it is managed. In the last decade, the studies that have emerged (Morrell et al. 2012; Ngabaza 2011; Nkani 2012) have documented the broader socio-economic, cultural and historical contexts that affect the occurrence of teenage pregnancy and how families deal with it (see MacLeod 1999a, 1999b; MacLeod & Tracey 2010; Mkhwanazi 2006; Willan 2013 for a review of these studies).

What we have learnt from all these studies is that, by and large, poverty is both a cause and consequence of teenage pregnancy. The prevalence of early childbearing is affected by variables such as race, class and location, and gender determines who bears the most responsibility for the care and rearing of the child. Early childbearing negatively affects educational outcomes, and, in some areas, it will also negatively affect the health and educational outcomes of the children born to young mothers (Ardington et al. 2012; Morrell et al. 2012). These findings, together with the knowledge that families are important contexts for engaging with children or youth and building more resilient individuals (and therefore a more cohesive next generation), point to the need to better understand not only how young women experience pregnancy and motherhood, but also how they experience the support structures available to them as they transition to motherhood (see Bhana, this volume).

Drawing on previous academic studies on teenage pregnancy, together with media representations of the issue, I suggest that the dominant representation of teenage pregnancy as being overwhelmingly negative has obscured many of the more affirmative experiences that some, although by no means all, teenagers have had as they have transitioned to motherhood. The emphasis on the difficulties and challenges of early parenthood found in dominant representations of teenage pregnancy, while in some ways understandable, means that the ways in which young, black African, teenage mothers experience support, and the variety of actors
that form these support networks, are often sidelined or ignored altogether. Yet it is critical that attention is paid to the support teenage mothers receive, given how essential it is for both the young mother and her child.

**Representing reproduction**

Childbirth is a key event, not just in the lives of the individuals concerned, but in society more generally. As such, it is an event that is tightly controlled and monitored by a variety of actors. Almost four decades ago, Rich (1977:128) wrote: ‘...the questions of where have women given birth, who has helped them, and how and why? These are not just simply questions of history, of midwifery and obstetrics: these are political questions. Added to this should also be the question, ‘For which women is birth valued?’ Colen (1986) coined the phrase ‘stratified reproduction’ to highlight the different values that are placed on women's reproductive capacities, depending on race, class, age, religion, ethnicity and geographical location. As Ginsburg and Rapp (1995:6) explain, this concept allows us to see 'the arrangements by which some reproductive futures are valued while others are despised'.

In South Africa, teenage pregnancy is despised. State officials despise it because young, unmarried mothers have eschewed the state's desired trajectory for South African citizens of ‘childhood and school, through adolescence and further education or skills training, into adulthood and the world of work’ (Everatt 2002: 25). Communities despise it because it signals a loss of authority over young people. It is seen to epitomise young people's moral degeneration (see Botha, this volume; Mkhwanazi 2014a). Individual families despise it because it signals bad parenting and parents feel that they are judged for the actions of their pregnant daughters (see Mkhwanazi 2010).

Literature on early childbearing in South Africa tends to focus on the negative experiences of becoming a young mother, lending weight to the stigma and shame that accompanies teenage pregnancy. It often highlights the silence and secrecy that surround sex between the teenager and her partner (Bhana, this volume; Toska et al. 2015). It also emphasises the lack of information that teenagers have about how to prevent becoming pregnant, and the unwillingness of nurses and teachers to provide teenagers with either reproductive health services or sexuality education. Furthermore, it points to the high rates of HIV among young women; the high rates of gender-based violence and the prevalence of coerced sex in young people's relationships (Jewkes et al. 2010; Jewkes et al. 2016).

The literature also highlights feelings of fear, isolation and shame: teenage mothers are subjected to teasing and taunting by nurses, teachers and their peers and they face humiliation when paternity is denied and their virtue comes into question (see Bhana, this volume). This academic literature thus paints a picture of sad, lonely and humiliated pregnant teenagers, and young mothers who are full of remorse. I have also written about a teenage girl's experience of pregnancy as a lonely and
unsupported one, characterised by fear, shame, secrecy and silence (Mkhwanazi 2010, 2014a, 2014b).

Teenage mothers themselves play an important part in how they are perceived. In my research on teenage pregnancy over the last 15 years, I have listened to countless stories of regret and remorse from young mothers about their experiences of pregnancy and motherhood. My return to my field site in Nyanga East in 2013 after a two-year absence, and the interviews I conducted while there, have made me question the narrative and representation of the sad, lonely pregnant teenager to whom pregnancy ‘just happened.’ This is not say that it is not an accurate representation, but rather that a myriad other experiences are increasingly being vocalised.

This chapter thus tells a different story, one of many other stories that exist regarding a young black African girl’s experience of becoming a mother. I draw attention to the social relationships and communities of care that cohered around this young pregnant mother and their importance in the young woman’s experience of pregnancy and motherhood. But before I tell this story, let me start with the story of teenage pregnancy that we have, by now, come to know very well.

‘I was looked at with eyes of shame’: The story of being a black African teenage mother

Almost 15 years ago, I came across a feature article in the July 2002 South African edition of the glossy Marie Claire magazine, titled ‘Pregnant and homeless on the streets of South Africa.’ The article begins with the story of a 14-year-old girl who arrives, accompanied by her father and a taxi-driver, ‘at the prefabricated asbestos grey hut [a newly established make-shift clinic] in Diepsloot, flushed, gasping for air and crying out in pain.’ She is not aware that she is in labour and has to be told so by the nurse, Sister Yedwa. We learn that Sister Yedwa had established a clinic in the poor and ‘dangerous’ township of Diepsloot to help women give birth as ‘most of the pregnant women are ignorant about childbirth and don’t even know the birth process has begun.’ Sister Yedwa is quoted as saying that ‘teenage girls, some as young as 14, would give birth at the side of the road holding onto their stomachs and waiting for an ambulance to pick them up.’ Those who made it to her clinic had their babies ‘literally falling out of them.’ The article then provides statistics from LoveLife, a national HIV prevention programme for young South Africans, stating that in 2001 one in every five South African teenagers was sexually active. One-third of all babies were born to mothers under the age of 19. Three out of five teenage mothers were HIV positive and HIV infection among 15–20-year-olds had increased by more than 65 per cent. Rape, ignorance, not wanting to use contraceptives, proving womanhood, desire to hold onto a boyfriend, poverty, sex in exchange for security, money, a roof over one’s head, transport to school – all these were cited as reasons for the high prevalence of both teenage pregnancy and HIV infections.
On 4 August 2013, the *New Age* published an article that bore the title ‘Teen mom cautions her peers’. The first sentence of the article reads, ‘Being a teenage mother is a never-ending sacrifice and hard work’. This statement is described as ‘a stern warning’ to other teenage girls. Moepeng, the teenage mother whose experiences the article relays, is quoted as saying, ‘being immature and unprepared, motherhood was daunting and overwhelming...Being pregnant was the most difficult situation I found myself in. I felt ashamed and judged by the people around me. It was hard for me to go outside because of the way people treated and looked at me. I was looked at with eyes of shame’ (*New Age*, 4 August 2013). Moepeng describes how becoming pregnant disappointed ‘so many people’ and that, even though she felt ‘sorry’ for herself, she decided not to focus on self-pity but on getting an education, despite being pregnant. She lists what she did everyday in order to ‘not abus[e] [her] grandmother’s kindness’. Her final words are: ‘Babies are very demanding and time and again, they need this and that and it is hard to ask for help from the family because I don’t work’.

The second half of the article presents the statistics on teenage pregnancy. We are told that Moepeng is one of 1 792 schoolgirls who became pregnant in the North West Province in 2012 and that the youngest of these girls was 13 years old. The statistics for the number of pregnant school girls in the Eastern Cape, Gauteng and KwaZulu-Natal provinces are presented. (As Mkwananzi shows in Chapter 3, this volume, the rates of teenage pregnancy in 2012 were much higher than those in the previous year, but the incidence of teenage births was lower in 2012 than in 2011.)

The article then cites a study by the Human Sciences Research Council (HSRC) that states that the rates are ‘unacceptably high’ and ‘a serious problem’. We are told that every year 45 000 schoolgirls become pregnant and that 40 per cent of women become mothers by the age of 20. The major cause is identified as poverty: poor young people have sex at a young age, and, driven by material desires, they have transactional sex with older men. This exposes them to unsafe sex practices and HIV. After much discussion about the link between intergenerational transactional sex and HIV, the closing sentence of the article reads: ‘Experts have cited infrequent use of contraceptives and not living with biological parents as some of the contributing factors behind the high rates of teenage pregnancy’ (*New Age*, 4 August 2013).

These two representations of teenage pregnancy, over a decade apart, are strikingly similar. A story of the challenges presented by teenage pregnancy is told and then alarming statistics are given, which associate teenage pregnancy with HIV and with girls actively engaging in sex for material gain. This narrative style is so common that I was surprised to learn that the second article was given an award by Media Monitoring Africa for its unusual depiction of teenage pregnancy. Sandra Banjac (from Media Monitoring Africa) praised the article for ‘giving a voice’ to the teenage mother and for depicting her as ‘mature, responsible and determined, contrary to the commonly naïve, blame-ridden and victim-like portrayal of teenage mothers’. She said that ‘Moepeng [the teenage mother] also speaks honestly about the stigma and
challenges of teenage motherhood, and extends her advice to other young women, fostering equal dialogue and a sense of understanding and solidarity between one teenage mother and others.2

Dominant representations of teenage pregnancy are essentially about the ‘stigma and challenges’ of motherhood. In telling the story of the experiences of early motherhood, teenage mothers are required to be publicly remorseful and to show that they have learnt their lesson. The rhetorical strategy of doing this is the young mother’s performance of a discourse of shame and regret and her willingness to give advice to those of her peers who have not yet become pregnant. Doing this almost absolves the young mothers of wrongdoing in the eyes of the audience (see Mkhwanazi 2010, 2014a). The performance of this discourse involves teenage mothers talking about how difficult their lives are as young mothers, how being a young parent entails sacrificing your life and how pregnancy thus ruins your future (Mkhwanazi 2014a: 117). Indeed, the second newspaper article positions the teenage mother as having the authority ‘to caution her peers’, playing precisely into this idea that teenagers ought to use their experiences as a lesson.

Another striking similarity in the two representations of teenage pregnancy is the use of poverty as a backdrop in the telling of what has become a single story about being a black African teenage mother. According to the writer Chimamanda Ngozi Adiche (2009), ‘to create a single story, show a people as one thing, as only one thing, over and over again, and that is what they become’. She argues that constraining and flattening people’s myriad experiences into one issue, a single story, robs people of their dignity. Poverty is the single story of black African teenage mothers, and is used to explain their lack of education, including sex education. It is the reason given for why young girls engage in transactional sex, choosing to have sex with an older man rather than a boy their own age. The insistence on poverty as the single most dominant feature makes it impossible for the complexity of teenagers’ experiences of becoming mothers to be seen. It leaves a perception that they are incapable of exercising agency. But what happens when poverty is not the central thread of a young woman’s narrative of her experience of pregnancy, childbirth and motherhood?

**Rethabile’s story told in three parts**

*We are pregnant!*

One hot Saturday afternoon, we are sitting in the living room of the house where Rethabile lives with her mother and her 13-year-old stepsister. We have been talking about how her mother had recently decided to find and make contact with Rethabile’s father, who had left when Rethabile was a year old. Rethabile explains how she found meeting her father awkward, because they had nothing to talk about, as he had never been a part her life.
‘I am really happy that Quma and his family support Mbali,’ Rethabile says rather suddenly, referring to her two-year-old daughter and the daughter’s father. ‘If he was not there, I don’t think I would have had her.’

‘Did Quma want to have the baby?’ I ask, using the question as a way to begin the interview she has promised me about her experiences of pregnancy and childbirth.

‘He did. Before we took the pregnancy test we were just talking about it and I asked him – What if this is it? Do you know what he said to me?’

I shake my head, even though I know it is a rhetorical question.

‘He said, I can’t wait!’ She smiled. ‘He would always joke about it and I would be, like, dude, stop it, this is serious. I’m being serious. So anyway that day we decided to go to Clicks [a pharmacy] to get the pregnancy test, and –’ Rethabile pauses. ‘I was pregnant. When I showed him the test – well actually he was there with me – he was excited, very!’ She emphasises the last word. ‘I remember I was crying and I was, like, “Yoh! Yoh! my mother is going to kill me.” But Quma, he was very, very happy!’ Rethabile smiles again, happy with the memory.

‘How far along were you when you found out you were pregnant?’ I ask, hoping to coax her into telling me more about the circumstances and reactions to her pregnancy. In 15 years of conducting interviews with young mothers I had heard of only a handful of positive responses from the genitors. These genitors were usually older and working. I had never heard of a positive response from a teenage father.

‘I was only two months when we went for the scan. So the baby wasn’t very visible, but the doctor confirmed that it was two months.’

‘After you found out, who did you tell first?’

Rethabile takes a moment to ponder the question and then she says, ‘We told my cousin because we’re close with him. I said to him, “Yo, dude, you’re going to be an uncle.”’ She laughs. ‘And then we told my mom, his mom, ja…then everybody else.’

Assuming that not all reactions were positive, I ask her ‘What was your mother’s reaction?’

‘My mom!’ Rethabile suddenly became animated. ‘Yoh! Yoh! Yoh! That look! I’ll never forget it. Terrifying. If she had laserbeam eyes, yoh – we would have been burnt! Yoh! That look!’

Hearing the ‘we’ I enquire whether she and Quma were together when they broke the news to her mother. She explains that Quma had made her promise they would tell everyone together.

‘He was so excited! It would have turned out totally different if it wasn’t him. Because every time I think about it, I think it would have turned out differently. Maybe I would have considered abortion, like my mother suggested.’
'Did you say your mother suggested abortion?' My tone is one of surprise given the widespread condemnation of termination of pregnancy services I had encountered in my earlier research.

She pauses for a moment and then says, 'Yes. I got upset. Upset because I was wondering why would she suggest it? My own mother. She said to me, what if he leaves you? It was just one of those things of, okay, clearly she doesn't know where we are relationship-wise. She had concerns that I wouldn't finish school, that he would leave me and I would stay home, like all the other typical kasi (township) girls who are left with children.'

'What about Quma's family? What was their reaction?' I quickly ask as the tone of her voice had become subdued.

'They were excited! Quma's mother was so excited!' A beaming smile lit up her face again. 'During the pregnancy she always wanted to know what the gynae had said. She was excited! If she didn't go [to the gynaecologist] with us, she was the first to want the scans. She would tell Quma to tell me to bring them to their house. Because before he [Quma] didn't stay with them. Actually he wanted us to stay together, and I didn’t. I wanted to do things right, especially for the child. I felt like we were adding to this whole wrong thing. We're doing things according to other people that are around. So, he said that he'd move closer to his home so that he is close to the child.'

'And did he move back home?' I ask.

'Yes, he did. He would come and fetch me sometimes to go to his home.'

'Did you sleep over there?' I ask, my tone rising in surprise.

Rethabile chuckles. 'Yes, sometimes I would.'

'It sounds like everything went really well.'

'Well…obviously there was that thing about what would people say.' Rethabile says. 'It was big for me! But Quma kept on telling me not to worry about what people would say because at the end of the day they're not going to buy us nappies. And yeah, he did take care of me.'

_God’s work: Giving birth at Baragwanath Hospital_

'I stood up to go to the toilet and pchoooo [Rethabile makes the sound of fast flowing water]. It felt like someone took a bucket and threw it over me. I was, like, “What? Hummm…okay.” My mom was sitting over here.’ Rethabile points to the chair next to her. 'My boyfriend was over there.' She points to a chair across the room. 'Yoh! He was panicking. He was suddenly everywhere!'

She stands up and paces around the room, mimicking Quma. 'He was asking me questions, like, “Do you want me to get the bag? What are you doing? Are you going
to wash?” And I was, like, “Dude, relax, I am not in pain. Relax. Calm down. Collect yourself.”

I let out a little chuckle, picturing Quma, who usually exudes calm, in a state of panic. ‘Tell me more?’ I ask.

‘Well, I went for a bath,’ Rethabile continues. ‘While I was bathing my mom brought this older woman who is our neighbour to come and see me. She asked if I was okay. I told her that I wanted to go to the clinic, the one I had been to before with my mother.’ She pauses again and then says: ‘At the clinic they checked my blood pressure and told me that they don’t have doctors, and that I have to go to Bara [Baragwanath Hospital].’

Rethabile’s voice becomes animated again. ‘Yoh! That’s when I started panicking. I started calling Quma. I was crying. I told him, they are saying I must go to Bara!’ She looks at me, as if to seek my confirmation that going to Baragwanath Hospital is a terrible turn of events. ‘I was thinking do something, dude, like do something now! You have to understand, I was panicking. I had heard that babies die in Bara. One of the girls who attends my school, her child died at Bara. So I was thinking, hell no! No way am I going to Bara!’

As the conversation unfolds, I learn that Rethabile had to go to Baragwanath Hospital, hoping all the time that Quma would be able to borrow enough money from friends and relatives so that she would be transferred to a private hospital. He was not able to raise enough money and when he arrived at the hospital to tell her, the hospital staff would not allow him into the maternity ward.

‘When I got to Bara, yoh, it was horrible,’ she said. ‘I entered the maternity ward. It was like hell. It was dirty. It was full. Like there’s this ward, it’s meant to be a place where people stand but they’ve put beds there. People are just giving birth there all of a sudden. So when I got there they asked me to wait. After a long time, I was sent to another ward on the other side of the hospital. It was empty, and there were midwives.’ She leans forward and whispers as though she is telling me a secret: ‘It was so clean. There was only one girl. She hadn’t given birth. The horrible Bara conditions that I had seen in that original ward, this new side didn’t have any of that. It was clean, it was empty and I found four midwives there plus a doctor. They were just sitting there having a chat with the doctor. Yoh! They were so helpful!’

We can hear the sound of footsteps approaching the house and Rethabile gets up to go to the door. After exchanging a few words with a young girl outside, she resumes her story. ‘I remember the doctor was like, you have to lie down so that they can put in those things for checking the baby’s heartbeat. I told him I couldn’t sleep on the bed because lying still made the pains worse. He said, “I know”, but I have to. I lay down and then time went by, that’s when I started feeling the pain more, and then it was everywhere.’ Rethabile chuckles. ‘Then those old ladies [the midwives] came and they were like, “Is this your first child?” And I was like, “Ja”. Then they said for
me to relax, breathe in. They were so supportive, hey? They were so decent. Two of them were even holding my hands, telling me to push. I thought I was going to have the most horrible, horriblest experience ever. Nothing. To the point where I said to myself thank God I didn’t go pay all that money to go to a private hospital.’

‘How was the actual birth?’ I ask.

‘How was the birth…,’ she repeats. ‘The only painful part was the head. But after the head came out, the baby just popped out. Just like that. But I had mentally prepared myself to push. The only pushing I did was maybe four times. Then I was done. The one midwife who was behind me was saying, “You’ll be okay, push mama, don’t be scared!” You know, they were actually nice people,’ she says again, almost as an afterthought.

I smile, but keep quiet, hoping she’ll carry on. In a moment, she does.

‘I remember that immediately after I gave birth, before they cleaned the baby, they gave me the baby and said, “Here you go mama, happy birthday!” It was the best feeling ever. No words can describe it – yoh!’ Her voice rises with emotion. ‘When you first see that little body, those little hands – it’s just the best feeling ever. It was incredible. It was so amazing! I never thought pregnancy, birth and everything could be like that. You know after hearing all those horrible stories, that was the only thing I kept on hearing from other girls at school. I never experienced that at all.’

Rethabile pauses. She looks down at the floor. ‘But, you know what happened at Bara,’ She says looking straight at me. ‘I really think it was God’s work. Until today, people that I tell are, like, “You are lying. Are you sure you were not at a private hospital?” I laugh because I didn’t even have to go pay that money. Right at Bara, there was a clean bed, empty ward….well, except for that girl who was busy crying from her pain. I don’t know why she was there. But yes, it was her, and they would bring me tea, just chill. Tjo, thank God. But next time I am not going to Bara, that would be pushing it. It was the best. I was thinking, imagine if all those horrible things happened – I would be sharing a different story.’

In sickness and in health: Becoming a mother

Rethabile tells me that immediately after the birth, before they cleaned her, ‘They [the midwives] asked me, “Guess?”’

I look at Rethabile, confused. ‘What do you mean?’

‘Cause whilst we were doing the scans with doctor I told him I didn’t wanna know if it was a girl or boy and to keep it a surprise, you know? So they were, like, “Do you know what it is?” “No.” And they were, like, “Guess! Just for fun. No, guess.” And I was, like, “I don’t know, just tell me, I just want my baby.”’ Rethabile laughs. ‘And then it was a girl, she was still hanging from her umbilical chord. They hadn’t cut it yet. Then they cut it and just gave me my baby. I hugged her.’
‘I went – after a couple of hours I went to the maternity ward,’ she continues. ‘They checked the child. They thought she had jaundice. So, she was put under a light for that night.’

‘How did you feel when they told you that?’ I ask.

Rethabile pauses briefly, choosing her word carefully. ‘Because I had already researched a lot of things, I wasn’t scared. The doctor said they would put her under a light because they weren’t sure. Quma was the one who was very upset. When he and my mom came to visit the next morning, he was crying. And I was, like, “You’re making a noise!” You know how black people are? They gossip! So they would say look at this this guy, he’s crying. And they would watch you. Luckily the other people hadn’t come yet. Where I was sleeping, Quma was the only guy. And he was crying! Saying, “Yoh! My child! Is she the one who was in your stomach?”’ Rethabile raises her hands to her head to mimic Quma’s gestures.

I laugh at this description of Quma’s first reaction to seeing his daughter. Rethabile laughs too, pleased. Then she continues, telling me that because they didn’t have medical aid Mbali had to go back into hospital for a week.

‘Did you leave her alone in the hospital while she was getting her treatment?’

‘No I didn’t! Tsho!’ she exclaims, looking at me with puzzlement. ‘You know at Bara you don’t leave anyone? We didn’t leave. One of us, my mother or me, would go home and bathe. Or when Quma came with the car we would go home and bathe and then go back. So we were there all the time at the children’s ward – paediatrics side.’

‘Who helped you to take care of Mbali after she was born?’ I ask, changing the subject.

‘We both did and also her many grandmothers.’

‘How did that work? Did you both stay with her?’

‘Ja. And the dad at his home – he moved back and came this side to his home. At times, let’s say, maybe I was tired. He would say to me, “Bring the baby, I’ll sleep with the baby”. Or his mother would sleep with the baby. He was very good with her. He would feed her while I’m sleeping and change nappies. Sometimes if Mbali was that side I would come back from school and go and sleep that side.’

‘So now that Mbali is older and both you and Quma are studying, who looks after her?’

‘Mostly it’s the grandmother from the father’s side, because she has so many grandmothers. Everyone wants a piece of her.’ Rethabile giggles. Then her face becomes more serious. ‘But then I would say my mother helps, because the father supports us, and a lot of the grandmothers. So for her, because she works during the day, it’s just one of those things where she’ll say, “Let me buy this, let me buy that.” She stops, and I realise she has come to the end of her story.
‘Thank you for sharing that with me,’ I say, and close my notebook.

‘So don’t you want to hear about the second one?’ Rethabile asks, laughing.

I look at her, puzzled, and am about to ask her what she means when she says, ‘I don’t even know if I still want to have another child. But, yeah, it was a great experience. Every woman should experience that – the way I experienced it. Then you’ll fully enjoy pregnancy, birth, the child as it grows up – you just enjoy her. You enjoy being a mother. I think every mother should experience that. Every experience I had – pregnancy, giving birth, growing a child, to see all those changes when she grows. It’s just great. I really enjoyed it, and I still enjoy being a mother now, it’s very nice. I wouldn’t trade it for anything.’

**Stigma versus care**

Rethabile’s story is a refreshingly positive account of becoming a teenage mother. The experiences she describes are coloured by the great support and nurturing she and her baby received from her family and from Quma and his family – and even from the healthcare professionals working in the state hospital. Such stories are rarely heard in the public realm and in many ways, this story challenges a lot of what we have come to know about teenage pregnancy and motherhood.

To begin with, Rethabile found out that she was pregnant early in her pregnancy and her partner was with her when she took the pregnancy test. He was very excited and supportive and the first thing they did was to tell their respective families together. Once their families knew, they immediately went to see a doctor. Rethabile also began attending antenatal classes and read as much as she could about pregnancy to prepare herself. According to previous research, such as that conducted by Ngabaza (2011), most teenage mothers only discover they are pregnant well into their second trimester. The norm is to keep the knowledge to themselves, until someone accuses them (usually a family member) of being pregnant. At that point they might try to disprove the accusation, and that is when the pregnancy is revealed (see, for example, Nkani; Blackie, this volume). Parents usually react angrily to the news of a pregnancy and the teenage girl is punished in some way – stigmatised, beaten or ignored. There is rarely any indication that the young girl is encouraged to go to the hospital and some pregnant teenagers only visit the clinic for the first time when they go to give birth. Evidence abounds about how late presentation at a healthcare facility can lead to obstetric complications for the mother and the child.

In contrast to these research findings, Rethabile was encouraged to visit the gynaecologist and to share the results of the tests and scans. Her relationship with Quma was not forbidden and the couple moved freely between their two homes, where they found support during Rethabile’s pregnancy. Although she was anxious about the quality of care she would receive in a public hospital, her fears were dispelled by the nurturing and supportive environment she encountered. Granted,
she was, indeed, lucky that the main maternity ward had been full, as the kind of care she received had a great impact on her transition to motherhood. Even though she learnt immediately after the birth that her child had jaundice, the support she received was such that her child's illness did not cloud her birthing experience. Young mothers often describe feeling helpless, unsupported and at the mercy of the midwives (Coovadia et al. 2009; Wood & Jewkes 2006). The midwives are reported as being judgemental, unhelpful, some even going as far as to withhold pain medication from the teenager (Hodes et al. 2016). In contrast, Rethabile encountered helpful, supportive and attentive staff. The midwives were the first people who welcomed her to her new role as a mother by presenting her baby to her as if it were her birthday, too.

The kinds of support networks that were available to help Rethabile and Quma raise their daughter played a big role in the everyday care of Mbali and in allowing the young parents to continue with their education. Rethabile jokingly referred to these support networks of grandmothers as 'nurses without degrees' to underscore the kinds of carework that family members provided. While most teenage mothers receive some help from maternal kin with caring for their child, this often comes at a price (see Singh & Naicker, this volume). Rethabile's experience was one where all older female family members were willing to help her care for the child, practically and financially. The love, support and care that Rethabile received from Quma, his family and her own mother made a great difference, both in her transition to motherhood and in her future prospects. Indeed, the acceptance of the child by Quma's family was a critical factor in his remaining involved in the child's care.

Stories such as Rethabile’s inform our understanding of teenage pregnancy and motherhood in a number of important ways. First, such stories take us beyond the single story of poverty, and help to enrich and provide a fuller account of the experiences of young African teenage mothers. Second, they highlight the importance of looking at the social relationships and communities of care that cohere around the advent of a teenage pregnancy. These are the relationships that need to be strengthened by interventions that aim to ameliorate the deleterious consequences of early parenthood. Third, generational wellbeing can be gauged by looking at the kinds of support systems that are available to young parents and the measures that are in place for young families to access them. This is critical in building and promoting healthy family lives, and, in turn, a more resilient society.

Note
1. The chapter title is a play on a Nina Simone song – ‘To be young, gifted and black.’ In this volume, and in the context of the racial categories still in use in South Africa, ‘black’ refers to ‘black African.’ See also endnote 1 of Chapter 1.

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YOUNG FATHERS
Regulating and mediating fathers’ involvement in families: The negotiation of inhlawulo

Nomvuyo Nkani

Between 1996 and 2010, the percentage of African children living with their fathers dropped from 44 to 31 per cent (Stats SA 2011). In explaining this trend, scholars have pointed to the effects of apartheid, particularly land dispossession and migrant labour, which had a severe impact on family life and continue to affect the gendered nature and form of households in South Africa (Hunter 2010; Madhavan et al. 2013). The White Paper on Families (Department of Social Development 2012) raised several concerns about the high percentage of fathers who are absent from their children’s lives. In particular, it highlights the important role fathers should play in contributing to the health and wellbeing of their children and in enhancing family life more generally. To this end, the White Paper on Families encourages fathers’ involvement and actively supports social policies ‘that create an environment where fathers have the opportunity to care for, engage with, and support their children’ (Department of Social Development 2012: 66). These sentiments are echoed in social science research, which found that caring fathers and father involvement is vital for children, men and women and the wellbeing of families (cf. Makusha & Richter 2016; Makusha et al. 2012).

Inhlawulo is a practice commonly observed among black African communities throughout southern Africa. It involves the payment of a fine, either cows or cash, by a genitor to the family of a woman who has been impregnated out of wedlock. The payment of the fine is intricately connected with virginity and notions of good feminine conduct. Virginity is a sign of hlonipha (showing respect to elders and authority figures) and embedded within a gendered order of relations, where women, in particular, are expected to symbolise good conduct (Blake, this volume; Hunter 2010; Scorgie 2002). Maintaining young women’s virginity serves a dual function of increasing bridewealth and enabling a respectable, chaste and moral status (Scorgie 2002). The payment of inhlawulo is is often referred to as ‘paying damages’.

Historically, the payment of inhlawulo was a critical means by which to regulate and mediate a father’s involvement in the life of his child. In some communities, this is still the case (Mvune, this volume). The ways in which inhlawulo is negotiated are complex and varied, but how it is sought tends to be similar in South African communities, in that, if an unmarried woman becomes pregnant, she is taken by the elders of her household to the alleged genitor’s family to obtain acknowledgement of paternity (Madhavan 2010).
When confronted with a request for inhlawulo, a genitor can choose to deny paternity and not pay the fine, or he can accept paternity and pay. If paternity is accepted, then negotiations for inhlawulo commence. If paternity is denied, the pregnant woman’s family suffers humiliation. If the genitor accepts paternity but cannot pay inhlawulo due to poverty, he can request a deferment of payment and face the consequences – which are usually limited or no access to his child until payment has been made (cf. Chili & Maharaj 2015; also this volume). Denial of paternity, delayed and non-payment of inhlawulo thus have important consequences for a father’s involvement in his child’s life.

The practice of inhlawulo differs according to linguistic group and social context. Swartz and Bhana (2009) and Mkhwanazi (2010) have reported that, when acknowledgement of paternity is sought among amaXhosa, especially those hailing from the Eastern Cape, men accompany the woman to the genitor’s house. However, amongst amaZulu, the request for the acknowledgement of paternity (ukubika isisu) is generally the responsibility of women: the mother of the pregnant woman gathers other female kin and neighbours together to accompany her to seek acknowledgement of paternity from the genitor’s family (Nkani 2012).

In this chapter, I focus on the negotiation of inhlawulo among isiZulu-speaking people in KwaZulu-Natal. The chapter draws on in-depth qualitative interviews conducted in 2015 with nine women aged between 48 and 65 who had all experienced the process of negotiating inhlawulo with a genitor’s family. I explore their experiences and understandings of inhlawulo, particularly in relation to the rights of a father to be involved in raising his child.

The women all came from Inanda township, north of Durban in KwaZulu-Natal and identified themselves as amaZulu. Seven of the participants had sought inhlawulo for their own daughters and two had been asked by a neighbour to be involved in their negotiations. The interviews were conducted in isiZulu, as both the participants and the researcher were isiZulu first language speakers. Interviews were held in the participants’ homes and lasted 45 to 60 minutes.

The payment of inhlawulo: Gender, virginity and value

As some of the chapters in this volume illustrate, secrecy and silence between young people and their parents about sex remains the norm in black African communities in South Africa. As Elliott (2012) notes of parents in the United States, children must be protected from sex and parents are often ambivalent when teenage sexuality is confronted, preferring discussion around abstinence and sexual dangers. Delius and Glaser (2002) have noted that among African parents in South Africa too, teenage sexuality is taboo in the context of intergenerational relations and cultural norms. As a result, discussions about sexuality are very difficult – and often do not take place. Young people feel uncomfortable disclosing any information related to their sexuality to their parents and studies have found that most pregnant young women
do not willingly volunteer information about their condition. They often wait, instead, until someone notices a difference in their appearance (cf. Blackie, Blake, this volume). For example, one of my respondents, Mrs Cele, said that her sister noticed physical changes in her daughter, Zinhle, and it was only then that they realised she might be pregnant. Mrs Cele described the steps she took to obtain the acknowledgement of paternity once the pregnancy was confirmed.

I asked four of my neighbours [all women] to accompany me to the family of the father. We went there very, very early in the morning – at dawn. We also had two girls with us…The girls were witnesses that she was a virgin because one was the leader of her regiment in the church and the other attended virginity testing with my daughter. After shouting outside the yard (igceke) of the household without our head scarves and carrying sticks to show that we are very angry about the damage done by the young man to our daughter, an elderly woman – who we later found out was the young man's grandmother – came out and asked the name of the young man responsible from my daughter. She went back to the house and asked him whether he knew my daughter. He said yes. Then an elder went back to the house and later on we were asked to come in to negotiate the fine…[At the negotiations] first we had asked the man whether he acknowledged that Zinhle was a virgin when they first met [had sex] and he agreed. We then started negotiations charging amazolo (thrashing of dew in the morning). This fine is for women who had accompanied me to report that pregnancy…The fine for amazolo is either a goat or in a form of money that compensates women who have accompanied me to bika isisu.

Mrs Sonke explained the details of how amazolo is calculated and the rules about how it should be spent.

[For the virgins] the payment depends, it could be a goat or a form of money which is going to be given to the girls who had accompanied the pregnant one to spend with other virgins in the area. The amount has to be spent all on the same day. For example, if they are given R201.00 they will then take R1.00 and throw it in the running water in the river and bathe, after which they go to the shop to spend every cent buying anything they want, like sweets, cool drinks, biscuits, etc. and share all that with other virgins.

As these quotes show, acknowledgement of paternity and the process within which paternity is negotiated are highly gendered. In Zinhle's case, it involved the young pregnant woman's female kin, women of the genitor's family and two witnesses, both of whom were girls. It also involved virgin girls from the broader community, who participated in demanding a fine from the man who made their peer pregnant.

The negotiation of paternity is linked to assessments of the moral character of the young pregnant woman and her value. Zinhle's attendance at church and her submission to regular virginity testing events attest to her impeccable moral
character. As Hunter (2010) notes, despite changes in cultural and gender norms, virginity remains prized among amaZulu and is associated with fetching a higher price for bridewealth. Claiming the purity and virginity of the young woman is critical to negotiations, as well as to the amount of the fine to be paid. The value given to virgins is one way in which the importance of virginity for women until marriage is reproduced. Inhlawulo is dependent on the high value accorded to virginity. As Mrs Cele said,

Because Zinhle was a virgin we also charged the cleansing of all virgins in the area (ukugeza izintombi), a goat (ingeza muzi) to cleanse the household, a cow which is called inkomo yomqhoyiso ['damages' for the loss of virginity] which is my payment as a mother, and her father’s cow for humiliating him in public by getting her pregnant before marriage, and lastly a goat for cleansing her father’s homestead. The goat is slaughtered but may not be eaten by girls who have started menstruating.

In Mrs Cele’s experience, the negotiation with the genitor’s grandmother was chiefly around the value of virginity and the fine was imposed for terminating her daughter’s virginity status. An early pregnancy out of wedlock is regarded as shameful and contaminating and thus a case is made for cleansing the virgins in the area, least they fall under the same spell and become prey to men. Inhlawulo is paid not to the individual, but to a wider community, which includes the parents, the members of the household and other virgins. In this instance, the virgin girls who accompanied the entourage were given some money. A goat was paid to cleanse the household. Mrs Cele and her husband received a payment of cows for the humiliation they suffered because of the genitor’s actions and to compensate them for the lower price that their daughter will now fetch in future bridewealth negotiations.

These actions show how the value accorded to virginity goes hand in hand with the high value placed on marriage. Virgins and their families are rewarded for their virginity status; this is the cultural norm. The negotiation of inhlawulo thus reproduces and reinforces gender norms and hierarchies in which virgins are expected to maintain the status quo by remaining virgins and fulfilling their gendered roles. In other words, as Mrs Cele’s experience illustrates, the collective nature of inhlawulo is not simply about the negotiation of a fine regarding an unwed pregnant daughter; it is also about maintaining cultural and gendered positions within society. The damages were paid in support of this cultural practice and to support other virgins in the area. When I asked whether inhlawulo was negotiated if an unwed mother became pregnant a second time, the hierarchies related to virginity were clear. Mrs Sonke said:

If a girl is pregnant for the second time or third time, women do not wake up very early to go and bika sisu. Amazolo and imali yezintombi [payment for damages related to virginity] are not charged and the homestead is not cleansed as it is done once. Sometimes, one person can be sent with the pregnant young woman to report the pregnancy and there is only a payment of a cow as fine.
Regulating and mediating fathers’ involvement in families

Inhlawulo is a cultural practice that maintains and reproduces particular ideas regarding gender and the value of virginity. It is premised on asymmetrical relations of power that interweave sexual transgression (becoming pregnant out of wedlock), with sexual contamination. The latter is associated with pollution and requires payment for cleansing in addition to the payment for defying the cultural ideal of unwed girls being virgins.

Not all respondents reported following processes like those outlined above. If the pregnancy was denied, the young mother’s family had to bear the stigma and embarrassment associated with unwed mothers, and the concomitant loss of respect in the community. For this reason, if a man denied paternity, the alleged genitor’s family could request that the baby be taken to the genitor’s home to ascertain family resemblance.

Mrs Nkosi: I’ve never experienced denied pregnancy…What I know is that there are other pregnancies in the area which are not taken to the young man’s family to bika isisu – maybe they are not sure whether the pregnancy will be accepted…I do not know.

Mrs Xaba: Other families do not report the pregnancy because they do not want to embarrass themselves and their daughter, especially if the young woman told them that the responsible young man has denied the pregnancy to her…They [the parents] wait until the baby is born.

Mrs Cele: The family of the young woman will take the baby to the family of the young man for inspection of family resemblance or common features of that family.

Inhlawulo can only be negotiated if the genitor accepts paternity. The process of negotiating inhlawulo is thus stressful, especially as the terms of the payment are not fixed and involve not only the payment, but also negotiations around what this payment will constitute. Disagreements about how much to pay and discord around denied paternity are common (cf. Mkhwanazi 2010). Inhlawulo is, thus, not simply about the genitor honouring the cultural terms related to the payment of damages; its resolution is fluid and dependent on various factors, as illustrated by Mrs Sikhosana:

I was not aware that Fundi was pregnant. It was only after her baby’s father came and report[ed] ‘the damage’…Although I was angry about the pregnancy I was so relieved that I was not the one who had to go and bika isisu … Eish! It’s not an easy thing because you don’t know what the young man’s family is going to say and you have to be good in negotiations…This thing is like ilobolo process, where the girl’s family wants more money and boy’s family doesn’t want to pay.

In Mrs Sikhosana’s situation, the context in which inhlawulo was negotiated took on a different form, since the baby’s father made the first move to report the pregnancy to the girl’s family. However, as mentioned earlier, the burden of negotiating damages
is difficult for a young woman’s family as all their reputations are at stake. The cultural context, particularly the high value placed on virginity in the negotiation of the fine, is important.

In the following section I move my focus to the ways in which my fieldwork participants addressed the actual payment of the fine. I draw on Makusha and Richter’s (2016) idea that female elders act as ‘cultural gatekeepers’ in regulating a father’s access to the child. I suggest that what constitutes ‘cultural gatekeeping’ is not uniform: even within the same community there are multiple understandings of inhlawulo – particularly regarding a father’s right to gain access to his child.

**The meaning of inhlawulo: Multiple voices; contested access**

There are many different approaches to the building of a new family and how it might include and exclude young fathers. My fieldwork found that, even in the context of a single community, the meaning attached to the negotiation of inhlawulo varied. Some families were accepting of the genitor once payments were made, others were not.

Payment of inhlawulo depended very much on the context and economic circumstances of the genitor. Some families were accommodating of the social and economic conditions that restricted the ability of a genitor and his family to pay damages, and they allowed the genitor access to his child, while payment was deferred until the genitor’s economic condition improved.

Mrs Cele, for example, explained that inhlawulo did not automatically grant the genitor and his family rights of access. Access, she insisted, was based on a willingness to perform ilobolo, which she saw as an indication of commitment to the young woman and her child. Indeed, if the young woman was a virgin before the pregnancy, some families could demand up to 11 cows; the bridewealth payment. As Mrs Cele put it,

> According to our tradition, paying inhlawulo does not give him [the genitor] rights to be involved in the upbringing of the child. Who is he to be involved in matters of the family? He is not allowed to visit or get in contact with the child…Our culture is clear…If he wants to be part of the family he has to pay ilobolo and get married…That is the only way…I have observed from other families that once the responsible young man pays inhlawulo, he comes and goes as he likes…In whose household can he do that?

Mrs Cele objected to a father who ‘comes and goes as he likes’ – a situation that marriage puts a stop to. She argued that, from her experience, once fathers are permitted to see their children without paying damages, the obligation to pay falls away and the father remains on the periphery of the family, his role temporary and uncertain. Invoking the notion of ‘culture’ thus enabled some members of the community to restrict fathers’ access to children.
Most of the research participants said that the payment of _inhlawulo_ did not necessarily mean that _ilobolo_ would follow. Where marriage was not considered and the negotiation happened after the child was born, then the gender and age of the child determined the actual payment. As Mrs Sonke explained,

> When a father wants to take the child but he is not marrying the mother… he needs to pay for taking the child and it varies according to the family… Some families charge even for bringing up the child and the payment differs according to gender. Like a young girl is more expensive than a boy. For example, three cows can be charged for girl and one or two cows for a boy because there is a belief that the cows that have been paid for her will come back when she gets married.

Not all participants agreed on the genitor’s access. Mrs Vilakazi and Mrs Thabo alluded to the existence of a degree of flexibility about access to the child based on when _inhlawulo_ was paid, the age of the child and when certain care practices had ceased.

> The father was only allowed to come and visit his child after he paid _inhlawulo_ when the child was two years, after she had stopped breastfeeding. We allowed her father to take her for visits to her paternal grandparents. (Mrs Vilakazi)

> My daughter’s _inhlawulo_ was paid even before she delivered her baby and when she asked me whether she can register her baby with the father’s name I agreed because I’ve seen that the majority of young people in the area change [from] their mother’s name when it’s time to apply for an identity document … I didn’t see any reason to refuse to her request…You know others change their names even if the father hadn’t paid a cent…At least _inhlawulo_ was paid for her. (Mrs Thabo)

Important here are ways in which children incorporate and are incorporated into paternal lineages, especially given the evidence above, where payment of _inhlawulo_ was positively correlated with recording and taking on the father’s name. Mrs Thabo also observed that children elect to take on their father’s name, ‘even if the father hadn’t paid a cent’ when applying for an identity document, usually at the age of 16 years. A kinship system based on the father’s lineage and recorded through the surname becomes an important means through which patrilineality is reproduced. In the case of her own daughter, Mrs Thabo supported the paternal lineage, as _inhlawulo_ was paid.

Highlighting the dynamic ways in which _inhlawulo_ is mediated, the research participants spoke of instances where unemployment was a mitigating factor.

> _Inhlwulo_ has not yet been paid for my daughter and I don’t think it’s fair to deny the young father to see his child because he is unemployed…You know, I’ve got two unemployed sons and I know that they don’t like sitting
around at home not doing anything so I understand very well the challenges brought by unemployment…Another thing, his [the young father’s] parents help us out in raising the child. They give us money to buy necessities for the child…We appreciate whatever they give us because it really helps. We also let the child visit his paternal grandparents whenever they ask for him. (Mrs Sikhosana)

The father of my daughter’s child only verbally acknowledged the paternity because he was still in school and only works casually on weekends and holidays…His parents only paid the initial charges (amazolo and imali yezintombi), but we let him see his child because he shows that he cares for her. Whenever he has got some cash he buys for her…The child is two and half years now and he still comes and visits her…We really appreciate that and she [the child] knows that we are her grandparents. (Mrs Thabo)

When I discovered that Nono [Mrs Xaba’s daughter] was pregnant I asked my sister and my cousin to accompany me to report the pregnancy. The genitor accepted the pregnancy but when we started negotiations with his parents they indicated that their son is still at school and he will be able to pay the fine once he started working…In that case, there is nothing you can do and you cannot force parents to pay for the mistakes of their son because they did not send him to do what he did. (Mrs Xaba)

Payment could be delayed, as shown in the examples above, for a variety of reasons. Mrs Xaba could not hold the genitor’s family responsible for the unwed pregnancy but neither could she demand the payment, as the genitor was still in school. Mrs Thabo perceived the fact that the genitor contributed to the child’s needs by working part-time as a sign of caring. As Mvune (this volume) suggests, the demand for the payment of inhlawulo reinforces ideas of fathers as providers. Mrs Sikhosana noted that the inability to pay, due to unemployment, was a reality she understood, especially as her own sons were also unemployed. The genitor’s parents contributed to the child’s needs and therefore access to both the genitor and his family was permitted.

Mrs Kondowe expressed many of the same concerns outlined by Mrs Cele above, namely that a father who came into the family as he pleased would dismiss ilobolo and therefore restricted access.

We really do like the child to know her paternal family but we are not comfortable with her father coming here because that would make him see no reason to pay ilobolo if he comes and goes as he likes…He only comes when he brings stuff for the child or when he takes her for a visit to his parents. (Mrs Kondowe)

It is thus clear that variables, such as sex, gender, employment, economic circumstance, marriage expectations and ilobolo effect the regulation and negotiation of inhlawulo,
as well as a father’s access to his child. These practices and what they mean for a father’s involvement in the life of his child vary and are a reflection of how a father’s access is negotiated, particularly amid concerns around unemployment.

**Final remarks: A complex process**

This chapter has highlighted the multiple practices and meanings given to *inhlawulo* as negotiated by female elders, and the degree of involvement a father may have in raising a child. The chapter demonstrates that the process is far more complex than simply honouring a payment. People hold multiple understandings of *inhlawulo*, what the payment or non-payment of *inhlawulo* means, and how to negotiate the process. The practice is thus neither unitary nor fixed. Instead, it is invoked, adjusted, accommodated and recreated, depending on the specific circumstances and beliefs of the individuals involved.

In the KwaZulu-Natal context, in the majority of instances, female elders are key gatekeepers in the process of *inhlawulo* and thus in mediating access to a father’s involvement in their child’s life (Makusha & Richter, 2016). The particular ideas they hold regarding what constitutes ‘culture’ or ‘tradition’ ultimately regulate and shape a father’s involvement in his child’s life. They may for example, insist on payment immediately or they may agree to delay payment.

In addition, socio-economic challenges that accompany living in resource-poor settings, where unemployment is rife, have affected how community members regard *inhlawulo*. There is, for example, some sensitivity to the challenges faced by young people – as is illustrated in the research participants’ responses. This sensitivity and concomitant flexibility often means a father can be involved in his child’s life even though *inhlawulo* has not been paid, illustrating the flexibility of norms.

This chapter has, firstly, demonstrated the complexity of negotiating *inhlawulo* in a resource-poor setting by showing the multiple understandings people hold about this practice. Secondly, the chapter corrects a widespread misconception that non-payment of *inhlawulo* means a father and his family will have nothing to do with the child. Access is negotiated, and in KwaZulu-Natal, the young mother’s family are the key gatekeepers, who, in negotiating a father’s involvement in the life of the child, try to do so while also protecting the dignity of their family.

**References**


‘I was not planning to have a child at such a young age’: Experiences of young fathers in Durban, South Africa

Siphamandla Chili and Pranitha Maharaj

Until recently, a focus on the experiences of young fathers has been rare in South Africa (see Swartz & Bhana 2009). In older studies, young fathers were portrayed from the perspectives of young women, as their partners, or as fathers of their children. In these studies, a young father was portrayed as ‘a shadowy, unknown figure – more a culprit than a potential contributor to either the mother or his offspring’ (Parke et al. 1980: 90). The recent research on young fathers in South Africa emphasises that young fathers are often depicted in a negative light; either as irresponsible and unable to control their sexual desires (Bhana & Nkani 2014) or as ‘macho studs’ who are not interested in their children and only want to satisfy their own pleasures (Enderstein & Boonzaier 2013; Hunter 2006; Swartz & Bhana 2009). The common pattern of absent fathers has also led to perceptions that fathers do not care (Ratele et al. 2012). However, a growing body of research is challenging these perceptions. Hunter (2006), for example, argues that in KwaZulu-Natal, the idea of being a father is strongly associated with being a breadwinner. Indeed, in many black African communities, an ideal commonly held by both men and women is that fathers should provide financial support for their children. Not being able to do this can, as Nkani showed in Chapter 8, hinder a father’s involvement in his children’s lives. Thus, being a young father, especially outside of wedlock, is often accompanied by social and economic challenges.

As the chapters in this volume by Mvune, Nkani, Singh and Naicker, and Ngabaza and Shefer show, amongst African families, although news of teenage pregnancy was not positively received, after the birth of the child, the teenage mother was supported and the infant was welcomed into the family. Before giving birth, young women often experienced and were consciously made to experience hardship, stigma, humiliation and shame by some of their family members as well as the broader community. As young mothers, while many women had their own family’s support, some faced exclusion from schools, some found it difficult to manage their role as both learner and parent, and many more found themselves having to take on the responsibility of caring for the child without the help of the genitor (and his family). Young fathers faced similar issues in assuming their role as parent, including being ill-equipped for the transition to parenthood, experiencing social exclusion, having unstable relationships, and, often, experiencing opposition to their involvement as fathers (Bhana & Nkani 2014; Mvune, this volume; Swartz & Bhana 2009).
Research documenting the experiences of young fathers is now growing in South Africa (Bhana & Nkani 2014; Makusha & Richter 2016; Mvune, this volume; Swartz & Bhana 2009), especially as co-parenting and support from both mothers and fathers are high priorities. As Mkhwanazi and Bhana note in the introduction to this volume, the presence of a father in the life of a child increases the likelihood of a stable family.

Poverty and financial difficulties put strain on fathers' involvement in their child's life and matters can be further complicated when young fathers are studying. Being a young father and a student can compromise men's ability to fulfil provider status, a role that most men attribute to fatherhood (see Mvune, this volume). Involvement with the child is also steeped within cultural expectations around inhlawulo (payment of damages). Both the mother's and the father's families play a critical role in facilitating the father's relationship with his child, especially as they provide support, negotiate inhlawulo and often take care of the child. In many instances, although not always, a father's involvement with his child is easily facilitated only once payment is received for inhlawulo. A father who has a poor relationship with the mother faces major obstacles to gaining contact with his child (Morrell et al. 2012).

While the last chapter focused on the complexity of negotiating inhlawulo and the central role played by women elders in this process, particularly in KwaZulu-Natal, this chapter is about the experiences of young fathers. The research participants in our study were young fathers at a university in KwaZulu-Natal. We focus on their experiences of fatherhood, drawing attention to their reactions to the pregnancy and to assuming the role of fatherhood, their influence on decisions around the living arrangements of the child, and their perspectives on fatherhood. Throughout the chapter, we show the ways in which gendered discourses play a significant part in their responses to becoming a young father. As Mvune's chapter in this volume argues, paternal involvement in the child's life is central, but the nature and form that this involvement takes is closely linked to the ways in which masculinities are constructed.

Beyond simply showing how young fathers experience their roles, we seek to examine how masculinities, which are key to fatherhood, are negotiated and how they shape the experience of being a young father. For the study, interviews were conducted with seven young African fathers. Our sample was small because we could not gain access to more young fathers; as reported elsewhere, previous researchers have also not been able to easily gain access to young fathers (Enderstein & Boonzaier 2013; Morrell et al. 2012). The participants were between the ages of 21 and 25 years. The fathers were full-time university students; four were undergraduates and three were postgraduate students. They were all single at the time of the interviews and had never married. All said that they had only one child and three said that they had the child before the age of 20. The interviews began by establishing their demographic profiles and covered the young father's responses to becoming biological fathers, the
effects this had on their education, the living arrangements of the children and their responsibility as fathers.

**On becoming a young father: Shock, fear and masculinity**

All the young fathers in the study recalled feeling shocked and afraid when they were given news of the pregnancy. As full-time students, they were concerned about completing their degrees. None had planned to have a child when their partners became pregnant. In responding to questions about contraceptive use, the young men informed us that they were aware of different contraceptive methods but they had used these inconsistently. While some could not point to a reason why they used contraception inconsistently, others cited trust in the relationship as the reason.

Gender dynamics within intimate partner relations has been found to have an effect on men’s and women’s use of contraceptives (Jewkes & Morrell 2010; Mojola 2014; Reddy & Dunne 2007). Male power within intimate partner relations is an important factor contributing to women’s sexual risk, including unplanned pregnancy, as women are unable to negotiate when to have sex and condom use (Bhana, this volume; Jewkes & Morrell 2010). Sometimes women are complicit in subordinating and subjecting themselves to male domination through affective bonds of love and trust (Reddy & Dunne 2007). Sexual decisions are based on maintaining a heterosexual relationship and serving emotional ties, rather than sexual health and wellbeing. A young man’s decision not to use a condom is also complex and not simply about domination and sexual entitlement. For example, Peter, a young man in Mojola’s study stated, ‘…you can’t use a condom. Because she will say you don’t trust her’ (2014: 92). Condom use can be interpreted as a lack of trust, while its non-use can be viewed as trust and love. The participants in our study reasoned that, since they had been in relationships with their partners for a long time, they could trust them enough to engage in unprotected sex without fear of contracting a sexually transmitted disease.

Ndumiso, a young father, claimed his girlfriend became pregnant despite using what he regarded were protective measures. ‘I am quite aware of different contraceptives that are available and other methods as well for preventing pregnancy and stuff like that. My favourite is the withdrawal method,’ Ndumiso explained. Aside from being aware of the different contraceptives, Ndumiso was laying claim to his power within intimate partner relations and masculinity by focusing on his preference. His favourite contraceptive method was used rather than the decision about what contraception to use being negotiated with his partner. Condom use is often linked to men’s disfavour (Swartz & Bhana 2009).

Scholars, such as Enderstein and Boonzaier (2013), suggest that male heterosexual norms make it difficult for women to negotiate condom use. Eschewed by masculine prerogatives, based on skin-to-skin sex and pleasure, Ndumiso confirms that men have more power in having sex without a condom. This supports research, which
notes that women lack the power to exercise agency and insist on condom use (Jama Shai et al. 2012). The expression of male power within intimate partner relations bolsters masculinity but in doing so, the choice not to use a condom also creates vulnerability to pregnancy (and HIV). In Ndumiso’s case, having sex without a condom bolstered heterosexual masculinity, but fathering a baby meant different expressions of masculinity, which included fear and powerlessness. The negotiation around becoming a father is, thus, fluid with power both experienced and lost under different circumstances.

As mentioned earlier, the common response to news of the pregnancy was that of shock – it was sudden, unexpected and could not be undone. None of the fathers said that they had been particularly excited or happy about having a child.

Shock! It was shocking! The thing is as young people you do certain things and expect things to work, to come out differently and you do not take much responsibility for our actions and we have to accept some things. (Mike)

I was shocked because I thought, you know it was something that I never thought of. I thought, ok, fine but I was not ready to be a father. (Jabulani)

The expression of shock must be understood within a context where the responsibility of preventing pregnancy is given to women and yet the power to do so is not. Having sex and using the withdrawal method (coitus interrruptus) for heightened sexual satisfaction appears to be positively correlated with masculinity (despite the risks of pregnancy and HIV) but the consequences that come with fathering a baby is something that young men in this study did not expect. Indeed Jabulani states that he ‘never thought of’ being a father.

Sipho revealed that he had thought of asking his girlfriend to terminate the pregnancy but he did not do so. Although for some Africans, termination of pregnancy is becoming a considered course of action, for many it is still not seen as an option (cf. Mkhwanazi 2010, 2014). The young men were aware that the families involved would not be happy and they spoke about feeling fear. As both Nkani and Mvune (this volume) show, the pressures through which masculinity is constructed must be situated in a context where poverty, early parenting, unwed status and cultural norms coalesce to produce the burden that young men bear, especially in the context of ‘provider’ masculinity. Lungelo describes this: ‘Obviously when such a situation arises you try to figure out what to do. You have the fear, firstly the fear of having to face your parents and then facing the girl’s parents and then everything.’

Unlike the masculine power expressed through sexual conquest and sex without a condom, the fluidity in masculinity is clear. Men like Lungelo experience fear and powerlessness at the thought of confronting adult parents because they will have to face up to the financial responsibility associated with provider masculinity and breadwinning expectations (see Mvune, this volume). Experiences of masculinity
thus shift and change. The threat to masculine power arises as young men confront the nexus of responsibilities and the reality of being student fathers. Breaking the news to parents was an area of particular worry for all the young fathers in this study as the ramifications of having a child while still a student and the implications that arise from *inhlawulo* loomed large. These issues are taken up in the next section.

**Culture, poverty and the living arrangements of the child**

Children born to teenagers usually reside with their mothers and their mother’s family (Hosegood & Madhavan 2010; Ngabaza & Shefer, this volume). When fathers in our study talked about the living arrangements of their child, they deployed dominant gendered and patriarchal understandings of men and women’s work, while giving importance to culture, which restricted access to their children. They explained the reasons that influenced the decision for the child to live with their mothers or their mothers’ families. One explanation was that they had been too young at the time and unable to look after a child financially. Sipho explains, ‘Actually, it was not my decision. It was the mother’s decision, the child’s mother’s decision because she said that I cannot take care of the child on my own because at that particular point in time I was very young.’

Sipho confirms above that he was not deemed capable of taking care of the baby because he was young. However, the mother of his child, who was of the same age, was deemed capable of caring for the baby. In this context, caring is considered women’s work. Men and women reproduce nurturing as women’s work through normative understandings of gender. Sipho was able to legitimise his lack of responsibility for taking care of the child through reinforced gender inequalities and constructions of masculinity based on avoidance of care work.

The most common explanation the young men gave was that they had not fulfilled the cultural obligation associated with *inhlawulo*.

> The mother of the child is staying with the child because you know what happens if you do not pay *lobola* or any damages then what happens is as a man you are not allowed to stay with the child. So although I sometimes visit my child but I am not allowed to because I have not paid damages. You see I have not got money right now. (Jabulani)

*Inhlawulo*, combined with the social construction of care work as women’s work, served to distance men from the responsibility of engaging with the child, and, in so doing, reinforced masculinity as not being aligned with care and involvement with the child. The young fathers suggested that even if they accepted the responsibility of fathering the child, they could not lay claim to their children until *inhlawulo* had been paid.

Jabulani said that the mother’s family was not at all sympathetic to his status as a student, which prevented the payment of *inhlawulo*. He referred to his partner’s
family as ‘hard’ (uncompromising), and later in the interview he expressed his frustration at not being able to pay *inhlawulo* and his desire to live with his daughter. Most of the fathers in this study had not paid *inhlawulo*, usually because they did not have the money, as they were still in full-time education. This finding resonates with other studies conducted with young fathers in South Africa. For example, Swartz and Bhana (2009) found that only 2 of the 27 fathers who participated in their study in two provinces in South Africa paid *inhlawulo*; ‘for many of the young “Black” men the cultural tradition of damage payment produces a further reason why they become estranged from their children’ (Swartz & Bhana 2009: 64). Swartz and Bhana state that ‘failure to pay or to make arrangements to pay damages means that the mother of the child’s family makes the young father feel unwelcome, or he is afraid to go and see the family because he is guilty of disrespect’ (2009: 67).

In this study, none of the fathers was still in a romantic relationship with the mother of their child. Some cited incompatible values as a reason for the failure of the relationship. Others attributed the breakdown of their relationship to the stress associated with fathering a child at an early age. Despite this, the young fathers reported that they tried to maintain amicable relations with the mother of their child because she had the power to give or deny them visitation rights.

**Young men’s perspectives on ‘fatherhood’**

All the young men associated fatherhood with greater responsibilities, with providing financially as well as emotionally for their children, with being a good role model and providing a moral upbringing: ‘…having a child is not like keeping a puppy or something. It is a big responsibility,’ said Lungelo. With regard to being a good role model, Ndumiso spoke of fatherhood as going beyond simply raising a child. He suggested that the child must be proud of how ‘he’ was raised and in doing so supported and reinforced masculinity and fatherhood as responsibility.

> Well, when you become a parent there are a lot of responsibilities associated with that. You have a huge responsibility of raising a being; a being who is not only your child but somebody who is going to be proud of you when he grows up or when he becomes man enough to realise what actually happened you know. So it is a huge responsibility. (Ndumiso)

As demonstrated earlier in this chapter, as well as elucidated by Mvune (this volume), provider masculinity is an ideal for many men in KwaZulu-Natal and the responsibility for raising a child and economic status have an effect on masculinity. As full-time students, the research participants found it difficult to navigate the demands of provider masculinity and fatherhood. Thabo described his position, ‘Look, for me, my child is my first priority. Everything else comes second. Every time I get a little bit of something I put it away for the child; I am quite fortunate that I have the part-time job that I do.’
Four of the seven fathers were engaged in part-time employment, which helped them support their children. The three research participants who did not have part-time jobs relied on student financial aid to provide some money for childcare. Lungelo emphasised that the new responsibilities that came with being a father – such as needing to provide for the child financially – set him apart from his peers.

It means you have a certain responsibility. That already makes me stand out from my friends. If you do not have a child and someone else has a child, they have certain responsibilities that they have to fulfil. I am starting to become more disciplined. My friends could get money and just use it on alcohol and everything but I have to think of the clothes, the baby’s birthday is coming up, what I, as his father, am getting him and all that stuff. So it is a responsibility and I mean it is something I did so I have to own up to it. (Lungelo)

Jabulani mentioned affective dimensions of care, including love and support, which he needed to provide as a father.

Being a father has made me see the world from a different perspective – that now when you are a father you need to be more responsible and you need to think: what [do] I need to do for my child? I need to think how I act so that I can show my child that I love my child. I support him even though I do not stay with him. I need him to know that I am the father. I am available whenever he needs me. (Jabulani)

The young fathers also described how they provided emotional and psychological support for their children in a range of ways.

I would send different gifts back at home, call him to remind him how much daddy loves him, ask him what is going on, if he is fine, if he is happy. Try and find out stuff like that because the children all they need is attention and they want that attention to know that I have got this person there. So it is not very easy if you are here and the child is away as a father you can lose the child because they do not grow up with you. (Thabani)

I think I am playing an important role as a father figure in that I provide some finances. I also spend some time even if it is not really a lot of time but I think I spend some quality time with my child. I put everything aside and say ok I am just going to devote this time to my child…The other thing that I think I am also doing is I am planning because my child now is almost two years and I was thinking maybe if I start saving because he needs to now go to day care. I need to think about his education and all these kinds of things, so I have been in conversation with the mother about how do we plan this and we both want our child to go to good primary schools so that our child can have a good educational foundation. (Jabulani)
While emotional and psychological support as well as physical interaction with a child has been proven to be important to the health and development of a child, for some fathers, opportunities to provide this support were, for various reasons, very limited or completely unavailable. Spending time with their children was important to the majority of the research participants. Invoking his religious identity, Ndumiso stressed that he wanted to be involved in the moral upbringing of his child.

...just like any good father out there, I strive to provide the best, nothing else but the best. And I also try to make sure that my child is raised, guided by good morals. Look, I am a devoted Christian and I would love my child to be, you know, raised in a Christian family. I cannot really call it family, but in a Christian environment. And also somebody who grows up to respect elders and somebody who does things that I deem morally right; like respecting elders and just being a nice guy; somebody that people would appreciate and would love to be around, you know what I mean. (Ndumiso)

However, despite the various ways in which fathers described how they took on the roles and responsibilities of fatherhood, they felt dissatisfied and inadequate. Various reasons were given for these feelings, including unemployment, which affected their ability to provide adequate financial support for their children. Some fathers also felt that they did not and at times were not allowed to spend enough time with their children.

[Am I] doing enough as a father? I would not claim that because I do not spend time with my child. So to say that would be quite ambiguous and not true. (Mike)

So at the moment it does not feel like I have gone that extra mile but it is because of limitations that are beyond me at the moment but I think as a father just being there I have tried my best to play my role. (Lungelo)

At the moment actually there is not much I can do because it all requires money, lots of money so right now I am only studying. (Sipho)

The young fathers saw their lack of financial independence as placing huge constraints on their relationships with the children. In particular, the issue of inhlawulo not having been paid emerged as one of the obstacles and some respondents described having ‘to beg’ the maternal family to allow them to see their children because they had not paid inhlawulo (see Nkani, this volume).

For the young fathers, assuming the responsibilities of fatherhood was a difficult and daunting prospect. They were aware that they needed to juggle studying and parenting, find a way to contribute to caring for the child, and negotiate with the mother’s family to spend time with the child. All the respondents said that being a father while studying full-time was difficult.

It is like you have two loads on your shoulders, both of your shoulders. You cannot stand; you cannot do anything. Whenever I am not doing my work I
am going to see him [the child]. So whenever like he is sick and maybe I am writing a test, I am forced to leave because I have always chosen him over my academic work, so I go home. (Sipho)

Sipho pointed out that he was obliged to look for a job in order to support his child. However, the part-time jobs that were available to students were not well paid and since the jobs were often on a contract basis, he could not guarantee that he would always be able to support his child.

I am studying but it is quite disturbing because you know that you have to provide and sometimes studying will prevent you from doing that. But yes there are jobs on campus but the money you get from that job is not enough. So you will be inconsistent in terms of giving the child support. They are contract jobs and you cannot work for the whole year...My [academic] performance was affected I would say, because you need to relax when you are studying. You need to have a relaxed mind, not a very busy mind which is always thinking about problems and all that. (Sipho)

Most of the young fathers acknowledged that being a father affected their academic performance negatively. Mike said that since becoming a father he could not always give his education his full attention. He said being always distracted affected his performance. Ndumiso alluded to his studies being interrupted because he had to divide his attention between his studies and his job in order to be able to support his child financially. However, unlike most of the young fathers that participated in this study, he stated that while his newly acquired status of being a father as well as a full-time student was difficult, it also made him learn to be more responsible and mature. He said that looking for extra jobs in order to support his child had added value to his career prospects, in that having to maintain many jobs meant he was able to obtain more skills and work experience.

Ndumiso stated that before he had a child to support, he used to get good grades; however, after his child was born, his grades slipped, because he had to divide his time between studying full-time and working part-time to support his child. His work commitments sometimes clashed with some of his lectures, and when he had the time to attend lectures, he was often tired and could not concentrate. He also said that he could not attend any group discussions or participate fully in group assignments. Although securing part-time employment compromised his studies, he was grateful for the work and did everything he could to keep his job including missing lectures.

**Challenging traditional notions of masculinity**

When young men engage in sexual relationships they are likely to uphold particular ideas about masculinity, including the dominant idea that having sex without condoms signifies greater intimacy and trust within the relationship. When their partner becomes pregnant, the reaction of many young men is often surprise or
shock and fear. The news of the pregnancy invokes anxiety and stress and threatens dominant masculinity. These feelings are triggered by the ideal that associates fatherhood with provider masculinity. Young fathers are aware of the difficulties that they are likely to face when trying to inhabit provider masculinity because they have no money. At the most basic level, without an adequate income they will not be able to fulfil the requirements of inhlawulo or provide for their children. In making sense of being fathers, the ideal of provider masculinity draws attention to where they are lacking, which, in turn, reinforces the power of this gendered role.

Indeed, having a child while negotiating life as an unemployed student is difficult. The young men’s inability to provide for and gain access to their children, in the context of the cultural obligations around inhlawulo, often leads to the dominant view that African men are more likely to be absent fathers. This chapter and those of Mvune and Nkani (this volume) show that the issue of assuming fatherhood is far more complex. Constructions of masculinity within this patriarchal context certainly put men in a position of power, but the ideals related to taking financial responsibility for the child that underpin these constructions produce feelings of loss and emasculation. All seven fathers in this study viewed their primary role and most important duty to be providing financial support. They went to great lengths, including taking on multiple part-time jobs, to ensure that they fulfilled this expectation. For some, ensuring that they were able to provide for their child financially meant spending less time on their education, which impacted negatively on their life chances. Another challenge was undergoing the transition to parenthood at an early age, a role they, like many young mothers, initially struggled with. On the positive side, most of the research participants wanted to play a bigger role in their child’s life.

Fatherhood puts a great deal of pressure on young men. Interventions are needed to challenge traditional male stereotypes and the dominant expectations about the role of men in families. Young fathers are often heavily criticised for being irresponsible and distant. However, this study, and others in this volume (see Mvune) show that young fathers may want to be more prominent in their children’s lives. Despite the obstacles they faced, they expressed a willingness to be involved in their children’s upbringing and all of them were negotiating ways to do this. Enderstein and Boonzaier (2013), too, found that young men accept the responsibility of fatherhood and make changes in their lives to accommodate this new identity.

Ultimately, however, fatherhood can be daunting for young men, especially for those who lack the financial means to make positive contributions to the lives of their children. Young, working-class, African fathers are more likely to be preoccupied by their inability to fully meet their children’s needs and ensure their wellbeing. By choosing to put their child first and thus spending less time on their education, the likelihood of their finding meaningful employment and providing consistent support for their children is further diminished. Due to the obstacles that prevent
them from effectively executing their roles as fathers, they are also likely to feel inadequate and dissatisfied with their role within the young family.

While this chapter has focused on many of the obstacles through which young fathers negotiate their masculinity, the sample size of seven young fathers is limiting. There are indeed changes to how fatherhood is constructed amongst African communities. The study found that affective dimensions, beyond materiality, impact on how young men make sense of being a father. Nkani (this volume) has shown that the restrictions around inhlawulo are changing in response to the precarious nature of the political economy and men’s inability to find employment and fulfil provider masculinity, making it easier to involve fathers beyond providing. Indeed, under circumstances of dire need, families appreciate help and support beyond economic provision and young fathers are rising to the challenge of providing affective support and care. These changes may transform how fathers currently feel about their limited involvement.

References


Research that focuses on young fathers’ vulnerability and the challenges they face in assuming fatherhood, particularly regarding financial support and involvement in their children’s lives is growing in South Africa (for example, Bhana & Nkani 2014; Chili & Maharaj 2015; Langa & Smith 2012; Makusha & Richter 2016; Swartz & Bhana 2009). Some studies show that particular local ideals of masculinity influence how teenage fathers understand their roles and responsibilities as fathers, and how they support the young mother and the child. In this chapter, I explore a young man’s experience of becoming a father and his ideas of masculinity. This case study points to the existence of ideas about teenage fatherhood that take paternal responsibilities beyond providing materially, to providing day-to-day care for the child. In writing against the conventional narrative of young fathers as being irresponsible, absent or uncaring (cf. Chili & Maharaj, this volume), I draw attention to the complexities and contradictions that they have to navigate, especially a father like Mandla, who comes from the impoverished Ugu district in rural KwaZulu-Natal, South Africa.

The chapter begins with a brief summary of what we know about the experiences of teenage fathers and a description of the study. I then discuss Mandla’s experiences and ideas about fatherhood and masculinity, in order to underscore how understandings of teenage fathers’ actions cannot be divorced from their specific cultural contexts. This chapter demonstrates how taking into account experiences, perceptions and locations enables context-specific insights into the complex manifestations of masculinities, as becoming a father is negotiated.

Teensage fathers and masculinities in South Africa

Connell and Messerschmidt (2005) argue that masculinity is not just a fixed entity embedded in the body or in personality characteristics. They define it, rather, as a practice that happens through social interaction and that is shaped by gender relations in any given social setting. In rural KwaZulu-Natal, being a breadwinner is central to ideals of fatherhood and constructions of masculinity (Bhana & Nkani 2014). Most teenage fathers, however, are unable to fulfil this role, especially in contexts of acute unemployment and structural inequalities. The challenge of fatherhood is compounded by persistent cultural norms that often make it difficult for a father to be involved in his child’s life.
When Swartz and Bhana (2009) explored the experiences of young men who became fathers in their teenage years, it emerged that young fathers faced numerous challenges in attempting to be involved in their children's lives. One of these barriers was the payment of *inhlawulo* or damages. Nkani (this volume) provides a detailed discussion of *inhlawulo*; here I discuss its historical roots and its cross-cultural applicability. Historically, the significance of the payment of *inhlawulo* was to mediate a father's involvement in the life of his child. This enabled maternal family to engage paternal kin in ensuring the wellbeing of a child. *Ilobolo* (bridewealth) was initially used by African communities in South Africa to formalise a union and legitimise children from that union; however, the prevalence of unemployment made this difficult (Preston-Whyte & Zondi 1989). *Inhlawulo* offered an alternative to the payment of *ilobolo*, whereby the genitor can formally acknowledge paternity and give the child kinship rights into his paternal family (Madhavan 2010). The payment of *inhlawulo* does not automatically lead to a later payment of *ilobolo*. Mkhwanazi and Block (2016) note that in Nyanga East, South Africa, even in the absence of *inhlawulo*, families are beginning to involve paternal kin in childcare activities and a child can be incorporated into paternal lineage. This is a positive shift in cultural norms towards a more inclusive family structure, as envisioned by the Department of Social Development (2012).

The payment of damages is a popular practice among African communities in southern Africa. In a study conducted by Madhavan (2010) in Mpumalanga province of South Africa, where the sample comprised Tsonga, Zulu, Sotho, Tswana and Pedi unmarried young mothers, all participants confirmed the cultural value of either *inhlawulo* or *ilobolo* as a means of securing moral legitimacy and connection with the child's paternal kin. Mkhwanazi and Block (2016) found similarities between Xhosa *inhlawulo* and Sotho *litsenyehelo* customs: family of an unwed Xhosa mother from Nyanga East in South Africa and family of an unwed Sotho mother from Mokhotlong in Lesotho are each likely to confront the relevant genitor or his family for the payment of damages.

Payment of damages is an important way for a father to negotiate access to his child, and shapes the kind of relationship that will exist between him and his child (Madhavan et al. 2008; Makusha 2013). Scholars have suggested that an inability to pay *inhlawulo* deprives the biological father of being recognised and may lead to restrictions being imposed on his visiting rights by the mother's family (Madhavan et al. 2008; Makusha 2013; Makusha & Richter 2016). According to Langa and Smith (2012) the payment of *inhlawulo* brings dignity and pride to fathers. For example, a young father who participated in Langa and Smith's (2012) study viewed himself as a 'better man' because he paid *inhlawulo* before it was even asked of him.

In South Africa, the majority of men do not have the resources to pay *inhlawulo* (cf. Richter et al. 2010; Chili & Maharaj and Nkani, this volume). A lack of financial means may result in fathers denying paternity and thus being freed from the obligation to pay *inhlawulo* or provide financially for the child and the child's mother.
in the future (Nduna & Jewkes 2012). For example, teenage fathers without financial
resources who took part in Swartz and Bhana's (2009) study highlighted the role
played by their own mothers in providing both financial and emotional support for
them and their children.

However, studies have also indicated that there has been a shift in the perception
that fathers' involvement in their children's lives should be limited to a financial one
(Hosegood & Madhavan 2010; Makusha 2013). Studies that have explored fathers'
involvement (Makusha 2013; Makusha & Richter 2016; Morrell 2006; Morrell et al.
2016), build on the work that was pioneered by Lamb (1976). Lamb's definition of
'father involvement' was centralised in three sections: accessibility, engagement and
responsibility. According to Lamb, accessibility refers to the kind of involvement
whereby the father is with the child and engaged in other activities, but available
to respond to the needs of the child if they arise; engagement refers to the amount
of time spent in one-on-one interaction with the child; and responsibility is about
providing materially for the child. It is against this backdrop that this chapter
examines Mandla's story.

Methods and context of the study

This study was conducted at one of the high schools in Illovo (also known as
Ulovu) in the Ugu district, approximately 40 km south of Durban, in South
Africa's KwaZulu-Natal province. Illovo is comprised of urban, township and rural
settlements. The rural settlements fall under the Thoyana Tribal Authority. In 2011
there were 6 446 households in Illovo and a total population of 24 728 (2 982 people
per km2); approximately 53 per cent women and 47 per cent men (Stats SA 2011).
Most residents of Illovo are African and isiZulu-speaking (99.55 per cent of the
total population) and live in the rural areas and township. The small percentage of
coloured, white and Indian people (0.47 per cent of the total population) are located
in the urban areas. The rural settlements of Illovo are underdeveloped and there is a
high rate of unemployment.

This chapter is part of an ongoing doctoral study that examines 20 teenage fathers’
narratives of fatherhood. Mandla's story derives from this larger sample. The reason
for focusing on just one story was to provide the reader with insight into the complex
negotiation of masculinity and teenage fatherhood (narrative research as a way of
understanding experience; stories lived and told). As Clandinin and Rosiek (2007)
argue, stories lived and told are a result of influence on the person's inner life,
social influences and the person's unique personal history. The study is, thus, a
qualitative narrative inquiry (Clandinin & Connelly 2000). In narrative thinking,
the context of the study is important. Clandinin and Connelly suggest that narrative
inquiry is based on three dimensions: interaction (personal and social) and
continuity (past, present and future) combined with situation (notion of place). In
order to understand Mandla's masculine identity, my interactions with him involved
every three dimensions.
I conducted and recorded three hour-long, in-depth interviews with Mandla in isiZulu, which is his and my first language, and I transcribed and translated the interviews into English. All the interviews were held at the school. The aim of having interviews at school was to ensure participant wellbeing: following King and Horrocks (2010) in their ethical principle of beneficence (which entails securing the wellbeing of participants), I found it more appropriate to drive approximately 130 km from my workplace to interview Mandla at his own school, when school had ended for the day. Also, Mandla’s home was not a conducive setting for interviews to be held (as outlined below).

Mandla was 19 years old and in Grade 11 at a rural high school when I first interviewed him. He lived with his 31-year-old sister, Phume, and his brother-in-law, Ndumiso, in a rural settlement of Illovo. His parents were married and lived at KwaMachi, a rural settlement in Harding, about 100 km from Port Shepstone, on the south coast of KwaZulu-Natal. Mandla grew up at KwaMachi, and, after passing Grade 7, he asked his parents if he could go and live with Phume, since he would be able to find temporary work to help support himself financially. Mandla also used the opportunity to move to Illovo as a way of escaping from his father who was very strict. His father had stayed in Illovo while working at Toyota, a large car manufacturing company in Durban, and when he retired in 2010, he moved back to KwaMachi. Mandla moved to Illovo in 2011. Mandla described his childhood:

I think I was a spoilt child because I had stayed many years with my mother who wasn’t too strict, unlike my father who was very strict with his rules. Back then I didn’t get along with my father because of his strict rules so I decided to move back to Illovo to do Grade 8 at this school.

During weekends and school holidays, Mandla worked at Ndumiso’s small car repair business, which he operated from home. But that was not enough and so, in 2013, Mandla found himself selling drugs at school, in order to make extra cash. In 2014, when Mandla was 17 and in Grade 10, he found out that his girlfriend, Ntokozo, who was then 14 and in Grade 8, was pregnant.

**Becoming a father: Negotiating inhlawulo, taking responsibility and provider masculinity**

We started dating in 2013, she was doing Grade 7 and I was doing Grade 10. Because her parents didn’t like our relationship, they sent her away to stay with her father in Umlazi...Her parents just didn’t want any boy next to [having a relationship with] their daughter. I think they were trying to protect her. They said she was too young to have a boyfriend. She would come to visit her mother here at Illovo during school holidays and we would see each other. We continued with our relationship in secret. When she was in Umlazi she would phone me every day because she knew my number by
heart and I also reached her through her friends. In September 2014, we found out that she was pregnant. She was four months when we found out. (Mandla)

Mandla said that he was shocked when Ntokozo told him about the pregnancy. When they told her family, Ntokozo’s mother demanded to know how Mandla planned to support the baby, invoking the idea that men should provide financial resources to raise the child. He told her that he would continue with his temporary jobs and that he intended to contribute towards the material care of the baby by ‘buying the stuff the baby needs.’ He assured Ntokozo’s mother that they both planned to continue with school. She then told him that she wanted to speak to his parents. Mandla explained that his parents lived far away but he could ask his elder sister, Phume, to come and speak to Ntokozo’s family on behalf of his family. The following Sunday, Phume met with Ntokozo’s mother and they discussed the payment of inhlawulo. Afterwards Mandla said that he felt ‘relieved because [now] both families knew.’ Despite Mandla not having a steady income, when his father found out about the pregnancy he insisted that Mandla should pay inhlawulo, hence following a widely held norm in the community. Mandla explained, ‘Ntokozo’s family accepted that I cannot pay because I’m not working [angikabi namandla – I don’t have power at the moment]. My father told me to pay it [inhlawulo] when I start working, when I finish school and I mean when I get a real job.’

Since Mandla could not afford the payment, Ntokozo’s family agreed to postpone it until such time as he could do so. Mandla’s use of the phrase angikabi namandla indicated his willingness to conform to the norm, but he acknowledged that he was hindered by his lack of proper employment and limited finances. A participant who took part in Bhana and Nkani’s (2014) study also indicated a great desire to be fully involved in his child’s life by using the expression ubaba ukhona (father is here), while also indicating his powerlessness by using the expression anginawo amandla (I have no power). The difference between angikabi namandla and anginawo amandla is that the former indicates that, at that moment, the speaker does not have financial power, although he foresees that the situation will change in the future, whereas the latter indicates that he has lost hope in his situation changing.

The construction of masculinity, like all identities, is complex, fluid, multiple and varied. However, certain dominant ideals are recognised within particular communities. Previous research has indicated that, in the first decade of the twenty-first century, a dominant form of masculinity among young men was premised on promiscuity and conspicuous consumption. This concept of masculinity often resulted in young men denying paternity and, thus, feeling free to continue with multiple relationships and capricious spending (cf. Hunter 2010; Jewkes & Morrell 2012; Mkhwanazi 2010). Thus, the fact that Mandla did not deny paternity and wanted to take responsibility contradicts this dominant representation of young masculinities (Jewkes et al. 2011). Mandla’s insistence on ‘buying what the baby needs’ resonates with Morrell’s (2006) statement that ‘providing’ is an important
aspect of masculine identity and responsibility. However, while responsibility is material support, it can go beyond materiality to include care. In Mandla’s particular circumstance of limited financial power, responsibility meant caring and protecting. Richter and Morrell (2008) argue that one African definition of ‘a father’ is a man who assumes the responsibility of caring for and protecting the child. In this way, fatherhood becomes a site where masculinity is transformed, with the consequence of progress towards gender equality (Elliott 2016; Makusha 2013; Morrell et al. 2016).

When asked to describe an ideal father, Mandla answered,

An ideal father must have his own house [and] be married. He must be working and he must be able to teach his children respect. He must also be respectable…A father has to have a house so that he can provide his children with a home. As they grow up, they [the children] need to know that they are growing up under their father’s hand…Growing up under the father’s hand means that a child lives with his father and behaves according to what the father is teaching him because, you see, sometimes if a child does not live with his father he loses respect.

As a young, unwed father who was still at school and not living with his girlfriend, Mandla’s idea of an ideal father was everything that he, himself, was not. In rural KwaZulu-Natal, the predominant practice is that a man secures employment and uses his money to build a house and pay ilobolo to the family of his prospective bride. When they get married, he and his new wife live with his parents, even if he has finished building the house, until such time as they get blessings from the parents to move to their own home. Mkhwanazi and Block (2016) write that the rates of formally acknowledged unions have declined in southern Africa, and this could be related to limited job opportunities available to men, hindering them from paying ilobolo and thus denying them paternity rights in some cases. Mandla, therefore, saw a house as an important aspect of being a father. In his eyes, a father not only provides financially, but also materially.

Aside from being a provider, Mandla also perceived fatherhood as being about control – having the power to discipline the children, assuming the role of authority figure and acting as a guide and role model on matters, such as how to behave. The use of the term ‘his father’s hand’ (isandla sikababa) shows the importance he placed on the father as a figure of authority and discipline. However, according to Mandla, for a father to command this authority and respect from his children he should be married, working and living in his own house. This reflects the manner in which Mandla grew up. Mandla grew up in a home with a father who married Mandla’s mother, provided the family with shelter and other material needs, and was strict and authoritarian. To Mandla, being able to provide materially was an important aspect of fatherhood:

…it happens; you see children do not give their mothers the same level of respect as their fathers…A father is able to put down strict rules for his
children, like telling them what time to be back home after visiting friends… Mothers do put the rules but it’s not the same as rules laid down by a father. As time goes by, a father develops pride about his children. For example, in 15 years’ time he can praise himself for doing well…because 15 years is when the child is able to display behaviour showing what was taught by the father during the early years of the child’s life. Like, if the child is 15 years or older [and] not smoking, not pregnant, having not impregnated any girl, getting good results at school and respecting older people at home and in the community. Sometimes people will praise the child for the good behaviour and that makes the father very proud.

Here, Mandla is expressing a common idea that only fathers are able to discipline children and that children raised by mothers will be unruly and disobedient. Such children, he implies, are likely to smoke, get pregnant, drop out of school and not adhere to norms pertaining to proper conduct, such as showing respect for elders. In a sense, this sentiment corroborates Mkhwanazi’s (2010) argument that mothers of teenage girls are often held to blame if their daughters become pregnant, because it is thought that they have not taught their daughters how to behave.

**Being a father: I was always there for Angela and her mother**

Mandla spoke fondly of Ntokozo and baby Angela. He told me how he supported his girlfriend, both financially and emotionally, during pregnancy and after the birth of their baby.

During pregnancy, my girlfriend would complain that I’m not giving her my attention because she’s pregnant. So, I decided that I will spend most of my Saturdays with her at her place because her mother would be gone to church, as a member of Nazareth Baptist Church, also called Shembe. We would sit and laugh, tell each other jokes and talk about our baby. (Mandla)

Mandla presented caregiving as central to his experience of becoming a father. In the interviews, he often mentioned the emotional and childcare support he provided to Ntokozo, but he also spoke about the challenges he faced due to not having any money, and emphasised that he made every effort to provide for his family, despite being poor.

I used to have a grass-cutting machine that helped me to make some money by cutting grass in our neighbourhood. But when the baby was born, the machine was broken and I didn’t have money to repair it. My only support was my brother-in-law, Ndumiso, who said if I need anything for the baby I must let him know. He sometimes gave me jobs over the weekends and school holidays in his car repair business. He would pay me R500 a week so that I [could] buy stuff for the baby like milk and nappies. I was always there for Angela and her mother… When she went to the clinic or hospital with the...
baby, I would accompany her and carry the baby all the way to the bus stop and whilst waiting at the hospital queue. It felt good, it felt really good. When Angela was born my girlfriend's parents began to accept me. Her [Ntokozo’s] mother said the birth of the baby had strengthened the relationship between me and their family. Her mother helped me in buying some of the baby’s stuff. (Mandla)

Although initially Ntokozo’s family did not approve of the relationship between Ntokozo and Mandla, when Mandla showed his willingness to care for Ntokozo and Angela, their attitude to him gradually began to change from one of rejection to acceptance. As a show of increasing acceptance, Mandla was allowed to spend more time with his child, despite having not yet paid inhlawulo. Recent research has shown the ways in which families have used inhlawulo to obstruct fathers from disadvantaged backgrounds becoming involved in their children’s lives (Bhana & Nkani 2014; Makusha & Richter 2016; Swartz & Bhana 2009). Mandla was eventually allowed full access to his baby and to give his child a name, a privilege often denied to teenage fathers or to fathers who have not paid inhlawulo. Mandla talked about the emotional effect of failing to provide.

Having a baby stressed me a lot because I couldn’t buy baby stuff. Even in class I would be stressed and couldn’t concentrate on my lessons because sometimes the mother of my baby (umama wengane yami) would tell me that she needs nappies or milk or other things for the baby. It would really stress me because I didn’t have money. Sometimes she would tell me that Angela is sick and crying and I would ask her to come and sleep at my place just to help her take care of the baby at night. The following day I would be very tired at school. I failed Grade 11 because I was stressed. Things were really tough for me and the mother of my baby.

According to the cultural norms, especially amongst Zulu communities, a child born outside of a formally recognised union belongs to the maternal family. Mkhwanazi and Block (2016) found that in Mokhotlong, Lesotho, the family of a woman who falls pregnant outside of a formally recognised union completely cuts ties with the father of the child, regarding him as ‘unknown’, and excludes him from taking any form of responsibility, including providing materially for the child. This practice places an extra burden on the mother of the child, especially in cases of young mothers with limited support structures and resources. Madhavan (2010) found that in some parts of rural South Africa, even if both the mother and the child live with the mother’s family, regular contact with the father and his family is maintained, in order to ensure kin connectivity and financial support. In the case of Mandla, Angela’s illness afforded him an opportunity to take part in some of the childcare activities and also to have both mother and child spend some nights at his place, even if it was temporary. Despite Angela’s illness, Mandla knew that he could not ask Ntokozo and the baby to live in his household, as he could not afford to support them.
Descriptions of the great lengths that young fathers have gone to to provide care, and the emotional toll that it has taken on them, are rare in literature on the experiences of teenage fatherhood in South Africa. Mandla not only spoke about the challenges he faced in negotiating fatherhood and schooling, but also about the stress, pain and helplessness he felt when his child was ill. When Angela was nine months old, she became very ill and died. Mandla described this experience:

…it was very painful. She was nine months and had just started crawling. Doctors said she had asthma like her mother. That stressed me a lot. I failed Grade 11 and this year [2016] I’m repeating…We got counselling. The nurses spoke to us. I think we are both okay now. We miss Angela very much but we agreed that we are going to focus on our education and not rush into having another baby. So Ntokozo is using the injection to prevent another pregnancy…I think Angela would still be alive if she [had] stayed with my parents who both use traditional medicine. Maybe she would [have had] better care than what she got from her mother who is still a child herself. (Mandla)

As Mandla said, after the death of the baby he and Ntokozo decided to focus on their education and prevent future unwanted pregnancies. This is another aspect of masculinity: using past experiences to make decisions about the future.

**The ideal man**

While he described his relationship with Ntokozo and Angela with emotion and care, Mandla also revealed that he simultaneously upheld the idea that a man needs to have multiple concurrent partners.

She [Ntokozo] would accuse me of spending my time with other girlfriends…I had about three or four other girlfriends. As boys, we competed with each other about the number of girlfriends [we had]. If you have one girlfriend or none, [you become the subject of] *uyahwayelwa* [mockery] by other boys…*Ukuthwayelwa* is when other boys make fun of you, making silly jokes about you. When you show up, everyone just laughs. Because I didn’t want *ukuthwayelwa amajitha* [to be mocked by the guys], when my girlfriend moved to Umlazi to stay with her father, I found myself other girlfriends. Sometimes Ntokozo would catch me with them and become very angry and we would have arguments…The girlfriends were not replacements [laughs]. No, I still had Ntokozo. She is the one I have had a long relationship with, but things changed when my baby was born. I just had to grow up. (Mandla)

Similar to findings in other studies in South Africa focusing on the construction of masculinities, Mandla subscribed to the idea that manhood was about having multiple partners (Jewkes & Morrell 2012). However, he attempted to justify the contrast between his earlier narrative of being a caring man and this almost
indifferent attitude by arguing that, as the mother of his child, Ntokozo was special – 'the one'. This contradiction between a sense of recklessness, with multiple girlfriends, and care, with a long-term partner, has been written about in studies that look at the dynamics of multiple concurrent partners (cf. Reddy & Dunne 2007). Like other men who engage in multiple, concurrent partnerships, Mandla reasoned that his long-term relationship with Ntokozo meant that there was a level of trust and commitment between them. It also meant that there was no need for them to use contraception. In their study in KwaZulu-Natal, Chili and Maharaj (2015) also found an association between long-term relationships and trust, and men in long-term relationships used contraception inconsistently.

Multiple, concurrent partners are socially accepted as a masculine norm. They are often viewed as a hegemonic display of masculinity; however, the same behaviour amongst women is viewed negatively. According to Mandla, having multiple partners did not have any negative effect on Ntokozo, as long as he spent time with her. Ntokozo’s response to Mandla suggests her complicity in reproducing the normative masculine conduct around multiple sexual partnerships.

Mandla’s words also shed light on the ways in which peer pressure, combined with norms of masculinity and gender inequalities, further increase sexual risk-taking in young men. Mandla had multiple concurrent partners in order to avoid ukuhwayelwa amajitha. Yet, in so doing, he was putting his life and that of his girlfriends at risk, especially given the high prevalence of HIV among young people in the Ugu District. According to the Ugu District AIDS Council (UDAC 2013), in this area the prevalence of HIV was at 40.2 per cent in 2009/10 and 41.1 per cent in 2010/11. Yet the number of girlfriends Mandla had was how he identified himself as masculine, regardless of the risks involved.

**Complexity of negotiating teenage fatherhood**

Mandla’s narrative of early fatherhood sheds light on a young man’s experience of teenage parenthood in the context of a resource-poor, rural setting. While the interlocuters are on opposite ends of the spectrum in terms of gender and geographical location, Mandla and Rethabile’s stories (see Mkhwanazi, this volume), speak well to and reinforce the need to challenge the dominant portrayal of experiences of becoming teenage parents. In reading them together, through Mandla we are afforded a glimpse of what Quma may have felt, and through Rethabile what Ntokozo may have felt.

Mandla’s narrative about fatherhood draws attention to the importance of understanding the socio-cultural context in which young men construct gendered identities, which consequently inform their ideas about fatherhood. In negotiating the experience of becoming a teenage father in rural Ugu, Mandla upholds dominant notions about ideal fatherhood, despite not being able to translate them into his day-to-day life.
In Ugu, like elsewhere in the country, the denial of paternity and absence of a father from the child’s life were common. However, when Mandla learned about his girlfriend’s pregnancy, he insisted on taking responsibility and providing care for the mother and baby. This is similar to some of the experiences of fathers mentioned in other chapters in this volume, notably Chili and Maharaj, and Mkhwanazi. Teenage fathers who participated in Langa and Smith’s (2012) study, for example, indicated their commitment to being caring and loving fathers, in order to provide their children with a different experience of growing up than they experienced themselves in their own father-child relationships, where their fathers were either absent or present but distant (see also Bhana & Nkani 2014).

In the common context of father absence, many would conclude that taking responsibility for a child is contrary to ideas of masculinity in these communities. What I want to suggest, however, is that men who take responsibility by providing care and support actually reinforce dominant ideas of manhood. Thus, in taking responsibility for his baby, Mandla reproduces the dominant understandings of masculinity that are based on a man providing for a woman and her children. Hunter (2010) calls this ‘provider masculinity’ and uses the term to refer to the cultural practices and gender norms where men are expected to provide for women’s material needs. So, despite the economic hardships that Mandla suffered, he insisted and found a way to perform ‘provider masculinity’ in order to define himself as a father. At the same time, however Mandla’s story contradicts the common discourse of teenage fathers as being uncaring, uninvolved and irresponsible.

Another way in which Mandla reproduces dominant ideals of masculinity is by buying into a notion of masculinity where having multiple partners is a sign of manhood. Mandla, like many young people today, is aware of the deleterious effects on relationship dynamics and the health and wellbeing of families, yet he indulges in these relationships. Thus he can be seen as caring, involved and responsible, and, at the same time, as uncaring, uninvolved and irresponsible. This very contradiction sheds light on the complexity that young men face in navigating dominant ideas about manhood.

Even though this chapter uses one narrative, and cannot be generalised to all teenage fathers from a rural context, it does point to a possible shift in norms, whereby a maternal family may allow a father full access to the life of the child, irrespective of the payment of inhlawulo. This is an important milestone in acknowledging the dynamics that exist within the spectrum of fatherhood and the need to find ways of ensuring fathers from disadvantaged backgrounds are involved in their children’s lives. Mandla’s story also sheds light on the ways in which dominant masculine norms are reproduced, such as the need to achieve provider masculinity and a heterosexualised masculinity based on multiple partners and risky sexual behaviour. This latter version of masculinity, which is based on notions of male entitlement to sex, puts young men and women at risk.
Representing teenage fatherhood as masculinity-making, as I have done in this chapter, has value in helping us understand the contradictory ways in which Mandla contested dominant masculinities by describing himself as caring and expressive of emotions, while at the same time reproducing hegemonic versions of masculinity.

Note
1. The chapter title *Ubaba ukhona kodwa angikabi namandla* translates to 'I am here as a father but I don’t have power yet'.

References
Navigating teenage fatherhood in rural KwaZulu-Natal


INTERGENERATIONAL CARE
Parenting while still at school is relatively common in some communities in South Africa. Contemporary research in South Africa shows that parenting in general, and young parenting in particular, as with most care practices (see Reddy et al. 2014) remains highly gendered, with young women and their female relatives carrying the major burden of care (Bhana & Nkani 2014; Morrell et al. 2012; Shefer et al. 2012). Gendered divisions of labour and gender binaristic practices intersect in complex ways with inequalities of class, race and other forms of social identity to shape and regulate the domestic gender dynamics that normalise parenting and care work as women’s work. While young people, especially in working-class communities, are often out of necessity actively engaged in care practices in the home (Bozalek 2004; Budlender & Bosch 2002; Morrell & Devey 2012; Preston-Whyte & Zondi 1992; Rama & Richter 2007), gendered divisions of labour continue to shape how young men and women see their roles in the home (see Ratele et al. 2010; Shefer 2014). When boys and men step outside their prescribed gender roles with respect to care practices, the consequences may be punitive and prohibitive (see Davies & Eagle 2010; Morrell & Jewkes 2014). Despite efforts towards gender equality in households in South Africa, parenting, particularly childcare, remains powerfully associated with women, thus locking women and girls into socially constructed gendered roles.

Parenting practices are also socially and culturally specific (Burr 1995) and are shaped by dominant ideologies, normative practices and material contexts. Parenting in patriarchal contexts, for example, reflects gender-normative practices and is bound up with a prescribed femininity, in which women, themselves, are inevitably complicit in reproducing, as they ‘do gender correctly’ (Bohan 1997: 39). In various African and African-American communities, parenting as a communal practice has been widely documented (see Christian 1994; Hill-Collins 2000; Stack & Burton 1994). Indeed, parenting in most African contexts has historically been regarded as everyone’s duty, with relatives, grandparents, siblings and community members actively sharing in the care of all children (Hill-Collins 2000; Stack & Burton 1994). Thus, while African women in South Africa continue to carry most of the burden of childcare, this is often within a supportive framework that includes extended family and members of the community (see Shefer et al. 2012; Reddy et al. 2014).

Magwaza’s (2003) study, for example, which compared perceptions of motherhood between African and white mothers in Durban, found that, while social and cultural expectations of parenting were common, there were stark differences in
the constitution of families or households and care practices. Most white families took the Western nuclear family of mother, father and two to three children as the normative model for mothering and parenting, whereas African women were expected to mother not only their own children, but those from their extended families as well. In African families, parenting was largely constructed as a communal practice, which meant that mothers, including young mothers still at school, were given support (Magwaza 2003). Having such support has major implications for the continued education and futures of young mothers.

For the purposes of this chapter, parenting practices in families with young mothers are understood to be ‘located in a social context organised by gender in accord with prevailing gender belief systems’ (Arendell 2000: 193). As such, any study of parenting and care dynamics in families with young mothers serves also as an investigation into the broader social, cultural and ideological positions in which parenting is practised in their communities. Furthermore, while there has been extensive research on the cause and effect of teenage pregnancy (see Mkhwanazi 2006; Macleod & Tracey 2010), few studies have explored how young people engage with and experience parenting and what kinds of family dynamics and frameworks develop as a result.

**Research context and methods**

This chapter presents findings from a study conducted in the urban township of Khayelitsha, South Africa. It focuses on the narratives of a group of young, school-going mothers to explore their experiences of parenting and the caregiving systems that were set up to accommodate their children, while also supporting them in their schooling. The chapter draws on ethnographic research, influenced by social constructionist feminist thought, to explore how a group of 15 young mothers aged between 16 and 20 years experienced pregnancy and parenting.

The mothers came from three schools in Khayelitsha, a mainly isiXhosa-speaking community in Cape Town. Access to schools and participants was sought through the relevant education authorities, and signed parental and participant consents were obtained before the fieldwork commenced. Since pregnancy and young motherhood are generally viewed as sensitive issues, especially in a context where they may be stigmatised, participation was strictly voluntary and only young women of 16 years and above were approached. Participants were assured of anonymity and confidentiality. Pseudonyms are used for both the schools and the participants.

The participants’ narratives were analysed through a narrative thematic approach (Riessman 2008). Three main themes emerged that will be discussed in more detail below. The first was the continued feminisation of care; the second was the role of the extended family in supporting young mothers and their children; and the third was how, by accepting the support of their families, young mothers unknowingly relinquished their position as primary carer for the child, and in some instances, also their role as mother.
Feminisation of childcare: The gendered dynamics of parenting

Feminisation of care

The young women in this study largely constructed and experienced parenting in a gender normative way – as women’s work. Women emerged as being primarily responsible for mothering and childcare in the family. Participants who came from households where there were no mothers described how they had to move in with a female relative temporarily, until they gave birth. Thereafter, they were initiated into mothering and caregiving, and once the relative felt they were ready to care for their child themselves, they moved back to their families. For example, Bulelwa lost her mother at a very young age and was raised by her single-parent father. She said that when she was young, her father would wash her clothes and cook, but as soon as he thought she was old enough, she took over these household chores. Despite having looked after his daughter single-handedly for more than ten years, when she became pregnant her father asked her to move to her aunt’s house:

My father decided that I live with his younger sister, [my] aunt, since I was pregnant. My aunt and I are very close so it was not a problem. I stayed with her, she would take me to the clinic, and to the doctor... It was hard when the baby arrived but my aunt was supportive right from the beginning. She would bath, feed the baby and put him to sleep. I remained with my aunt for three months. I was forced to go back to my father because Langeni is quite a distance from school and there were hardly any classmates with whom to discuss schoolwork. (Bulelwa, mother at 18 years old)

Nolu, who lived with her father and two siblings after her mother’s death, said that although she remained in her father’s house during her pregnancy, it was her father’s girlfriend who constantly checked on her. After the baby was born, Nolu was collected from the hospital by a female cousin and taken to her aunt’s (her father’s sister) house. Her cousin and aunt helped with babycare and mothering skills for the first three weeks, and then she moved back to her father, once they were sure that she was ready to care for the child.

I went into full labour [in the] early hours of Friday morning. My father called his girlfriend. She came and took me to the hospital. I delivered that day and on Saturday, my cousin came and collected me. We went straight to my aunt’s place. My aunt taught me how to care for the baby for two weeks. During the third week, I moved back with my father. (Nolu, mother at 18 years old)

These extracts emphasise how women assume the roles of caring for each other during pregnancy, and ensure that young mothers are taught about motherhood and caregiving (Mkhwanazi 2010). This practice works to construct infant care as a woman’s domain (Mkhwanazi 2014; Morrell et al. 2012). Although both these participants’ fathers had raised them without the help of female relatives, they were
not willing to extend childcare practices to infants without the aid and advice of older women. Their actions suggest that they believe only other women can convey knowledge about how to care for infants to young mothers. Moving pregnant young women into adult female domains accentuates pregnancy, motherhood and subsequent care work as feminine in this particular context.

This feminisation of care practices had particular implications for young mothers who had little access to other support structures within or outside their homes, since they had to take primary responsibility for caregiving and domestic work, while simultaneously continuing with their schooling. Participants like Bulelwa and Nolu, who were either the only woman in the family at the time or the eldest female child, said they felt challenged by the multiple expectations on them.

With the baby now, I am trying to concentrate on my studies. It is not easy because I am the adult in the house who has to make all [the] decisions concerning housekeeping. At the same time I am a mother and learner. I cannot really say I am performing well. (Nolu)

My life rotates around my schoolwork and my child. I leave my child [at my grandmother’s] and proceed to school. After school, I collect my baby and go home. At home, I clean up, cook for my father, and do my schoolwork. It is quite hectic. (Bulelwa)

Nolu and Bulelwa’s experiences constitute what De Vault and Liza (2002: 94) term ‘unarticulated experiences’, since they are taken for granted and unquestioned by either the young mothers or their female relatives. Such experiences underlie practices and discourses that challenge gender equality and justice. Through progressive legislation, significant milestones have been reached in South Africa towards levelling the playing field between men and women and disrupting gender stereotypes and normative gendered divisions of labour. However, these more subtle practices of normative gender roles, within and outside the home, continue to impact negatively on young mothers’ progress in their schoolwork. The gendered nature of these practices was evident, too, among participants who received support and assistance with caring for their child.

**Punishment and care**

In some cases, participants reported receiving very little childcare support, and were solely responsible for their children’s care. This linked in complex ways to normative gender roles. While mothers possibly had no intention of punishing their daughters, the young women construed this lack of support as punitive. They appeared to interpret their mothers’ responses as an outcome of the stigmatisation of teenage pregnancy as ‘misbehaviour’, or ‘deviancy’, and therefore punishment for the transgression of dominant community and familial moralities.
I guess she [my mother] knew how she was going 'to fix me'. From the time I gave birth up to now, no one has ever assisted me with the baby, or nappies or clinic visits. My mother left me to struggle with it on my own. My baby has been my problem and my mother has just watched me. Even when I went into labour, I went by myself to the hospital. Even after delivering, she never bothered to come to the hospital…I would stay up at night by myself. In most cases, my mother never bothered to wake up and assist…generally she left everything to me and it was torture. (Thembela, mother at 16 years old)

Thembela explained how her mother made her take the baby wherever she went, as if to insist that she is always responsible for her baby, even if there were people who could have babysat at home. She said that it was like 'the baby was permanently stuck on me' and this weighed heavily on her. Thembela experienced her mother's insistence on her always taking the baby with her as both punitive and unsupportive. As she reflected, 'bringing up a child without any support is tough.'

**Marginal fathers**

Respondents reported a lack of support from the fathers of their children, which also reinforced the gendered nature of parenting and care practices. As documented in another local study, the 'overriding picture that emerged with respect to gendered responsibilities was that it was generally the biological mother and her family (particularly her mother or other females in the household) that played the role of primary caregiver and financial provider' (Shefer et al. 2012: 152). Yet, participants said they expected to receive financial support from their partners, or their partners' families, for the welfare of the child. This was experienced in different ways: the more conscientious fathers accepted responsibility for their partner's pregnancy; paid *inhlawulo*, and were willing to play significant roles in the lives of their children. These were mostly working men who had the capacity to provide for the child. For example, although Cindy's boyfriend had a new girlfriend, he still took responsibility for the child by providing materially and engaging himself and his family in childcare practices.

He is supportive of his child. He buys her clothes, baby food and makes sure that she goes to the doctor if she is not feeling well. He even sends for the baby if he wants to spend time with her. In such cases, he takes care of the baby and even changes the baby's nappies…but in most cases, the baby is always with his mother. (Cindy, mother at 16 years old)

Cindy's words suggest how shared roles in child parenting can be negotiated and the importance of co-operation across both families (see Mkhwanazi 2014; see also Nkani, Mvune, this volume). Yet, this narrative is not necessarily representative of normative practices where more intimate caregiving, such as changing a nappy, is still constructed as unmasculine (see Ratele et al. 2010), as is evident in the subtext:
'but in most cases the baby is always with his mother’ and ‘he even sends for the baby’. Globally, there has been widespread research that emphasises the continued lack of male involvement in parenting and particularly in the more intimate caring practices in childcare (Barker 2006; Wall & Arnold 2007).

The role of partners in providing care, where no other support was forthcoming, also highlighted power dynamics that had a negative impact on young women’s progress in school. Tumi explained that despite her boyfriend being conscientious and supportive of the child, his being unreliable affected her progress in school. She had contemplated dropping out of school to seek employment so that she could care for the child, particularly as her own parents had little to offer:

I was thinking that I would complete Grade nine and then leave school because things are really getting tough for my baby and me now. This man [the father of baby] is not doing enough. I need money. I know that if I drop out of school, I will work by day and then register for night school, [and] things might work. I have seriously considered this but I have not communicated with my parents. (Tumi, mother at 16 years old)

Some local studies have highlighted the financial challenges that young men may face in providing for their children, however willing they might be (Swartz & Bhana 2009; Chili & Maharaj, Mvune, Nkani this volume). In this study, in some cases lack of material wealth did undermine the father and his family’s access to the child. For example, Lucy’s partner had not contributed at all to the upkeep of their child. When Lucy had to relocate to Cape Town to resume schooling, he suggested that the child move to his family, but Lucy and her relatives objected because he had not contributed financially to childcare.

He [the child’s father] does not contribute anything to his child’s upkeep. His parents do not assist in any way also. My baby is being taken care of by my aunt and my uncle and that is that. Recently he [the baby’s father] suggested that the baby be moved to his family since I am going back to school. My aunt and parents would not hear of it because he has never done anything for the baby…these people have never done anything for the child and suddenly they want to take her away because I am returning to school. It is a little too late. (Lucy, mother at 16 years old)

The young mothers in our study believed that the family with better resources should raise the child. Parenting was thus determined and shaped by the financial strength of the families, with either the young mother’s or the father’s family being dominant in the child’s life.

Pumeza became pregnant while her boyfriend was still studying at the same school as her. Following her pregnancy, she dropped out of school and relocated to Cape Town, where her mother was working. At the time of our interview it had been a year since the baby was born, but the baby’s father had never visited or seen the baby,
although Pumeza insisted that they were still in a relationship because neither of them had ended it. The baby was solely under the care of her mother and her family. They made all the decisions around custody and visitation rights and conditions.

Dominant notions of men as breadwinners were evident in these expectations. A father who had failed to contribute to the financial support and welfare of his child was viewed as absent and neglectful, even if he was still in a relationship with the child’s mother. Chili and Maharaj (this volume) write about how young fathers themselves were aware of these perceptions of them based on their ability to provide.

**Extended families and care practices for young mothers**

As we have shown, the narratives of the young mothers emphasised the gendered nature of parenting. In most cases, they also highlighted an intricate web of relations and interactions around the child, and the central role played by family and community in caring for the child and the young mother in communities where practices of care are not assumed to be located primarily within a Westernised nuclear family model.

It was also evident that if a young mother was not given adequate support from her own mother, she sought it from other female relatives, in particular the maternal grandmother who tended to be the first in line for support, thus expanding the network of parenting (see Blake, this volume). Other relatives were drawn on when the maternal grandmother was absent. Depending on the relationship between the two families, the child’s paternal grandparents or relatives may take up the role of parenting to allow the young mother to continue with school (see Mkhwanazi 2014). How this unfolded was influenced to an extent by particular socio-cultural ideals, such as the payment of *inhlawulo* by the boy’s family. When the father’s family paid *inhlawulo*, it allowed them access to the child (see Ngabaza 2010; Nkani this volume). In some cases, this involved daily caregiving from the father’s family, usually by a female relative, allowing the young mother to attend school. Thando, for example, actively sought out parenting support from her boyfriend’s mother when she found that her mother did not want to help her with childcare.

My mother is also uncaring. At times I would leave my boyfriend’s mother to keep the baby overnight because my mother has not been supportive when it comes to baby care…my mother does not mind me doing that. If she does not see the baby around she knows where he would be and she does not care. My boyfriend’s mother has done more than my mother has in assisting me with childcare. (Thando, mother at 18 years old)

Such arrangements often continue, even when there is no longer a relationship between the young mother and her boyfriend. Cindy’s boyfriend, for example, became involved with another woman while the baby was still very young, yet his family remained resolute in assisting Cindy with parenting and childcare. Cindy
explained, ‘I leave the child with her paternal grandmother…I wake up in the morning, get ready for school, and drop the baby at her father's house…I talk to his [the child’s father's] mum and everyone but I do not have any relationship with him anymore.’

Research participants also said that their own grandparents and aunts played a significant role in the parenting of children, adjusting their circumstances so as to be able to help. Gugu described how her grandmother relocated from the Eastern Cape to Cape Town to assist with her baby while she went to school and her mother went to work. Lucy's aunt, who was also her guardian, had custody of her child, since her own mother had not been able to care for her as a young child. Both Gugu's and Lucy's experiences were thus of multiple generational networks of childcare, characterised by ‘fluid and changing boundaries’ of parenting (Hill-Collins 2000: 119).

Authors such as Hill-Collins (2000) have highlighted the central roles of neighbours and friends in providing childcare in African-American communities. This is also common in African communities in South Africa (see Richter 1999; Swartz, this volume) and evident in this study. Nolu said her aunt (her father’s sister) suggested that she leave school and care for her child, since she had no mother to assist her. However, her father thought that leaving school would jeopardise her future. So he recruited a female neighbour to take care of the baby in the day for a nominal fee. Every morning Nolu took the child to the neighbour on her way to school and collected her after school.

Siblings were also drawn into the parenting network of the young mothers’ families. For example, Zoleka’s older sister, who had not done well in the matriculation exams the previous year, looked after the baby while Zoleka went to school. This situation often created tensions between siblings.

My sister is taking care of my child whilst I am at school. I know it is like I have punished her but she understands. I can see that she gets fed up at times because she also does all the cleaning and laundry in the house, then [cares for] my baby. As soon as I get home, before I even come out of my school uniform, she dumps the baby on me. I have to relieve her and take over the house chores, which is cooking and cleaning up after supper. I need time with my baby as well. Before I realise I am fast asleep and I have not done my homework. (Zoleka, mother at 16 years old)

While such caregiving practices may seem exploitative, they were legitimised in a system of mutual and dialogical care. Family members acknowledged a shifting system of obligations in order to further their own and other family members’ advancement (see Swartz, this volume). Zoleka, for example, explained that when she was younger she had helped to care for her elder brother’s child who had been ‘taken from her mum when she was three months old’. 
In all these cases, women were the ones who did the parenting, a finding that has been emphasised in other studies (Mkhwanazi 2010; Morrell et al. 2012; Ngabaza 2010). Although the care of children was carried out by women in the maternal or paternal family, there was often minimal space for young mothers to negotiate the course of parenting they considered suitable for their children.

‘Baby getting and baby keeping’: Decision-making about childcare in multi-generational families

Families’ constructions of motherhood and childcare practices may dictate the terms of support in ways that may not always be optimum for the young mother. In Lucy’s case, her family decided that she should take care of her child until such time as the extended family could help. This meant that she could not continue with schooling immediately after giving birth.

I dropped out of school for two years because my family insisted that I look after the baby until she is big enough so that I could leave her with my aunt when I returned to school…I had no choice but to drop out of school and nurse my baby for two years…my baby is in the Eastern Cape. I do not like the arrangement but there is nothing I can do about it. I want to learn and these are the available conditions, but I hate being away from my baby. (Lucy)

Participants described how decisions were sometimes made for them without any consultation regarding their own ideas of childcare, or their feelings or desires about how to parent their child. Given their reliance on familial or other support to enable them to continue with schooling, young parents were often not in a position to resist the way in which care practices were established for their children. Some respondents expressed feelings of loss because they were not physically close to their children. Others expressed a feeling of displacement and disempowerment when they were physically separated from their children or not actively engaged in caregiving, even while knowing that the situation had only arisen in order to enable them to continue with school.

Young mothers also had mixed feelings about the dynamics between themselves and their parents, about who should take care of the child and how, even when living in the same home as their child. In most cases, however, young mothers were grateful for the parenting assistance received from the women in their lives, and expressed immense relief that they were able to continue with their schooling and with life in general.

My mum is my biggest supporter. Even if the baby cries at night, she quickly comes to my bedroom and takes over. (Zoleka)

Both my mother and grandma did everything for me. It was as if my mother had a small baby again. All I would do was breastfeed the child. I never even
took the baby to the clinic; my mother would do it for me. (Gugu, mother at 16 years old)

As soon as I came from the hospital, my parents completely took over responsibility of the child. They started providing for the child as if he was their own. (Nozuko, mother at 16 years old)

Yet, embedded in the sense of gratitude was also a narrative of loss of access and control over parenting and parenthood. They described their female relatives as ‘taking over’. Gugu said that all she did was ‘breastfeed the child’, stressing that ‘it was as if my mother had a baby again’. This mode of parenting, which Kaplan (1996: 428) describes as ‘baby getting and keeping’, is a common occurrence among families with young mothers in African communities in South Africa (Preston-Whyte & Zondi 1992). While some participants were grateful for this practice, as it ensured their early return to schooling after the birth, a few had reservations, saying that they experienced the ‘taking and keeping’ of children as excluding them from practising parenting.

Such reactions were particularly evident in cases where young women lost complete access to their children. For example, when Viwe’s boyfriend’s mother decided that Viwe should be relieved of the burden of the child, so that she could resume her studies, she was more than ready to accept such help, as she did not want the baby to ‘hold her back’. Yet, two years later she expressed regret at ever having allowed the paternal grandmother to ‘take and keep’ her child. She felt completely excluded and experienced this as a loss of the opportunity to be a mother.

I love my child. I like being a mother but I do not have that child. Even if I do not have money, I would have loved to experience full motherhood even if I had not planned it, but people have snatched that away from me and completely removed me from motherhood and now I am left with an identity of being a mother but practically I am not one. (Viwe, mother at 17 years old)

Viwe gave her boyfriend’s parents full custody of the child against her own parents’ wishes. Later on, when she wanted her child back, her boyfriend’s parents insisted that she should first finish her studies. They said that returning the child to her would confuse the child. Viwe feared that she was slowly losing her child due to this parenting arrangement. Her role as mother, she said, had been ‘snatched away’. Viwe’s experiences draw attention to the potential conflict about parenting that can exist in families of young mothers. While young mothers were grateful for the support of their families provided, not least because of the financial and childcare implications, they were often ultimately unable to negotiate their role as ‘primary mother’, especially if they were living elsewhere. When a relative took care of the child, they also assumed the role of the parent of the child, and given that care was often assumed by women, they became the mother of the child. Instead of enjoying the relief of being able to continue with schooling unhindered by the demands of
parenting, young mothers like Viwe experienced loss and felt detached from the child and their role as a parent. Such first-hand accounts emphasise that some young mothers experience relinquishing childcare as a renunciation of parenting rights for and the ‘forfeiture’ of their babies is, therefore, disturbing and constitutes a loss. Young mothers’ mixed feelings indicate the complexities of young motherhood and of parenthood more broadly. The narratives also reveal young mothers’ lack of agency regarding how their children will be cared for.

**Final remarks: Childcare, a collective family responsibility in African contexts**

One of the key findings that emerged in this study was that the care of children from a teenage pregnancy out of wedlock is often seen as a collective family responsibility. Paternal and maternal grandparents, siblings and other female relatives and/or friends are drawn into parenting and care roles, as well as mentorship of the young mother. The participation by all concerned in this parenting matrix is founded on an understanding that young motherhood should not be an individual challenge, and in most cases the entire family converges around the child and all the available (female) relatives practise caregiving. Even when this involves upheavals, such as relocating geographically or the loss of employment, there appears to be much community and familial support in ensuring that the new child is cared for and that, wherever possible, the young mother can return to and succeed in school.

The study also found that, in families where relatives were highly supportive, young mothers were able to continue with school, which the young mothers experienced as very positive (see Chohan & Langa 2011). Where this was not the case, the challenges the young mothers encountered were aggravated by the gendered roles they were expected to fulfil, particularly if there were no adult women to help them. Thus, family support is key to the education and future of young mothers.

When childcare was extended to community and family, normative gender roles and the feminisation of care was highly evident. Women remained central to parenting practices and took on the heaviest load in childcare and household chores. While in most cases the workload was shared or taken over by female relatives, in some cases the young mothers experienced a complete lack of support, and the assumption of gender normative roles meant they were loaded with domestic duties. Some perceived this to be a punishment for their transgression of normative moralities and prescribed femininity as young women, who are prohibited from active sexuality at this stage, according to dominant moralities and conventions (see also Mkhwanazi 2010).

Also evident, and suggestive of patriarchal discourse and normative gender binaries, was how financial provision for the upkeep of the child was assumed to be the responsibility of the fathers and their families. Dominant discourses on masculinity, such as provider masculinity, appear to impact negatively on both young mothers
and fathers alike, in that those whose parents cannot provide may be marginalised from parenting, discounted as ‘absent,’ even if they are physically present (see Chili & Maharaj, Mvune, this volume).

As has been stated in previous chapters, more research needs to focus on young fathers. One theme the research could pursue is to understand the injustices generated by current divisions of labour. Research that focuses solely on mothers inadvertently reproduces the assumption that women are responsible for care. A key concern emerging in this chapter is that, although young mothers found invaluable support in their relatives, this did not come without cost. Normative decision-making by adults seemed to result in a lack of consultation with young mothers (or fathers) with respect to the parenting and care arrangements made for them and/or their children. The practice of ‘taking and keeping’ a child appeared to work well in some families, but proved to be problematic for others. While the kinds of support a young mother received was clearly critical to whether she was able to return to school and succeed in her studies, in some instances it was also indicative of her lack of control over childcare arrangements, and in other instances it resulted in a sense of loss regarding access to the child and the opportunity of being a mother.

The power that family had to determine childcare arrangements was problematic in cases where young women lost access to their children or felt marginal to the care practices set up. Young women’s inability to negotiate their own agency in parenting was evident in some cases, and highlighted the dominance of adult authority and their subjugation as young people (see also Macleod 2011; Shefer & Ngabaza 2015), as well as, in some cases, notions of young mothers as transgressive and requiring punishment and regulation.

Finally, it is important to note that, while the experiences and narratives presented here may reflect common practices in South Africa, they are also framed within particular socio-material, ideological and cultural contexts. Patriarchal ideologies and gendered normative practices, as well as dominant constructions of youth, motherhood, family and care are located within material contexts of poverty and enmeshed within norms and practices viewed as ‘traditional’ or ‘cultural.’ Both constraints and opportunities regarding such norms and practices are evident for young parents themselves. The study flags how young people are receiving multiple and extended familial support for caring for their children and ensuring their educational progress, and that there are obvious advantages to cultural views on the community as being responsible for all children. Yet it is also evident that, due to certain dominant discourses in local communities on young people, and young femininity in particular, there are also disadvantages implicated in the kind of support offered. It seems that young women, while expected to care for the child, are not consulted on many of the decisions made about caring practices and arrangements. Moreover, the continued feminisation of care, intersecting with other material contexts, such as poverty and cultural practices, plays a role in overloading some young women and/or their female relatives with care responsibilities and
possibly alienating young men from fatherhood in ways that may not be in the interests of young women, or the children born to young parents.

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Control as support: Improving the outcomes for teenage mothers

Shakila Singh and Preenisha Naicker

In the last two decades, young women’s vulnerability to sexual violence, HIV infection and unintended pregnancy has prompted considerable research on young women in South Africa (see Macleod & Tracey 2010; Willan 2013). Focus on the health and wellbeing of young women has put teenage pregnancy and motherhood under the spotlight. Although in most communities motherhood is valued and teenage mothers report some positive experiences of being mothers (Panday et al. 2009; Singh & Hamid 2016), teenage motherhood deviates from notions of ideal circumstances of motherhood and continues to be surrounded by disapproval and stigma. Teenage pregnancy and motherhood continues to be problematised within schools and learner mothers face numerous challenges (Grant & Hallman 2006; Shefer et al. 2013, Morrell et al. 2012).

Given the gendered nature of teenage pregnancy, where young women shoulder the main responsibility of childcare, high numbers of pregnant teenagers have been identified as a serious threat to gender parity in education in South Africa (Panday et al. 2009). As a result, a number of studies have focused on exploring teenage mothers’ experiences in relation to schooling (Bhana, this volume; Bhana & Mcambi 2013; Chigona & Chetty 2008; Nkani & Bhana 2010; Morrell et al. 2012). These studies have sought to find ways to mediate the negative consequences of teenage pregnancy and teenage motherhood among schoolgoing young mothers. Researchers have found that support for teenage mothers within their schools and their families is key towards them realising better educational, social and economic outcomes (see Ngabaza & Shefer this volume). Jewkes et al. (2009) state that due to support from schools and families, together with empowering social policies that facilitate young people’s understanding of risk, education policy responses (such as the South African Schools Act No. 84 of 1996) have contributed to a reduction in the recorded number of teenage pregnancies.

Pregnant teenagers, however, still leave the schooling system before giving birth because of poor health, stigma and shame, among other issues (see Bhana, this volume). Those who return to school after childbirth face immense challenges in catching up on missed work, particularly given that, on the whole, they receive poor or inconsistent support from teachers (Bhana & Mcambi 2013; Chigona & Chetty 2008). Those who remain in school during their pregnancy are often subjected to ridicule and shame (Bhana & Mcambi 2013; Mkhwanazi 2010). It is inevitable that young mothers miss many school days during the period of giving birth and recuperating.
The introduction of the South African Schools Act No. 84 of 1996 guarded against pregnant learners and learner mothers being denied access to education, discriminated against or excluded from school. However, studies show that schools and their governing bodies interpret this Act and the various government policies that have been created subsequently such as Measures for the Prevention and Management of Learner Pregnancy (2007) in multiple ways and that some of these interpretations have a negative effect on the experiences of teenage mothers in South African schools (Bhana & Mcambi 2013; Chigona & Chetty 2008; Morrell et al. 2012).

The significance of family in the lives of teenage mothers is now well established (see Mkhwanazi & Bhana, this volume). Through its instrumental and affective roles, the family has the potential to enhance the socio-economic wellbeing of individuals and hence of society as a whole. Families also have inherent capacities and strengths that can help sustain them in times of adversity. Given that most young women who have children do so outside a socially recognised marital union and often with no means to support themselves and their children financially, family support is crucial in enabling young mothers to cope with the physical, social and psychological challenges associated with early pregnancy and motherhood (Bhana & Mcambi 2013; Morrell et al. 2012; Ngabaza & Shefer, this volume).

While there have been several studies on the experiences and support of teenage mothers within the education sector, research on the dynamics of family support has received little attention. A notable exception is Mkhwanazi’s (2010) study on the management of teenage pregnancy in Nyanga East, South Africa, which addresses family dynamics. A focus on family dynamics in relation to teenage pregnancy and motherhood reveals how gender operates in intimate and familial relations, as well as in society more broadly. A number of researchers in South Africa have shown the ways in which the experiences and consequences of teenage pregnancy are profoundly gendered, particularly in relation to care, but also in how it is managed (Bhana et al. 2010; Bhana & Mcambi 2013; Mkhwanazi 2010; Morrell et al. 2012). The issue of the feminised nature of childcare has been widely discussed (Mkhwanazi, 2010; Morrell et al. 2012; Ngabaza & Shefer, this volume). Studies have shown that blame and accountability for the management of both teenage pregnancy and motherhood are often cast upon the teenage mothers and, in many instances, the teenagers’ mothers as well (see Bhana et al. 2010; Blake, this volume; Mkhwanazi 2010; Morrell et al. 2012).

Exploring teenage pregnancy in relation to social norms regarding gendered and intergenerational relationships, Mkhwanazi (2010) writes that in attempting to uphold the ideal of good parenting, which included avoiding discussions about sex with children, mothers did not give their children sufficient knowledge about how to prevent pregnancy. Furthermore, Mkhwanazi argues that when a daughter became pregnant, her mother was seen by the community as being to blame for not raising her daughter properly. However, the support a mother subsequently
gave to her daughter during her transition into motherhood often enabled the two generations of women to reaffirm their adherence to the ideals of good parenting and intergenerational relationships.

While Mkhwanazi paints a picture of unequivocal support from mothers to their daughters, other research on support within families in South Africa has revealed varied responses and reactions (see James et al. 2012; Swartz, this volume). Families are often overwhelmingly disapproving of unplanned pregnancies. However, after initial negative reactions, most families become supportive. Indeed Jewkes et al. (2009) and Singh & Hamid (2016) attribute a decline in the stigmatising of teenage mothers as a consequence of family support.

In this chapter we explore the dynamics of support for teenage mothers within the family. Given how the literature emphasises the gendered nature of support within the family, we focus specifically on support by mothers. We argue that the support often engenders a form of control, specifically over the young mother’s sexuality. We show that the form of this control is not top down, but, rather, a negotiated agreement (often non-verbal) between mothers and daughters.

**Methods of research**

This chapter is based on data drawn from a larger qualitative study that focuses on sexual risk amongst teenage mothers in selected schools in South Africa, and explores how social experiences are created and given meaning. The research was conducted among 16-to-19-year-old teenage mothers in two schools in Durban, South Africa. The schools were selected because two of the researchers taught at them, and a familiar and trusting relationship already existed between the researchers and the participants.

Both schools were multiracial, coeducational and situated in peri-urban areas in KwaZulu-Natal, one in Umkomaas (on the South Coast) and one in Pinetown (west of Durban). Most of the learners were African and lived with parents or grandparents in low-income communities surrounding the schools. The areas from which the participants came were characterised by poverty and unemployment. Those who were employed relied on employment mainly in the informal sector.

Over a period of a few years, the researchers at each study site observed that there had been several pregnant teenagers, some of whom had not returned to school after giving birth. As they knew the learners well, the researchers approached a few of the teenage mothers directly, explaining what the study was about and when and where the interviews were going to be held. Learners who had babies and had returned to school were specifically targeted for participation in the research. Snowball sampling was also used to recruit participants, whereby those who agreed to participate were requested to encourage other teenage mothers in the school to join the study. Twenty teenage mothers participated in the study, eleven from one school and nine from the other.
The researchers took great care to ensure that their questions would not be interpreted as making any judgement about sexuality. For instance, even though some participants chose to discuss their personal and sexual lives, they were not requested to disclose the reasons for or circumstances of their pregnancy. Professional counselling was available for participants if they became upset or emotionally affected by narrating their experiences, but none of the participants required this either during or after the interviews.

In-depth individual interviews were conducted in English in a classroom during breaks or at the end of the day, depending on what was convenient for the participant, and lasted between 45 and 60 minutes. Scheduling interviews was challenging, as they often had to be postponed because of the responsibilities the teenage mothers had after school. Contrary to our initial concern that participants may be reluctant to speak openly with the researchers, participants in this study were open and enthusiastic. They said that they considered themselves marginalised at school and that the research provided a valuable opportunity for their voices to be heard.

The interviews were audio recorded, with the permission of the participants, and later transcribed verbatim. Each transcription was printed and given back to the participants to read and correct if necessary. The interview data was then analysed, using thematic analysis. Pseudonyms have been used to maintain the anonymity of participants.

To provide some background and context to the lives of the research participants, we begin with a vignette featuring Mandisa, one of the teenage mothers. The vignette describes how Mandisa’s family reacted to her pregnancy and the subsequent support family members offered her.

**Mandisa’s story**

In 2014, Mandisa was 19 years old. She lived in a house that belonged to her mother but was shared by many other relatives and friends. Her mother, Dumisile (a single parent), was a cleaner at a local hospital. When Mandisa began menstruating, her mother advised her not to sleep around with boys because she would become pregnant.

Mandisa met Bheki, the father of her child, in 2012. He was 23 years old. She said that then she had wanted to have a baby. Mandisa became pregnant in 2013 and gave birth to a baby girl, Zekhona. Her mother (and the rest of the family) was very angry with her for becoming pregnant while she was still in school and forbade her from having sex for three months after Zekhona was born, explaining that this was part of a traditional cleansing process for new mothers. Her boyfriend, Bheki, did not have a problem with this because, Mandisa told us, he ‘passes time with other ladies’. After three months of the cleansing process, Mandisa had protected sex with Bheki once. She said she felt uncomfortable about the sexual encounter because she
considered her first pregnancy as ‘a mistake’ and because she was reminded of her promise to her mother that she ‘would never do it again’. In the interview, Mandisa said that her pregnancy was ‘the first and last one’. She added that unprotected sex ‘is bad and I must not do it. It makes me feel good about myself because I no longer do it’. Mandisa stated that having experienced pregnancy and motherhood as a teenager, she could not understand how teenagers could have subsequent pregnancies. ‘I always ask myself why they do it’, she said.

At the time of the interview, Mandisa received a child support grant for her child and continued to live with her mother, who helped take care of Zekhona. Bheki provided some financial support to augment the grant, and her mother helped to care for Zekhona when Mandisa was busy with her schoolwork. Mandisa said that she did not have time to go out because she was juggling both schooling and motherhood. She preferred to be at home, where she was accepted and respected, and where she did not have to deal with teasing and taunting from her peers and teachers. Since becoming pregnant, her relationship with her mother had become important in her life. Looking back, she wished that she had delayed her pregnancy. Her advice to her peers and other teenagers was that they should delay pregnancy, ‘until you are grown up, you are married, have everything, have money, depend on yourself, not on anyone else…because you put your parents in a lot of trouble and they have to suffer’. She added, ‘the virgin, she must stay like that until she gets married. She must be positive about herself and not listen to other people. The son, he must focus on one girl at a time, not the whole country.’

Mandisa’s story reflects many of the issues that other teenage mothers in the study experienced. To begin with, Mandisa experienced an overwhelmingly negative response to her pregnancy. Her family was disappointed and she was ridiculed and shamed at school. Similar to the findings of previous studies, the negative responses at home were temporary, and female kin, particularly mothers, eventually provided support during her transition to motherhood (see Bhana & Mcambi 2013; Bhana et al. 2010; Chigona & Chetty 2008; Mkhwanazi 2010; Nkani & Bhana 2010; Wood and Jewkes 2006). In the following sections, we draw attention to two issues that relate to family support; the first concerns the dynamics of support given to teenage mothers by their mothers, and the second relates to the connection between this support and the control of sexuality.

**The dynamics of support**

Mandisa, like all the teenage mothers we interviewed, returned to school after giving birth because her family (mainly her mother) helped her with childcare. From discussions with our research participants, we gathered that childcare support from mothers was not a given just because the mothers were at home, but rather that providing support was a conscious decision, especially from those mothers who worked outside the home. Mandisa’s mother, for example, worked in a hospital
and in order for her to assist Mandisa with childcare, both mother and daughter had to negotiate and agree on routines that they would follow. Lungi and Sharon, two teenage mothers, had the following to say about the support they received from their mothers:

...every time I come from school I clean the house. My mother is working and she comes home at about 5 pm so I clean, wash the dishes and bath the baby and when my mother comes back, she looks after the baby so that I can do my homework. (Lungi)

Sometimes it is difficult but my mother helps me to cope with it. Normally I don't go out with friends. Even if I didn't have a child, I was not used to going out because my mum says I must do my schoolwork. I manage because if I am doing my schoolwork, my mother helps me to take care of my child. (Sharon)

The support that the teenagers’ mothers gave indicated a continuing investment in their daughters’ social and economic advancement. In helping with childcare, mothers were committing to enabling their daughters to go back to school and continue with education. Within the resource-poor context where the research was conducted, attaining an education was one way to facilitate a better life and mothers were determined to give their daughters this chance. Lungi said that her mother was angry when she found out Lungi was pregnant, because she was ‘the first child to get to high school’, implying that Lungi was the first child to have a chance at a good education and the upward social mobility that might bring. Alluding to the idea that there was a right time and a particular stage in the life course when one should become pregnant, Mandisa said that she was aware she had disappointed her mother by having a baby at a time that ‘was not right’.

On reflection, the young mothers acknowledged that their mothers had initially provided them with advice about how not to become pregnant and admitted that they had not fully understood this as constituting advice because it did not directly address contraceptive methods. Many of the young women felt that, even though they had not listened then, their mothers’ advice was valuable. Messages about avoiding sex during the school years and/or teenage years were a dominant theme in the advice given by mothers to their daughters.

When you go through menstruation they sit down with you and tell you that you shouldn't sleep around with boys because you will get pregnant. They tell you that you are now a young lady and you must look after yourself. (Mandisa)

I think I would have listened to my mum. I think it's those little things every parent tells, like she told me not to chase after guys. She told me not to stay out late. She told me not to hang out with my friend. She told me to study. (Sharon)
The regret Sharon (and, indeed, most of the other young mothers) expressed about not having listened to her mother's advice is echoed in the findings of other studies (see Macleod 2001; Nkani & Bhana 2010; Panday et al. 2009). Our respondents stressed the extra financial strain that having a child put on their already impoverished families. For example, Mandisa told us that, even though she received a social grant and that her boyfriend provided intermittent financial support, she was still dependent on her family for extra financial and social support. Like all of the other teenage mothers in the study, she lived with her child in her parents' home. Bongi underscored her awareness that she had to do what her parents told her to by saying, 'Yes, I would love to go anywhere and do anything I like, but I need my parents so I have to follow the rules.' She was dependent on them for childcare.

The research participants also emphasised how the support they received from their mothers was tied to their accepting greater regulation and restriction of their activities outside the home. A great deal of the regulation revolved around their sexuality. Mandisa explained, 'And when it [pregnancy] happens they will chase you at home and disown you maybe for a month and then they will accept you. They give you advice: this must be the last time. You must never do it again.'

In Mandisa's experience, a pregnant teenager must accept certain conditions if she is to be allowed back home. She must listen to the advice of her elders. The research participants said they expected their mothers to restrict their movements and control their behaviour. Restrictions ranged from a ban on sex to greater control of their movements. Joyce, for example, said that she and her boyfriend did not have sex after the baby was born. She explained, 'We were not allowed to have sex for a certain time. My mother told me that it must be six months.' The majority of research participants reported that, although they felt they were sometimes treated as adults because they were mothers, at other times they were treated as errant children who must endure punishment by having their movements outside the house restricted. Many mentioned that they had stricter curfews than their peers. Andiswa, for example, said she was not allowed to attend any parties: 'My friends talk about parties and so on and I get lost [because] I'm not used to going to parties [because] my mother is so strict so I know I must get those ideas [of going to parties] out of my mind.'

The responses and reactions to the control imposed on them by their parents (mainly their mothers) were varied. Andiswa said that she was grateful to have the support from her family to be able to continue with her studies. She added that she understood that the control imposed was part of the support her mother was giving her and so, instead of fighting it, she developed different interests to those she had before her pregnancy. 'I now talk about life, my future and what I want to become. How I want to be successful in life and the good role model I want to be to my child.' Mandisa said that she understood her mother's new strictness as an attempt to prevent her from making the same mistake and becoming pregnant again. In contrast, Sharon was slightly resentful. She felt that she was missing out on
the life that other teenagers (who were not mothers) enjoyed. ‘I feel that a child is very stressful. I feel that I should be enjoying my school life and enjoying my matric [matriculation] dance.’

Due to their experiences and the advice they had received from their mothers before and after their pregnancies, our research participants said that they were in a good position to give advice to other teenagers. When we asked what advice they would give, many repeated the same warnings they themselves had received from their own mothers; mainly that girls should not lose their virginity before marriage.

I will tell a virgin that she must protect herself until 21 years old and [that she should] ask for her parent’s permission to do anything. In our culture if you turn 21 [and] you are still a virgin we have like an honour party for the girl. (Phumzile)

[She must]…think carefully before doing something. First [she must] go to school to learn, and get a job and then she can decide about a boyfriend… She must know her decisions. I will give different advice because she is a girl, because boys are the ones who play with the girls and use them. She must ignore boys and make good choices, concentrate on school work. (Malondi)

She must not do it [sex] until she gets married…She must be positive about herself and don’t listen to other people. (Mandisa)

I would say that she shouldn’t [have sex] if she is still a virgin; she should stay a virgin until she gets married. If she is having sex, then she should use protection or a condom. (Yolanda)

The young mothers emphasised that they had learnt from their experiences. They all underscored the importance of education, stability and maturity before becoming pregnant. As we have shown, much of the advice the young mothers gave was similar to the advice they had received from their own mothers. The young women’s experiences of motherhood, together with their mothers’ support (and control), contributed to understanding the messages about sexual safety that they had not initially heeded. However, and most significantly, most young mothers also recognised that, while abstinence was ideal, it was not realistic. Teenagers would be having sex regardless, and the advice they should be given should be about how to protect themselves from pregnancy. So, unlike their mothers, these young women were willing to advise young people, especially other young women, about contraception use.

Understanding control

Previous studies have shown that, within a supportive family, environmental stigma and shame are reduced and broader goals, such as gender equality, can be engaged (Morrell et al. 2012). According to Morrell et al. (2012) and Mkhwanazi (2010), in
most cases mothers were less disapproving of teenage pregnancy than fathers and support within the family for the teenage mother and infant was mainly from the mother. This may be because the teenager’s mother may have also been a teenager mother herself and thus, remembering her own hardship of being a teenage mother, may have been more forgiving of her daughter. However, the support that a mother gave to her pregnant daughter was not a given but, rather, a result of negotiated conditions between mother and daughter, which included sharing duties and the restriction of movement and sexuality. The reason that mothers gave support, we suggest, was not only because of their own reproductive histories but also because they were deeply invested in their daughter’s education and vocational futures.

Similar to findings from previous studies, families were initially disapproving of the pregnancy, but this was temporary (see Bhana & Mambi 2013; Nkani & Bhana 2010; Singh & Hamid 2016). Mkhwanazi (2010) writes that by becoming pregnant, a teenage daughter sets her own mother up to be blamed for having failed to raise her daughter properly and that mothers express concern about the shame early childbearing brings to the family and of being regarded as a ‘bad parent’ by the community.

Our research participants spoke less about shame and bad parenting. They highlighted how initial negative responses were due to their mothers’ disappointment about the effect teenage pregnancy may have on their educational achievements and future social mobility. Mothers were angry and/or disappointed because of the potential long-term negative effects that pregnancy and motherhood could have for their daughter, her child and the family at large. Our findings suggest that support from mothers was geared towards breaking the cycle of poverty in an impoverished context, where women were socially and economically subordinate. Indeed, older mothers placed great emphasis on education and its potential to change the social and economic circumstances of the next generation. As we have shown, young women’s educational and economic futures are at stake and this is of particular significance. Households in South Africa have relied predominantly on men as providers (see Mkhwanazi & Bhana, this volume). However, changes in the political economy have produced contexts in which women’s work is the core of households, rather than men’s, producing changing gendered dynamics and shifts in the workforce, while at the same time shaping the reproductive and relational futures of young women.

Similar to other studies, our respondents also expressed regret about the timing of their pregnancies (Bhana, this volume; Hamid 2012; Mkhwanazi 2014) and wished they could have been later in life. Coupled with expressions of regret for the unplanned paths their lives were forced into, young mothers emphasised that they had learnt valuable lessons from their experiences. Authors such as Bhana & Mcambi (2013) and Mkhwanazi (2010) have argued that teenagers regretted their pregnancies because of the shame and stigma attached to teenage pregnancy. We found that the lessons learnt by the teenage mothers were to protect themselves and re-chart the course of their lives after the interruption to their schooling. We also
found that it was due to the intervention of their mothers that they were able to continue with schooling (see Ngabaza & Shefer, this volume). A combination of their mothers’ interventions and their own understandings allowed pregnant teenagers to negotiate their transition to motherhood.

Stricter control of teenage mothers has also been written about by scholars who suggest that control was intended and experienced as punishment (Bhana & Mcambi 2013; Macleod & Tracey 2010; Nkani & Bhana 2010). Our findings revealed that mothers’ stricter control of their daughters was viewed in varied ways. Some young mothers saw it as a continuing punishment for having transgressed the norm of virginity until marriage, but the majority saw it as necessary support and protection against undesirable consequences. It is possible that young girls’ mothers’ responses were not punishment, per se, even if experienced that way by young girls, but they were, instead, a reaction to their own transition to motherhood as teenagers and an attempt to guard against their daughters going through a similar difficult transition.

We found that teenage mothers’ perceptions of their own mothers changed as they, themselves, transitioned to motherhood. We suggest that the initial negotiation processes of whether the teenage mother would return to school and how the child was going to be cared for was critical to this change. For, it was during this process that they accepted their mothers’ authority, and, in doing so, came to regard their mothers as allies who were looking out for them, rather than as enemies who were punishing them.

Facilitating their transition into motherhood, mothers provided a space to interact with their daughters as adults with shared aspirations. Having experienced the consequences of an inadequate understanding of what may happen due to unprotected sex, our research participants said they felt it was important to disrupt the traditional ideal of not talking to children about sex. They positioned themselves as having greater insights about parenting. While some teenage mothers adhered to traditional notions of mothers as carers and home-makers, participants seemed to place a greater emphasis on achieving personal goals through focusing on them. Importantly, they intended to pass on powerful messages to the next generation about the importance of education, of delaying sexual activity until greater maturity and of consistently safe sex practices.

Connecting support and control

This chapter contributes to the theme of ‘young families’ and is intended to stimulate different approaches to understanding the kinds of families that cohere around teenagers becoming mothers and the family dynamics that accompany early childbearing. In this context of poverty, mothers were heavily invested in their daughters’ educational and vocational futures. When their daughters became pregnant, mothers provided support to ensure that their daughters continued with their education in order to increase their chances of upward social mobility. The
support from mothers was closely coupled with control of sexuality and movement. In the process of negotiating this support, they also helped their daughters to become aware of how they needed to navigate their futures.

While regulation is commonly viewed as a restriction of agency, the regulatory aspect of control by mothers contributed to young women assuming greater agency. It also resulted in teenage mothers reproducing their own mothers’ messages of gender and sexuality as they, themselves, became young mothers. Ultimately, what this chapter points to is that control does not always have to be imposed from the top down: young women are often included in negotiating support from their mothers, and the concomitant measures of control. As a result, they understand and accept their mothers’ value, rather than defying them, as they had done prior to becoming pregnant.

References


Negotiating motherhood at the intersection of intergenerational fertility, HIV and care

Alison Swartz

In South Africa, the socially restorative role that grandmothers have played in caring for children orphaned by HIV, or children born to teenage mothers, has been widely explored (Mkhwanazi 2010; Mkhwanazi 2014). This chapter discusses a different reality, one in which grandmothers are young; HIV positive grandmothers are living longer because they are on antiretroviral therapy (ART) and are thus able to have more children. The chapter explores how this reality shapes teenage mothers’ experience of attempting to both achieve and maintain a socially legitimate form of motherhood in the context of a multi-generational household.

South African families are diverse. Such families are shaped and simultaneously threatened by a range of socio-economic factors, including poverty (particularly its feminisation), inequality, absentee fathers, HIV and teenage pregnancy. Teenage pregnancy, coupled with the fact that the population in South Africa is young, has given rise to multiple and varied ‘young families’.

In recent years, young families have been further explored in South African research. Here, I am concerned with two important points that have emerged from the literature. First is the precarious and uncertain nature of paths that women living in impoverished contexts follow in an attempt to become socially and morally ‘respectable’ mothers (see Blake, Botha, Versfeld, this volume; Salo 2004). Second, literature that focuses on teenage pregnancy highlights, in particular, the importance of social networks and kinship ties in the social ‘management’ and care of children born to young mothers (Mkhwanazi 2010; Mkhwanazi 2014; Ngabaza & Shefer, Singh & Naicker, this volume). Grandmothers of the children of teenage mothers often play a central, if not primary, role in caring for their grandchildren. In so doing, they carry out much of the socially restorative moral work of recasting their teenage daughters, and also themselves, as ‘good’ mothers.

Over the last few decades, HIV-related deaths have fundamentally reconfigured South African families and caring practices. This has often had direct implications for grandmothers left to care for grandchildren who have been orphaned by HIV. Today, with access to antiretroviral treatment, HIV positive people can have a life expectancy similar to that of the general population (May & Ingle 2011). In the South African context of continued socio-economic marginalisation and high rates of early pregnancy among black Africans, the (now stabilising) HIV epidemic has created new forms of young families. Although there has been research focusing on the social management of pregnancies for economically marginal teenagers, less
explored are the experiences of the multiple generations often involved in the care of teenage pregnancies.

This chapter thus focuses on the experiences of one young family that has a history in which generations of women had their first pregnancy when they were teenagers. These early pregnancies have meant that, when they become grandmothers, they are often still of childbearing age. This disrupts a conventional ‘life course’ trajectory as women move from being mothers to grandmothers and back to mothers again. Furthermore, and as is the case in this family, access to ARVs has prolonged the lives of HIV positive mothers, enabling them to have pregnancies later in their lives.

The data presented in this chapter is drawn from long-term ethnographic fieldwork conducted in the neighbourhood of Town Two, Khayelitsha, near Cape Town. My connection to the area began in 2009 through Monwabisi Maqogi, a long-standing anti-apartheid and community activist and pastor of a small church. Much of the data was generated through participant observation, specifically through participating in activities related to youth and their wellbeing. This chapter draws on data collected for my doctoral study, which, over a period of two years, traced 15 young peoples’ experiences of growing up and attempting to access more adult forms of identity in Khayelitsha. One of these young people was Zabi, whose negotiation of motherhood I describe here.

**Intergenerational fertility in context: At the intersection of teenage pregnancy and HIV treatment**

Literature on teenage pregnancy in South Africa reveals that, although the rates of teenage pregnancy have been steadily declining (Branson et al. 2013; Moultrie & McGrath 2007), they remain high. These rates vary by province and by racial group (Branson et al. 2013), with black Africans in rural parts of the country having the highest (see Mkwananzi, this volume). Silence and secrecy often shroud matters related to sex and sexuality in African families (Bray et al. 2011; Delius & Glaser 2002; Harrison 2008; Mkhwanazi 2010; Ngabaza 2011; Posel 2004) and are not openly discussed between members of different generations – especially not between parents and children. Although loss of virginity is often at a young age, the ideal is that girls should not have sex until they are older or married – an ideal shared by women of both the younger and older generations (Harrison 2008). As Mkhwanazi (2014) argues, this silence surrounding sexuality has created fertile ground for teenage pregnancy.

Over the last three decades, the nature of HIV treatment and prevention in South Africa has shifted dramatically. HIV has become a chronic rather than an acute illness (Deeks et al. 2013). South Africa has the largest and most successful HIV treatment programme in the world, and with access and adherence to antiretroviral treatment, HIV positive people have life expectancies comparable to HIV negative
people (see Coovadia et al. 2009; May & Ingle 2011). Although the incidence of HIV infection in South Africa is, in general, declining, young women, particularly teenage women, continue to comprise a portion of the population where infection rates remain high (Harrison et al. 2015). However, because of ARV treatment, HIV, on the whole, no longer acts as a factor deterring women from pregnancy (Cooper et al. 2009).

Sustained high rates of teenage pregnancy, coupled with widespread access to HIV treatment resulting in the HIV epidemic becoming stabilised, has produced a generation of grandmothers of childbearing age. These young grandmothers, with relatively good health because of ARVs, are able to entertain the idea of having more children, thus creating multi-generational, yet chronologically disordered, young families. This reconfiguration of kinship structures has significant implications for teenage mothers navigating their transition to motherhood. In the sections that follow I explore this in more detail.

**Extended fertility/compressed generation and childcare within the context of poverty**

Mambele was born in rural Tarkastad in the Eastern Cape in 1944. As a young girl, she and her siblings worked on a nearby farm. The school they attended was a walk of several hours away. Although her parents encouraged her to attend school, the distance, she told me, became too onerous and so she stopped going. Teachers also hit children at school – another deterrent to her attendance. Mambele married in her late teens because, as she explained, ‘things were different back then’. Her parents were strict and had told her to be ‘patient’ and ‘persevere’ to have a respectable family. To them, having a respectable family meant that sex and having children could only rightfully exist within the context of marriage. Although Mambele did not want children, the first of seven was born when she was 19. Ntombi, her second to last born, arrived in 1979 when she was 35 years old. By the time her youngest son was born in 1985, Mambele’s childbearing period had spanned a total 21 years, from 1964 until 1985.

Ntombi was a little girl when, in 1985, the family moved from Tarkastad to Cape Town. They initially settled in Khayelitsha, today one of South Africa’s largest townships. Khayelitsha was originally established as a residential settlement for black South Africans by the apartheid government in the early 1980s (Spiegel & Mehlwana 1997). The family moved in with an aunt who lived in the neighbourhood of Site C and who was a prominent anti-apartheid activist. She was the secretary of the South African National Civic Organisation (SANCO). It was a politically difficult time, when men were being actively recruited to fight for ‘the struggle’. Movement in and out of township homes was restricted, particularly for women and children.
Ntombi discovered that she was pregnant with Zabi in 1995. She was 16 and had just started Grade 11. When it became clear that her child’s genitor would not take any responsibility for the pregnancy, Ntombi dropped out of school, hoping to find work to support herself and her baby. Despite her efforts, she was unable to find employment. Ntombi struggled to care for her daughter, whose nickname ‘Zabi’ comes from the word zabalaza, which means ‘struggle’ in isiXhosa. In order to help her daughter, Mambele became Zabi’s primary caregiver. In 2002 and 2009 respectively, Lindiswa and her sister Nandi were born to Ntombi. During that time, Mambele supported the family as best she could on the meagre monthly government assistance afforded to her in the form of her old-age pension. By that time the family had moved to Town Two, to stay in a simple Reconstruction and Development Programme (RDP) house that lacked indoor plumbing. Ntombi was not working, and none of the three fathers of her children offered much support. Although she was legally qualified to receive child support grants for each of her three children, Ntombi had not been able to navigate the bureaucratic processes associated with getting her South African identity book, which was required to register for the grants.

Zabi began drinking and partying with her friends when she was about 14, in much the same way as her mother had done at her age. She proudly showed me photographs she had kept of her and her young friends wearing make-up and tight, revealing clothes to nights out at local clubs and taverns. In 2013, when Zabi was 16 and her mother was 33, Zabi found out she was pregnant. For the first part of the pregnancy, Zabi continued to drink and go to parties, but was encouraged by the local pastor and his wife to care for herself and her unborn child. When her daughter was born healthy, Zabi was relieved. Sandile, the genitor, denied paternity at first, but after seeing the child his family verified that he was the father. He made little contribution to the support of his daughter – he had also dropped out of school and was unemployed. However, Sandile named his daughter Thandiwe – the same name that his best friend had chosen for his daughter, born little over a year before. When Thandiwe was almost two years old, on 6 February 2015, Ntombi’s fourth daughter was born.

In Khayelitsha, Zabi’s family was not unique. The majority of households there were multi-generational and headed by women. Most households relied heavily on small amounts of income secured either through sharing part of the income generated by employed family members, or through sharing government social grants. The old-age pension, given to people over the age of 60, was the most common grant, which, at the time of writing, was approximately R1 410 per month. Child support grants, worth about R360 per month per child under the age of 18 years, were also common. Levels of education were problematically low, with poor matriculation pass rates, poor school infrastructure and high drop-out rates (Spreen & Vally 2006). Lack of employment opportunities and income poverty have persisted through generations, with approximately 74 per cent of households living on a monthly income of R3 200 or less, with an average of 3.3 persons per household (Stats SA 2013). If young
people in Khayelitsha find employment, it is most often insecure, poorly paid and piecemeal. In addition to these material and infrastructural challenges, the burdens of morbidity and mortality, including illnesses, such as HIV and tuberculosis, continue to characterise the lives of residents in Khayelitsha. Crime, violence, and drug and alcohol abuse have also intensified in Khayelitsha over the last two decades. Navigating one's transition to motherhood in this context is complex, and is further complicated in contexts where pregnancies between generations are out of sequence. In the following section I describe a day in Zabi's life: the day her youngest sister was born.

**Another sibling born, 6 February 2015**

On that morning, I walked with Lindiswa to meet her older sister, Zabi, in Town Two clinic. It was a hot and windless Friday morning. The air smelled of braai meat and rotting garbage. As we walked past the rows of cinderblock houses and shacks made of corrugated iron sheets and bits of wood, I asked Lindiswa why she hadn't gone to school that day. She said she couldn't go because she didn't have any paper to write on. The school year had started, and, while most schools in the area didn't charge fees, the cost of transport, school uniforms and stationery meant that she, like many others, could not go.

When we arrived at the clinic, we spotted 19-year-old Zabi and six-month-old Neliswa amid rows of women, all waiting for their babies to be seen by the nurse. Many of them looked as young as Zabi. Like Neliswa, most of the children were brought to the clinic for their 'dates' – routine clinic appointments for vaccinations and check-ups. Since the death of Neliswa's mother two months before, Zabi had played a central role in caring for her – washing, feeding, dressing, changing and watching over her every day, alongside Thandiwe, Zabi's own 18-month-old daughter.

I settled in the seat next to Zabi, aware that, although she had already been waiting for two hours, we would probably have to wait at least another two before being called by the nurse. After some time, Zabi casually announced that her mother, Ntombi, was also at a hospital that day. To my surprise, she said that her mother was having another baby. Zabi hadn't mentioned that her mother was pregnant until that morning.

That afternoon, Zabi, Thandiwe and Zabi's two younger sisters, Lindiswa and Nandi, piled into the back of my car to visit their mother and the new baby in the hospital. I was parked outside Mambele's three-roomed house, where all three sisters, Thandiwe, Mambele's youngest son and a female cousin Zabi's age all lived together. Mambele had raised Zabi as her own daughter and played a central role in caring for Lindiswa and Nandi. As we drove, Zabi told me that she was nervous and hoped that the baby was not another girl. A little later, when Zabi and Lindiswa joined us in the waiting area, I knew from their slightly disappointed looks that they had a new baby sister.
That afternoon I also learnt that Ntombi was HIV positive. I had asked Zabi if she knew if her mother was planning to breastfeed. Rates of breastfeeding remain consistently low in South Africa and I knew very few mothers who breastfed their babies for longer than six months (Department of Health 2011; Doherty et al. 2012). Zabi, who was still breastfeeding 18-month-old Thandiwe, was unusual, which was why I wondered if her mother would do the same. Something about the way Zabi told me that Ntombi would not be breastfeeding implied her mother’s HIV positive status. Three months later we were all relieved to hear that the new baby was HIV negative.

Navigating motherhood in the context of intergenerational fertility: Seeking morally and socially respectable forms of motherhood

This family’s story raises three important points. First, it highlights the role that many grandmothers play in the lives of their teenage daughters’ children. Second, it suggests that this role is changing in response to the persistent and deepening socio-economic challenges faced by families such as this one. Finally, it sheds light on a trajectory that one teenage mother followed, in order to transition to a socially and morally legitimate form of motherhood.

When Ntombi found herself pregnant at the age of 16, she unsuccessfully tried to find employment, but when Zabi was born, they were both housed and financially supported by Mambele. As is often the case, Mambele became her Zabi’s primary caregiver. As one young Town Two mother explained, if teenage women have children, these children become ‘their [own] mother’s child’. The role that grandmothers play in the lives of their teenage daughters’ children has been widely considered in the literature on teenage pregnancy. For example, Salo’s work on the construction of ‘personhood’ in Manenberg explored the ways that mothers and daughters negotiated an early pregnancy (Salo 2004). Through careful social management of an adolescent pregnancy, which includes support of the adolescent’s mother, achieving the status of ‘respectable mother’ is possible. Mkhwanazi (2010, 2014) suggests that a grandmother’s care of her grandchildren is transformative for both generations of mothers. By taking on a primary caregiving role for children born to teenage women, teenagers’ mothers help to restore their own identities as ‘good’ mothers, and by the same token, by accepting the care and guidance of their mothers, teenage mothers, themselves, are afforded the opportunity to be transformed into ‘good’ mothers.

This brings me to the second point. Without access to the same sorts of resources to which their mothers had access, such as housing and labour, the supportive role that mothers have historically played in caring for the children of their teenage daughters is no longer possible for young women, such as Zabi. Versfeld (this volume) explores the ways in which the ideals of ‘womanhood’ have shifted from those outlined by Salo (2004). She explains how the opportunities that had been available to
women of the previous generation to achieve what she calls ‘positive personhood’ have been eroded in the current socio-political environment. Now, young women often do not have access to housing, work or social welfare, and this means they are less able to transition to womanhood in positive ways. Ntombi, without work or access to housing, found herself in this position with her children. Similarly, Blake (this volume) discusses the ways in which mothers seek to be recognised as ‘moral mothers’, highlighting the difficulty of achieving this within the context of socio-economic marginalisation. Similar to Mkhwanazi, Blake emphasises how experiences of motherhood are deeply relational and negotiated between women of different generations, and that these negotiations often cause painful conflicts.

Finally, and perhaps most importantly, this story highlights how contemporary teenage mothers, faced with various challenges in transitioning to motherhood, are finding new pathways to access a legitimate form of motherhood, without the immediate help and support of their own mothers. When Thandiwe was born, Ntombi was 33 years old. Her youngest child was just two years old. Without work or a place for her family to stay, Ntombi continued to rely heavily on her own mother, Mambele, who was already of advanced age and quite frail, to support both her children. Instead of Thandiwe’s care being shared between Zabi and Ntombi, Zabi was left to carry the bulk of the childcare on her own.

This was a difficult and sometimes impossible task. Growing up in a township context poses complex socio-economic challenges to young mothers. Having a child is costly, both financially and in terms of the labour required to care for children. I was constantly reminded that ‘only one packet of “Kimbies” (nappies) is R200’ and of the rising cost of food and clothing. These economic concerns are often felt most by teenage mothers and their female kin, as teenage births generally happen outside of stable unions, to women who have little means to support themselves or their children (Cooper et al. 2004). Taking care of her daughter was something that Zabi was forced to do without the support of Thandiwe’s father. Discussing the challenges of early childbearing, Zabi told me ‘if you have a baby before time, you will regret. You will suffer. The father will disappear’.

Sandile had not ‘disappeared’, but having dropped out of school and being without a job, he was unable to support Thandiwe financially in the way that Zabi had hoped he would. His mother made occasional financial contributions but also caused Zabi innumerable and deeply painful ‘disappointments’ by failing to deliver items or money that she had promised. During December and January, young people are expected, socially, to have three new ‘kits’ or outfits: one on 16 December (Reconciliation Day, a national holiday in South Africa), one on Christmas Day and one on New Year’s Day. Towards the end of 2015, Sandile’s mother had promised to give Zabi R300 to buy clothes for Thandiwe, but had failed to deliver on her promise. Full of shame about not having the financial means to buy her and her daughter clothes for these occasions, Zabi and Thandiwe stayed indoors on those three days.
Zabi thus found herself in a situation that many teenage mothers find themselves in, having not completed high school, without employment, and negotiating motherhood without the sustained financial or caregiving support of Thandiwe’s father or grandmother. During this time, Zabi took full responsibility for the care of her daughter, but also took on increasing responsibility for the care of the neighbour’s daughter, Neliswa, as well as for her other younger siblings, while Ntombi focused on caring for her infant daughter. On several mornings, I would arrive at the house and watch her bath, change, dress and feed all three girls. I marvelled at the expert way that she navigated these bodies – never keeping a small head in a t-shirt too long and never spilling a morsel of food. One day I offered to help, thinking that I could assist Zabi to manage the chaotic scene. I proceeded to put a nappy on one of the children, and a jersey on the other, both backwards. Although I am ten years older than Zabi, my age meant nothing: Zabi was a mother and I was not. Through her motherhood, Zabi stopped being seen as ‘young’ and became the source of much needed care labour.

Zabi’s recourse to care labour in this situation simultaneously created an avenue through which to construct a more socially and morally legitimate form of motherhood, but it also highlighted her vulnerability because of the opportunities she had lost through her own early pregnancy. Her vulnerability was clear in that being young and available during the day made her, like other teenage mothers, a more ready source of care labour than older, unemployed women, who were generally more likely to have the social standing and power to refuse to offer support in the care of other people’s children. Older women were also more likely to have long-term, stable (and thus socially recognised) male partners, who may have a say in who provides care for children who are not their own. This is in contrast with the nature of teenagers’ partnerships, which are more often unstable and dynamic, decreasing the likelihood of boyfriends having a say in how their partners spend their time.

**Final remarks: Demonstrating ‘good’ motherhood**

In tracing the trajectory that one teenage mother followed in order to access a legitimate form of motherhood, this chapter has shed light on the intergenerational dynamics of care. Zabi’s trajectory to becoming recognised as a ‘good’ mother was shaped by her familial context, one in which her mother was HIV positive and had had another child. For young people who are attempting to access more adult forms of identity in contexts like Khayelitsha, meeting the individual and social expectations linked to caring for children is complicated and often thwarted by navigating the conditions associated with socio-economic marginalisation. Township life is uncertain and precarious, but having a child at a young age puts further pressure on young women.
In this context of uncertainty, Zabi drew on what was available to her – her capacity to provide caring labour to her own and others’ children, as a means to demonstrate her legitimacy as a ‘good’ mother. In this sense, Zabi, and young women like her, are creative and resourceful with respect to their attempts to maximise gains in their performance of motherhood.

The care of children in contexts like this is always flexible, fluid and reliant on the caring responses of a number of women. In recounting the situation described in this chapter, I wish to underscore that the nature of Zabi’s transition to motherhood is not unusual. With increased access to ARVs, HIV positive women are now able to engage with and explore their childbearing desires for the future. This is changing the ways that kinship structures are configured, as well as how care for children is provided and performing motherhood is negotiated. It is in the context of these multi-generational, female-headed households that teenage mothers in families such as Zabi’s might make their transition to motherhood, through providing care labour to both their own and others’ children.

References


Moral mothers and disobedient daughters: A politics of care and moral personhood across generations

Rosemary Blake

Two months after our first meeting in Zwelethemba in the Western Cape the easy and openly affectionate relationships that 46-year-old Nomphelo enjoyed with her 15-year-old daughter, Anita, and her 70-year-old mother, Elsie, changed to ones characterised by arguments and bitterness. This change pivoted on four significant events in the three women's lives. First, Nomphelo began drinking alcohol, following the death of a close friend. Second, her boyfriend came to live with her. Third, Anita and her younger brother left the home and went to live with Elsie (their grandmother) and, lastly, Anita discovered that she was pregnant.

Thirty-six per cent of children in South Africa live in households of three or more generations (Stats SA 2010). This means that a young mother and her child are likely to be surrounded and sustained by older kin. Research has shown that young mothers often have deeply significant social relationships with older female kin and the harmony or discord of these relationships has profound implications for a young mother's evolving experience and perception of herself as a mother and as a moral person more generally (Chohan & Langa 2011; Mkhwanazi 2010; Moore 2013; Ngabaza 2011; Salo 2004).

Elaborating on the story above, this chapter takes as its focus grandmotherhood, motherhood and daughterhood. It considers how these social roles enfold and inform one another and the implications this has for the ways women of all ages, but particularly those who are young and new to motherhood, are able to claim particular forms of moral personhood and enjoy membership in a community of care with their close female kin. I draw attention to the shifting identities of women who, because of the birth of a child to a teenager, become variously positioned as mothers and grandmothers. I discuss the ways in which they take up this role and their understandings of its responsibilities. I suggest that in Zwelethemba women have a deep desire to be perceived and recognised as responsible, responsive and 'good' in relation to the ways in which they provided care for family members – what I call 'moral' mothers, daughters or grandmothers. Other chapters in this volume also reveal this desire (see Bhana, Swartz and Mkhwanazi, this volume). I go further and suggest that in their aspiration to be regarded as moral mothers/daughters/grandmothers, women in Zwelethemba face significant challenges. These challenges arise partly from the negotiations that must occur among close female kin for them to take up the role of moral daughter/mother/grandmother, and partly from the context in which they become caregivers – one that is characterised by limited opportunities and scarce resources.
Grandmotherhood, motherhood and daughterhood are related as well as relational concepts. My research found that, in Zwelethemba, female kin played a significant role in either consolidating or undermining the perceived morality of one another. This occurred not just through the opinions women expressed about one another’s behaviour, but in the very behaviour itself, which could be seen to implicate those who were seen as responsible for the offending woman.

I begin with a brief discussion of the context of the study and the methods I used to collect data. I then return to the story of Elsie, Nomphelo and Anita and look at the interplay between constructions of moral daughterhood, motherhood and grandmotherhood that the story reveals. I explore how this shaped the women's relationships with one another and their sense of themselves as moral persons. Although I have divided the discussion into sections that focus on daughterhood, motherhood and grandmotherhood, the overlap between the constructions of each is apparent, for not only did each woman in the story occupy more than one of these roles, but the very conceptualisation of these roles was intertwined. The meaning of each was enfolded in the meaning of the others, and the ways in which this meaning was understood and experienced was not static but shifted in the daily enactment of their relationships with one another.

**Context and methods**

Zwelethemba township was created in 1954 by the apartheid regime to relocate ‘black Africans’ who were then living in the town of Worcester in the Western Cape winelands, a driving distance of some one and half hours from Cape Town. Zwelethemba, at the time of my fieldwork, was a place where opportunities for stable employment were slim and where poverty spanned decades and generations – a deeply entrenched legacy of apartheid. It was a place in which people had to ‘hustle’ everyday to make ends meet, and where the fruits of this exhausting endeavour seldom extended to the following day.

The employment situation, often called ‘the employment problem’ (Fields 2000), in post-apartheid South Africa is complex. Despite new, democratically progressive policies aimed at protecting employee rights, such as the Basic Conditions of Employment Act (No. 75 of 1997), there has been an increase in unemployment to almost five million people – some 27.7 per cent of the population who are able to work cannot find jobs (Stats SA 2017). These trends continue to reflect racial inequalities: of the five million unemployed, just 14.5 per cent are white and over 50% are black African (Honwana 2012: 9). It is also black Africans who are engaged in the majority of the least lucrative and most insecure work. There are no precise statistics on unemployment in Zwelethemba, but poverty is evident everywhere, and it is likely that of the 20 000 or so residents a significant proportion are unemployed or underemployed. This context of poverty drew my attention to the challenges that women face in trying to carve out a meaningful experience of motherhood, grandmotherhood or daughterhood.
My 12 months of ethnographic research in Zwelethemba focused on 9 households, home to 17 individuals. These were my key informants. Four were mothers between the ages of 15 and 40, five were mothers as well as grandmothers over the age of 45 and eight were between the ages of 6 and 15. Amongst my key informants were five sets of intergenerational women. As with most ethnographic research, the methods I employed in data collection developed as relationships in the field deepened and I had more opportunities to participate in different aspects of the women’s daily lives. By spending time with them, accompanying them on their errands, for example, I learnt about their relationships with other female kin, and, where possible, I expanded my research to include these relevant others.

**The good daughter**

In Zwelethemba a good, or moral, daughter was one who sought out advice or permission from her mother and who was obedient. This obedience was read both as a show of respect and as evidence of care and consideration; not listening to or consulting with your mother was not only disrespectful, but could be harmful to both the daughter (who might engage in dangerous behaviour) and the mother (who could be left to ‘pick up the pieces’ and have her reputation as a good mother tarnished). It was also important for daughters to be seen as helpful, typically by providing assistance with household chores, such as caring for young children in the home and cleaning. A good daughter was also demure and did not engage in sexual activity outside of marriage, did not consume drugs or alcohol, and – in the case of daughters who still lived with their mothers – stayed close to home when not at school or work. Zwelethemba was saturated with churches; with a church in almost every corner, and going to church was regarded as an important social activity, especially among women. Thus, a good daughter was pious and went to church.

Parents were often apprehensive of signs that their children were entering puberty. Some expressed pride or amusement (particularly over the bodily changes that occur at this time) but these were minimal in comparison to the serious concerns parents expressed over their child entering ‘that stage’. ‘Staging’ – as it is known colloquially – was seen by the research participants and widely through Zwelethemba as a largely inevitable process during which adolescents experimented with sex, drugs and alcohol, and adopted an increasing disregard for their elders. The perception that it was inevitable did not, however, diminish the disapproval that such behaviour garnered or the severity of admonishment that it generated. Mothers feared not just the potential consequences that staging might wreak on their children; they were also concerned for themselves, particularly for their reputations as good parents. A badly behaved daughter threatened the moral standing of her mother, too, and her mother’s relationship with her own mother, for ‘good’ mothers had ‘good’ daughters.

During our first meeting after her children had left her home, Nomphelo defended herself against Elsie’s accusation that her drinking, romantic involvement and failure
to retrieve her children when they left home made her a bad mother. Nomphelo said that in the week leading up to the children's departure Anita had spent several nights away from home, which, she said, was 'disgraceful.' She took it to mean that Anita had a boyfriend and was probably engaging in sex – which Nomphelo thought was entirely inappropriate for someone of Anita's age, and rebuked her. Anita had continued to spend nights away, regardless, and Nomphelo had taken this as a direct affront. Nomphelo called Anita 'selfish' and 'disrespectful.' She told me that if she had withdrawn her motherly care from Anita it was because Anita had first withdrawn her correct daughterly respect. She said that her children had not asked for her permission to leave home: 'Anita is also wrong, I didn't tell my children to go, they went without my permission,' and this was her reason for not bringing them back.

When Anita's pregnancy later came to light, Nomphelo's conviction that she was a mother wronged was consolidated. During Anita's first antenatal appointment, which Nomphelo attended after much pressure from Elsie, the nurse who conducted the check-up expressed her disapproval of Anita's condition. She accused Anita of becoming pregnant in order to access a child support grant and said, 'The children don't think about the mothers, they just think we can buy clothes, buy everything. They forget that we are human beings.' Nomphelo agreed with the nurse and was enthusiastic about her advice to report Anita's boyfriend to the police, or to lodge a report with a community social worker. 'I don't think she wants the social worker,' the nurse said gesturing toward Anita (who remained silent for almost the entire duration of the appointment), 'but she's too young to make the decision and it's you who will be suffering looking after the child.' To this Nomphelo responded pointedly, 'And I am sick.'

Elsie did not just blame Nomphelo's recent behaviour for Anita's pregnancy, she was also angry because Nomphelo had failed to follow her earlier instructions to make sure that Anita used contraception. Elsie told me that when Nomphelo was Anita's age Elsie had sent her to the clinic with a sealed letter (thus maintaining the strictures about discussing sex) instructing the nurse to put her daughter on the contraceptive pill. (In a separate conversation with Nomphelo she admitted she remembered this incident clearly and had been mortified when it happened.)

Anita told me that her pregnancy was unplanned and unforeseen. She explained that it had taken her a long time to accept that she was pregnant – even when her grandmother and boyfriend, noting physical changes in her body, insisted that she must be. When her pregnancy was finally confirmed, her relationship with her mother was already strained and this discord weighed heavily on her. She was particularly sensitive to their criticism that she was selfish and disrespectful. Anita saw herself as unwaveringly loyal and committed to the welfare of her family. She had surreptitiously discovered her mother's HIV positive status and she frequently spoke about her availability to care for her mother in times of illness. Her future career plans – she wanted to be a doctor – were motivated by her awareness of her mother's status and because she wanted to be able to provide financially for her grandmother and brother.
In light of her view of her role and responsibilities in the family, Anita struggled with her mother’s refusal to acknowledge the legitimacy of her relationship with her boyfriend. She told me that she felt stifled and undervalued in both her mother’s and grandmother’s homes and explained that she spent nights away because she needed ‘space’. Anita’s awareness of her family’s vulnerability in the face of her mother’s diagnosis and her commitment to managing the different needs that might arise as a result were assertions about her place in the family. She valued devotion and helpfulness and believed she was a good daughter and granddaughter. Even when not living with Nomphelo, Anita continued to perform household chores for her after school, such as washing dishes and sweeping. This was the extent of their contact for months. Similarly, when she went back to live with Nomphelo she expressed regret at leaving her grandmother alone and continued to visit her and perform household chores there: it was important to Anita that she be seen by her mother and grandmother as respectful. She emphasised that learning of her mother’s seropositivity had not diminished her respect for her mother. She also frequently engaged in a disparaging discourse about ‘youth’ being unruly, disrespectful and engaged in deviant behaviour, such as drinking. She was eager to disassociate herself from this ‘type’ of young person and to distance herself from the perception that she was ‘staging’.

**The good mother**

While Anita’s pregnancy jeopardised Nomphelo’s standing as a mother, it also offered Anita an opportunity to forge a devoted and responsible sense of moral motherhood. She spoke of a strong sense of responsibility towards her unborn child, firmly refusing her mother’s and grandmother’s suggestions that the child should be cared for by a relative in Cape Town: ‘That is not right,’ Anita stressed, ‘the child can ask, “Where were you when I needed you? Where were you when I was sleeping? When I was eating?” …As a mother you have to be there for your child’. Her decision to keep the child was linked to an assertion about what made a good mother and was an expression of her decision to embody this role. This decision also created an opportunity for Nomphelo to affirm her role as a good mother to Anita and her future grandchild. After the baby was born, Nomphelo insisted that both the baby and Anita share her bed with her and this action was joyfully celebrated by Elsie and went far in repairing the relationships between both sets of mothers and daughters.

Sadly, however, it was not just Anita’s pregnancy that threatened Nomphelo’s sense of herself as a moral mother. While many of the patterns of family life that were forged in the apartheid system persist, particularly patterns of migrant labour, democracy has also brought some significant changes, including a growing perception that employment is a more reliable source of financial security than marriage (which is actually perceived by many to jeopardise financial security, even if one is employed), as well as the growing association between being a ‘good’ mother with being able to meet the material needs of one’s children by providing for them financially.
In addition, a good mother in Zwelethemba meant behaving ‘respectably’, not drinking alcohol or taking drugs, not being overtly engaged in sexual or romantic relationships outside of marriage, and being seen as competent in raising children who were also respectable and respectful. Good mothers were typically described as responsible, reliable and sober in their habits and able to ‘stand on their own two feet’ – in other words, not be overly reliant on assistance from others to provide care for them or their children.

From the start of our relationship Nomphelo had made clear her frustration over her persisting unemployment. At our first meeting, speaking about her doctors’ common refusal to give authorisation for disability grant applications on behalf of HIV positive patients, Nomphelo had exclaimed with exasperation: ‘They tell us that we are well enough to work, but there are no jobs!’ For the duration of my fieldwork Nomphelo was unemployed, despite her attempts to find work or create earning opportunities through, for example, planting a vegetable garden. She felt the absence of waged work in her life not just financially, but for its effect on her sense of self-worth. Once, describing a job that she had held as an ambulance driver, she told me sadly, ‘I used to really be someone’.

As with so many women in Zwelethemba, Nomphelo’s unemployment eroded her sense of herself as an adult, as well as her sense of herself as a mother able to provide for her children. Responding to her mother’s accusation of being an unfit mother, the first thing she did was to produce evidence, in the form of cash receipts for the last month, that she had spent all of the child support grants on her children. Spending grant money appropriately – which usually meant on the direct needs of the child and not on one’s own needs – was seen as an essential component of good mothering in Zwelethemba, and in this way grants were pivotal not only in assisting with the material needs of children, but also in enabling the embodiment of moral motherhood. Yet the grants, while certainly helpful, were grossly insufficient to pull women out of poverty. While they facilitated good mothering, they did not replace the need for waged work.

Even without children to provide for, the emotional toll of chronic un- or underemployment is significant (Newman & De Lannoy 2014; Swartz et al. 2012). Long-term unemployment can have an incapacitating effect on those who wish to work and who may feel their sense of worth to be undermined and suffer the erosion of their hope for the future (see Newman & De Lannoy 2014). Nomphelo once said that she drank alcohol because there was nothing else for her to do during the day. This was a view I often heard about alcohol consumption in Zwelethemba. Sometimes it was framed as a judgement of laziness, but often, particularly with those who admitted to drinking themselves, it served as an expression of deep disenchantment and hopelessness. Nomphelo’s drinking had begun at an ‘After Tears’ wake ceremony she had held to commemorate her close friend who had died an AIDS-related death. ‘After Tears’ ceremonies in South Africa are especially common for people who have died from AIDS. They express the fusion of life and
death and seem to stave off, for a time, the feeling of finiteness that often assails HIV positive participants’ (Le Marcis 2010: 4). This description fits well with Nomphelo’s explanation – she said that the event had been a chance for her and her friends to forget their sadness for a moment and celebrate the life of their friend. ‘We laughed and talked about how he liked to dance,’ she told me.

Nomphelo’s seropositivity was a constant reminder of her vulnerability. Not dissimilar to her chronic unemployment, it threatened her sense of herself as an adult and a mother. On separate occasions, Nomphelo, Anita and Elsie recounted an episode of serious illness that Nomphelo had endured two years earlier. During this time, Nomphelo had been utterly dependent on her mother and, to a lesser extent, Anita. She had been unable to feed or wash herself and had needed to wear ‘Kimbies’ (nappies or diapers). All three women spoke of this episode as a time when they had confronted the possibility of Nomphelo’s death and Elsie said she now felt that Nomphelo’s drinking was risking a return to this state. Anita recounted the episode to illustrate her commitment to her mother and family during times of need. For Nomphelo the episode seemed to serve as a reminder of the contingency of her health and life, yet, in a cruel twist, it had also been a time when she had been able to access a disability grant, and so had been able to provide for her family better than when she was well.

Nomphelo’s life seemed fraught with threats to her claims to moral motherhood. There was her chronic unemployment; the constant threat of illness; her daughter’s nights away from home and, later, pregnancy; and her mother’s criticisms of her behaviour. However, it was not just as a mother that she felt threatened. Interlacing Nomphelo’s experiences of motherhood were threats to an even deeper sense of moral personhood. When Elsie found out about Nomphelo’s drinking, she had gone to the police and asked them to arrest Nomphelo. Although they had not arrested her, they had kept her overnight in a police cell. Nomphelo had found this experience profoundly humiliating, particularly the walk home she had been forced to endure the following morning, barefoot and dressed only in her pyjamas. ‘People know me here, I am not someone who goes out like that,’ she said.

Nomphelo was desperate to be seen not only as a good mother but also as an independent and dignified adult who was capable of managing her own life. She expressed a deep sense of betrayal by her mother in this regard. Her night in the police cell was part of this betrayal but a more persistent aspect was her mother’s ongoing disapproval of her boyfriend’s presence in her home. Nomphelo read Elsie’s disapproval as a denial of adulthood, which reframed what Nomphelo experienced as a mature and loving relationship into something irresponsible and deviant. Nomphelo felt that she was being presented with a terrible choice between being seen as a good mother and being able to enjoy one of the few comforts in her life. This mirrors closely how Anita experienced Nomphelo’s reaction to her romantic relationship. Both Anita and Nomphelo sought their mother’s approval with regard to their sexuality and both experienced the denial of this as an assault on their identity, not only as moral daughters and mothers but also as adults.
The good grandmother

A good grandmother, in Zwelethemba, provides childcare support without being compelled to do so because her children are unable or reluctant to provide it themselves. Her decision to care for her grandchildren is not coerced but is either born out of a desire to spend time with them or a belief that her care supports, rather than replaces, the care her daughter provides them, as was often the case when grandmothers offered to look after children to enable their daughter to work. Often a grandmother was motivated by a mixture of the two. My respondents also placed a significant emphasis on enjoying their grandchildren, on indulging them and delighting in them. This echoes the early anthropologist Radcliffe-Brown’s description of grandparent/grandchild relationships in Africa as ‘playful’ (1940). Despite, or perhaps because, a good grandmother was a figure who garnered deep respect, some of the strictures on appropriate child/adult relations were more relaxed. The good grandmother was less responsible for the discipline of her grandchildren than their mother and so not required to enact her authority to the same degree. Given the onslaught of literature framing grandmotherhood in Africa in the bleak terms of the ‘HIV crisis’ it is good to remember these lighter aspects of grandmotherhood (see Geissler & Prince 2004; Whyte & Whyte 2004 for more examples). However, often there was also a disjuncture between the ideal and the lived experience, as Elsie’s words demonstrate:

It’s nice [looking after children] but it’s hard with the grandchildren. They are not my own children, they have a mother besides me and they travel to her and travel to my place. When they come from their mother’s [home] they don’t understand I’m making my decisions at my place. When they are staying at their mother’s [home] they do what they like but I like that respect of telling me where they are going because I am telling them where I am going. I don’t just walk out. They don’t do that respect. All these children have their own mother but they come to stay with me and when they stay with me they must give me respect.

While Elsie was deeply attached to her grandchildren and said she enjoyed their company, her experience of them was primarily that they constituted a heavy burden and this experience derived from two perceptions. The first was that looking after grandchildren was hard. Grandchildren were often described as ‘unruly’ and ‘disobedient’, and this was often seen as a result of inadequate parenting. The second was that grandmothers often felt overwhelmed by the impression that their own children’s parenting could not be trusted so they, as grandmothers were the grandchildren’s sole chance of an adequate upbringing. For Elsie, the perceived necessity of her care for her grandchildren stripped this relationship of dignity and enjoyment. It was not just her grandchildren’s disobedience that made her feel disrespected, the entire situation whereby her children could not be relied upon to take proper care of and properly discipline their children deprived her grandmotherhood of enjoyment.
As touched on in the previous section, Elsie’s disapproval of Nomphelo’s drinking was rooted not only in her view that it was shameful behaviour, but also in her concern over how it affected Nomphelo’s health and her ability to care for her children, and the implications of this for Elsie. She juxtaposed her anger at Nomphelo’s drinking with recollections of Nomphelo’s previous bout of very serious illness, during which she had ‘prayed and prayed’ for her recovery, and implored God, ‘Please don’t take her from me, especially for her children. I am an old woman and could die anytime. She must survive for her children.’ Elsie saw Nomphelo’s drinking as wilfully risking a return to a state of illness-induced debility and even death, and, in so doing, also wilfully disregarding the interests of her children and mother. It was these high stakes that lent such urgency and fury to Elsie’s attempts to stop Nomphelo drinking (such as her attempt to have her arrested). Elsie’s anxiety and frustration were compounded by a sense of impotence when it came to changing her daughter’s behaviour and by the belief that she was the one who would ultimately suffer as a result. She remarked once, ‘If I say “Somile [referring to Nomphelo’s youngest child and Anita’s younger brother], don’t do this,” he listens! But the adult won’t! You can say [to the adult] there is this thing outside that will get you hurt…There’s this sickness and abuse. And who will look after the adult? The mother! The friends and boyfriends won’t worry about you, I will because I am the mother.’

Despite dreading what would happen to her grandchildren if she died, Elsie also wondered, at times, whether this might be the only way to galvanise them into action. ‘If I wasn’t here they would see [how much I do] but I am still here so they just say, “Mummy [Elsie] is still here”. At times her experiences of grandmotherhood led her to question her success as a mother. She worried that perhaps she had failed her children as a mother and their current behaviour was evidence that she had spoilt them. ‘My mother died when I was young,’ she told me. ‘Maybe I did not learn how to be a mother.’

The complication of having adult children who were parents themselves, but who, it was felt, could not be relied upon to care for their children properly, or even for themselves, shaped Elsie’s grandmotherhood profoundly. As an elderly woman, she was confronted with the challenge of not having the authority that a mother has over a daughter during childhood, yet simultaneously still being burdened with the kinds of responsibilities that should have lessened once her own children had grown up and started having children of their own. The threat to Elsie’s sense of herself as a mother and grandmother was the perception that not only had most of her children reneged on their responsibilities towards their children, but they had also reneged on their responsibilities towards her as their elder and mother. She contrasted Nomphelo’s circumstances with those of her youngest daughter who was married and financially secure. Describing how this child supported her (through regular monetary contributions and by having Elsie on her medical aid scheme), Elsie said she was the only child who ‘…really loves her mother’. Elsie had also, at one stage in her life, worked in a private old-age home, and, in a telling counter-point to
middle-class anxiety over the abandonment of the elderly to such institutions, Elsie described it with longing; she told me that she would love to be in a place where the meals were provided and there was no one to take care of. She saw this as the proper reward owed to the elderly by their children.

**Making and unmaking relationships of care**

The episodes I have described above and the relationship between Elsie, Nomphelo and Anita draw attention to these women’s deep desire to be seen as ‘good’ daughters or mothers or grandmothers. Notions about what being a ‘good’ daughter/mother/grandmother constitutes in this community resonate with what authors writing about black African communities have called *hlonipha* (see Mkhwanazi 2014) and about coloured and white Afrikaans-speaking communities have called *ordentlikheid* (Botha 2010; Ross 2010; Versfeld 2012). What these authors, particularly Mkhwanazi (2014) and Versfeld (2012), have also shown are the challenges and increasing difficulties of upholding ideas of respectability and/or ‘good’ motherhood.

*Hlonipha* has generally been explained as a linguistic practice employed by female Bantu-and Nguni-language speakers to denote respect through an avoidance of personal names (Herbert 1990; Ingrid 2012). Mkhwanazi (2014: 109), however, describes a far more generalised usage of the word amongst Nyanga East township residents in the Western Cape province, where it simply refers to ‘respect for elders’. Mkhwanazi suggests that *hlonipha and ubuntu* – which can be loosely translated as the recognition of people’s interdependence – are closely linked and underpin the ideals surrounding ‘appropriate behaviour’ in this community. This resonates strongly with descriptions about the function that *ordentlikheid* has in the creation or disintegration of relationships within white and coloured communities. As Botha (this volume) writes, ‘In the South African context, Christianity, as represented by the Dutch Reformed Church, has been the backbone of much of what is considered ordentlik…[the ordentlik person] is patriarchal, strives to be middle class, and is conservative regarding overt sexual behaviour’. Versfeld (2012) and Ross (2010) describe *ordentlikheid* as a term used to index a person’s perceived respectability, and, correspondingly, their position within (or without) communities of care. Like *hlonipha, ordentlikheid* is achieved through adherence to particular strictures, of which gendered strictures on sexuality comprise an important component. It is this link between a person’s capacity to claim moral personhood (and thus care), and their gender and sexuality, which makes teenage pregnancy and the female kinship roles that enfold it such an important site of inquiry for social scientists.

Zwelethemba’s location in the mainly Afrikaans-speaking winelands of the Western Cape meant that there were strong ties to the Dutch Reformed Church. Indeed a person’s church affiliation – especially among older women – functioned as an important social identity. Elsie was an avid churchgoer and one of her complaints
about Anita was that she no longer attended church; this fact was usually brought up in conversations around how Anita was disrespectful and ‘naughty’. Church attendance was also important in creating moral persons, especially for young unwed mothers, as it would help in repairing her moral standing as a good daughter/mother.

Part of the code of moral daughter/motherhood/grandmotherhood is to observe respectful relationships between generations. Central to this is the silence and secrecy around dating and sex (Bray et al. 2010; Mkhwanazi 2014). Elsie was endeavouring to preserve this by having Nomphelo deliver a sealed request for contraceptives to the nurse at the local clinic and by encouraging her to use the same approach with Anita. That Nomphelo remembered feeling mortified when she discovered what the sealed letter contained demonstrates how discomfort and avoidance of discussions about sex can go both ways. Nomphelo’s secrecy about her HIV status and Anita’s secrecy about her knowledge of it could also be linked to avoidance on both their parts to acknowledge Nomphelo as a sexual being. Swartz (this volume) discusses a similar situation between two generations of female kin.

Delius and Glaser (2002: 27) link silence and secrecy around sex in South Africa to colonialism and the subsequent impact wrought by ‘Christianity, conquest, migrant labour and urbanisation’ – an argument that undermines the oft-held assumption that secrecy around sex is a pre-colonial attribute of ‘African culture’. Referencing the work of Patricia Henderson, Bray et al. (2010) note that, in the contemporary era, the silences between African children and adults:

Do not so much denote ‘emptiness’ as ‘mark lines of power’ and may become the symbolic means whereby respect is demonstrated by young girls and boys towards their parents. Lack of verbal expression concerning sexuality circumscribes the boundaries between generations (Henderson 1994: 136–137).

Mkhwanazi suggests that the silence about sex between generations and its link to ideas of good motherhood actually perpetuates the high prevalence of early childbearing:

...being a good mother in the township meant upholding the ideals of not talking to children about sex, insisting that sex was a matter of secrecy and disciplining daughters who were sexually active. Ironically, the contempt for teenage pregnancy is itself an ideal that holds families together (Mkhwanazi 2014: 117).

If the discussion of sex between mothers and daughters can be seen to undermine the balance of power between generations, evidence of sex and sexuality – that is, pregnancy – can be seen as a similar breach (see Swartz, this volume). The idea that pregnancy is something teenage women do to their mothers as an act of defiance or rebellion has been noted (see Bray et al. 2010; Mkhwanazi 2010; Salo 2004). What is more, it is often seen to undermine the pregnant girl’s mother’s standing
within the broader community. Mkhwanazi (2010; 356) noted in the context of her research in the Western Cape, ‘A teenage pregnancy...indicated that a mother had raised an unruly and disobedient daughter...Teenage pregnancy thus brought shame to the mother for being a bad parent’. Nomphelo’s view of herself as a mother wronged served as a defence against her mother, and possibly the larger community’s perception that Anita’s pregnancy was a consequence of inadequate mothering. It also functioned to explain what was seen by others as her withdrawal of care for Anita after she ‘absconded’ to her grandmother’s home.

Despite their differences however, Elsie, Nomphelo and Anita all shared a strong desire to be seen as moral people, and, correspondingly, to be recognised by one another as good daughters, mothers and – in the case of Elsie and Nomphelo – grandmothers. Additionally, except in cases where the perceived morality of the other undermined their own morality (as would have been the case if Nomphelo had seen Anita’s leaving home as appropriate or good behaviour), the women sought to protect and repair the moral standing of one another; both because they cared about one another and because doing so protected or repaired their own moral standing, too. This is one reason why Anita remained silent about her knowledge of her mother’s status and her private insistence that this knowledge had not lessened her regard for her mother. It also explains Elsie’s extreme reaction of having Nomphelo jailed; a measure she had hoped would force her daughter to stop drinking and evict her boyfriend. Care was intimately linked with ‘dignity’.

All three women faced significant obstacles in their efforts to embody the behaviours associated with good daughter, mother and grandmother. Daughters, mothers and grandmothers in Zwelethemba had little access to the resources that in the past would have allowed them to more easily claim moral personhood. It was very important to both Nomphelo and Anita to be seen in a good light by their mothers. That they were not was deeply distressing to both and threatened their sense of themselves as loving and responsible daughters – an identity both valued highly. Interestingly, it was through enactments or assertions of good mothering that both also sought – to a large degree successfully – to repair their standing as moral daughters, and thus reclaim their dignity.

Mkhwanazi (2010: 356) has noted that often after the initial conflicts between mothers and daughters, after a daughter becomes pregnant, the pregnancy can be an opportunity for both women to reaffirm their relationship with one another and their respective social roles: ‘Not throwing a daughter out of the house [for being pregnant] and instead helping her to transition into motherhood provided a space for both mother and daughter to reaffirm their adherence to local ideals of good parenting and intergenerational relationships’. Similarly, in her work with young women in Manenberg, Salo (2004) noted that, while falling pregnant during adolescence is often initially constituted as a social crisis, there are opportunities for the re-establishment of social harmony through the ways in which the young women affirm and enact their new motherhood.
At the heart of Elsie, Nomphelo and Anita’s assertions about what it meant to be a good mother, daughter or grandmother were pragmatic concerns about the provision of care in everyday life. Conflicts arose when their hopes and aspirations for themselves and one another were at odds with their lived reality. All too often, shortcomings were understood and explained as character deficiencies, rather than as influenced by social, material and discursive forces beyond their control. Nonetheless, there were also opportunities for them to find meaning and give meaning to their relationships with one another. Their story reveals not only the possibilities for conflict between different generations but also the opportunities they gave one another to remake themselves and to forgive, and thus to re-establish or create afresh communities of care with one another.

This chapter sheds light on the interplay between the structural forces, local ideas and subjective concerns regarding living a moral, meaningful and dignified life as a daughter, mother and grandmother. The circumstances under which women live in Zwelethemba, characterised by high levels of poverty, unemployment and HIV, have the potential to both enable and disable the fulfilment of idealised rights, roles and responsibilities of daughterhood, motherhood and grandmotherhood. I have drawn attention to how, through their relationships with one another, women themselves create and undo one another and bring into question each other’s senses of being a moral person. The chapter reveals the importance of intergenerational relationships in how women see themselves and also how they attribute meaning to their roles as daughters, mothers and grandmothers. It underscores the importance of strengthening families to ensure that young people have access to support systems that can ensure generational wellbeing.

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Moral Mothers and Disobedient Daughters


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DISRUPTIONS
Disrupted families: The social production of child abandonment in urban Johannesburg

Deirdre Blackie

I was alone at home when I started getting labour pains. The pains got heavier and heavier, so I took a pair of scissors from home and I went to a park near where I stay. The birth was very difficult. I gave birth on my own, on the ground. I cut the umbilical cord with a pair of scissors and then I left him there and went home. I tried to sleep. I couldn't. I was in pain. I was crying. There were a lot of things going on. My mother came home around eight. I was very weak. I was losing lots of blood. My mom said we must go to the clinic. I went with her, but the people there couldn't help me. I was there for three hours before I decided to leave. In the morning, two policemen came looking for me. They took me to the police station, but first they took me to the clinic to be checked out. I got to see the child, some woman found him there [in the park] crying. They showed me the baby. Gosh he was so beautiful, yoh! I was shocked, scared, blaming myself for everything that went wrong. He was so tiny, so adorable...

At the police station, I was bleeding and in pain. I was crying and alone. The women said they wanted to beat me up for what I had done, a cop told them to do so. I spent the whole weekend there. On Tuesday I had to go to court for a bail appearance. The judge ordered me to go to FAMSA [Families South Africa] to talk to a social worker. Talking was good...My kids are always asking me about ‘my brother’, ‘when is he coming?’, and I don't know what to say. All I can say is that I don't know. All I know is I just left him there. Even if he comes back, he will know what I did to him, because even myself, I can't explain it. How do I tell my child, ‘You are now my boy, but I tried to kill you before’? The psychologist said maybe I was being hormonal, and it was post-natal depression...

I believe in ancestors and we do rituals. We go to my family gravesite where my family are buried. After everything, we did a ritual with snuff, we burned imphepo [a medicinal herb] and we talked to them. My mom said she wanted to apologise for what I did. Everybody got to talk. Everybody was asking for their own things. I just said my name, my mom and my aunt did the apologising. They felt better after this, they felt heard. (Lindiwe, Alexandra, 12 August 2013)

I first met Lindiwe in the lounge of a baby home. She had her four-month baby boy on her lap and was looking down at his smiling face. Tears were rolling down her
face and she kept leaning forward to breathe in his scent, with deep inhalations. She was visibly distressed, and eventually she handed him over to a social worker, got up off the couch and walked out of the room without looking back. I was later told that Lindiwe had been arrested for abandoning her son and was in the process of trying to get her parental rights returned to her.

A conflict had emerged with her social worker who felt that Lindiwe was not a fit mother and was therefore reluctant to oversee the reunification process. Her son had been found in a park with his umbilical cord attached, lying on barbed wire. The barbed wire had left him with a number of cuts and abrasions, which he was still recovering from. A second social worker had to be appointed to represent Lindiwe in both the reunification counselling and her upcoming court date. I asked the second social worker to facilitate a meeting between Lindiwe and me.

The meeting took place on the outskirts of Alexandra township, where she lived. Lindiwe had grown up with her mother and a range of different men whom she referred to as her ‘step fathers’. She could not remember all of their names. She said some were abusive and some were ‘fine’, but none of them had stayed long. Lindiwe was raped for the first time when she was 13 years old, on her way home from school. It was an experience that she said ‘made her grow up very fast’. She met the father of her first son at the age of 16. The relationship started well and then he began demanding that she have sex with him whenever he wanted it, often against her will. Their relationship continued ‘on and off’ until she met Mpho, the father of her third son, whom she had abandoned. They had been dating for about a year, and she did not want to fall pregnant. ‘I always used protection, condoms, but for some reason I forgot and I fell pregnant,’ she said, as if it was a surprise to her. Lindiwe lives in a two-bedroomed house with her mother and a number of young children belonging to her mother, herself and her brother. Their only income is from their monthly child support grants. Her brother helps out occasionally, but he lives in another township, Cosmos City, and his support is intermittent. During my research I came to discover that this kind of family was not unusual in Alexandra, where a number of women – grandmothers and mothers – and a range of children belonging to them live together with extended family members in a household surviving primarily on social grants. Blake (this volume) describes a similar situation in Zwelethemba.

Lindiwe told me how unhappy she had been during her pregnancy. She said that no one had been able to tell that she was pregnant, so she had decided not to tell anyone. One day when she was bathing, her mother had burst into the bathroom and accused her of being pregnant. She told Lindiwe that she didn’t want any more children in her house, and if Lindiwe was pregnant, she should take her children and leave. Lindiwe tearfully said to me, ‘So there I am, baby number three, still at home, unemployed, not talking to my mom, everyone is pissed with me and won’t talk to me… even now.’

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Lindiwe was still awaiting her court appearance when we met, having been charged with concealment of birth. The first social worker assigned to her case told me that the charges against Lindiwe had been dropped at her next court appearance. The social worker was unhappy about this development because she believed that the circumstances of the abandonment and the condition of the child when he was found warranted harsher sentencing. It is highly unusual for a woman to be charged and found guilty of child abandonment in South Africa. In a career spanning 25 years and dealing with a number of similar cases, the head of the child protection organisation that managed Lindiwe’s case could only remember one incident where a woman she referred to as a ‘serial abandoner’ was formally charged. Lindiwe’s son was kept in a place of safety while the reunification process was managed. This process took just under a year, with counselling, supervised visits, weekend home visits and eventually post-placement assessments.

While it is rare to read such a detailed story about child abandonment and to hear the words of the young mother who abandoned her child, for child protection officers in Alexandra, Tembisa and Soweto, Lindiwe’s story is not unusual. I was told many similar stories of abandonment by police officers, social workers and nurses working in these areas and many of them featured young mothers.

Several of the chapters in this volume have discussed the dynamics of families who come together to help a young mother care for an unexpected and unplanned child born out of wedlock. This chapter differs in that its focus is on understanding the causes behind the growing incidence of family disruptions. Child abandonment disrupts family life and is a product of psychological, cultural and economic factors that reflect the ‘desperation and isolation’ of the parents involved (Sargent & Harris 1998: 222).

**Developing an anthropological approach to child abandonment**

Child abandonment is a complex, emotional, secret and ethically fraught issue. Researching child abandonment thus requires sensitivity and creativity. Simply spending time in a community where the issue of child abandonment is particularly high does not necessarily guarantee access to the individuals who were doing the abandoning, or who had been abandoned. It is also not feasible to follow the process of abandonment from beginning to end, as this would entail first finding someone who is pregnant and considering abandoning their child. During my research, I followed the people and the conflicts that I encountered around the issue of child abandonment. My reason for doing this was to understand the process that is followed when a child is found abandoned and the responses, both personal and professional, of the people who are involved. As child protection organisations provide a critical link for abandoned children, I identified key organisations in this arena and worked with them to create a community engagement programme, which I used to discuss the challenges associated with abandonment.
The development of what I call my ‘mobile ethnography’ started with consulting a number of child protection experts to map out the process of child abandonment, from in-utero to permanent care. This process formed the basis of my fieldwork and included participant observation and in-depth interviews. The first of my research participants were young women experiencing unplanned pregnancy, whom I observed and interviewed while shadowing a social worker who provided counselling, guidance and practical support at schools and community centres. I had one-on-one interviews or ran workshops with community members, nurses, midwives and police officers. I also spent time with women who had been caught abandoning their children and who wanted to share their side of the story.

Much of my time was spent with accredited adoption social workers and counsellors, as these were the individuals who dealt primarily with abandoned children. I spoke to legal experts from various child protection organisations and was also invited to attend a wide-ranging discussion on the challenges they were experiencing around the implementation of the new South African Children's Act (No. 38 of 2005). I spent time in a number of baby homes – one of which contained a ‘baby safe’ – observing and participating in the care of abandoned babies. I facilitated ‘personal empowerment workshops’ at a large children's home in Soweto, with children aged seven to nineteen, most of whom had been abandoned. I met with a number of young adults who had recently found out that they had been abandoned by their mothers. Finally, I conducted in-depth interviews with psychologists, psychiatrists and sangomas (traditional healers) who had worked extensively with both mothers who had abandoned and their children.

Initially my research was focused on Alexandra township. However, I soon discovered that this boundary to my research site was not useful. The informal areas of townships, where abandoned children are predominantly found, are fluid environments and people travel between them frequently, depending on their financial situation or the support of family and friends in the area. There is also no clear boundary to the police stations, child protection organisations, or hospitals that support them. For example, a child could be abandoned in Alexandra, taken to a police station in Tembisa, have medical tests conducted at Johannesburg General Hospital, and then be referred to a social worker or child protection organisation in Soweto. I therefore decided to focus my participant observation on three townships surrounding the city of Johannesburg: Alexandra, Tembisa and Soweto. The populations of these townships have increased by more than 25 per cent from 2001 (Stats SA 2013). These statistics, however, do not reflect the true residential population of the townships, due to the high proportion of migrant labourers and illegal immigrants that reside in these areas.

I intended the multi-sited, multi-level and multi-sectoral approach to create a broad understanding of how abandonment unfolds, and the logistics and constraints within these socially marginalised communities. The challenge of anthropology is to understand that there is no single reality or essence of culture or cultural practice.
The anthropologist must try to get as close as they can to the everyday experience of what they are exploring, without interfering or judging the people they are trying to study. Their role is to develop empathy and understanding for their subjects whilst retaining a level of critical self-reflexivity to ensure that their findings are representative of the social interactions that they find. Knowledge and understanding is gained not just from interviews, workshops and participant observation, but from being sensitive to all forms of information dissemination.

Child abandonment is a family’s and community’s worst kept secret. Children are conceived, bellies grow and then suspected pregnancies disappear without a trace. The baby in question is not acknowledged by government, by the community, by the family or by the biological mother or father. It simply disappears. There is no formal measurement of how many children are abandoned in South Africa. They are not accounted for in police or morgue statistics, nor does the Department of Social Development report them at a provincial or national level. They are simply noted down by child protection organisations and children’s homes whose anxiety levels increase along with the number of children they are expected to find homes for.

Due to the lack of statistical information or research around child abandonment, I conducted a detailed analysis of an archive of media articles over a four-year period (2010 to 2013) to enhance my findings. In the absence of any formal stance on child abandonment, the media has become the dominant voice for how abandonment is represented and understood by South African communities. Vocabulary, communication styles and images are used to create a common way of talking about the topic, and this becomes the truth for those who engage with this discourse. The articles I analysed related to unplanned pregnancy, legal and late abortion, child abandonment, temporary safe care solutions and adoption. I analysed 539 articles in total, focusing on the messages, communication techniques and main sources of information. In doing this I was able to observe how young pregnant girls are individualised, vilified and held solely accountable for their pregnant state. I saw how their morality was questioned and how, at its most extreme, their choice to abandon was medicalised through diagnoses of post-traumatic stress disorder and postpartum depression. Rather than acknowledging their desperation and isolation, the young mothers were criminalised and even institutionalised in an attempt to deflect responsibility from their families, their communities and the state.

**Abandonment and the law**

Abandonment comes under the Children’s Act No. 38 of 2005 in South Africa. An abandoned child is defined as a child ‘who has obviously been deserted by the parent, guardian or care-giver; or has, for no apparent reason, had no contact with the parent, guardian or care-giver for a period of at least three months’ (section 1). Child welfare organisations estimate that over 3 500 children were abandoned in 2010, and most believe that this number is increasing. In 2015, Gauteng hospitals
reported that, on average, 11 babies were abandoned every month into their care. This number is believed to be only a small percentage of the total number of children abandoned, due to the criminalisation of abandonment and the improved security in the hospitals. As a participant noted at a midwives’ meeting at Edenvale state hospital in Soweto (19 October 2013), ‘Abandonments are down at the hospital because the security has been improved, so they can’t just leave them in a toilet, someone will see them...Now they just take them outside and dump them there.’

From a legislative perspective, the Children’s Act prevents a number of marginalised women from accessing the formal child protection system. An illegal immigrant, for example, is unable to put her child up for adoption. If she attempts to do so, she and the child will be deported to her country of origin. Social workers are compelled to advise authorities, should an illegal immigrant approach them for help. This has become particularly relevant as the Department of Home Affairs continues to introduce stricter laws to try to stem the growth in illegal immigrants in South Africa.

The Act also specifies that children under the age of 18 years are not allowed to place their child up for adoption without their parents’ or guardians’ consent. However, a child of any age can request an abortion from a state clinic or hospital. Some social workers believe that this sends mixed messages about adoption options to teenagers experiencing a crisis pregnancy. They believe that it encourages the teenagers either to conduct unsafe late abortions or to abandon their child anonymously, rather than face anger and potential abandonment themselves by their family. ‘Baby safe’ s, in supporting anonymous abandonment, are in contravention of the Children’s Act. However, there are many in public spaces throughout South Africa, and the oldest, the Door of Hope, has been in operation for nearly 20 years.

Child protection experts who deal regularly with the implementation of the Children’s Act complain of ‘excessive regulation’ by government aimed at preventing the process of adoption. As noted by an adoption social worker, ‘A process that used to take a number of months is now taking a number of years, and in some instances the adoption does not take place at all’ (Roodepoort, 3 September 2013). Their concern is that this not only hampers the ability of potential adoptive parents to adopt a child, but, more importantly, it prevents young women from considering adoption as a viable alternative for their unwanted child. In my research, I witnessed this prevention of adoption by state officials, court representatives, police officers, nurses and social workers, predominantly driven by their concern that the process of adoption is culturally inappropriate in the context of their ancestral beliefs. Mothers who attempt to place their children up for adoption are told that this is not an option available to them, or that they ‘don’t qualify’. In some instances, mothers have even been subjected to abuse within the social and health care environments.
Abandonment and family

Lindiwe’s primary concern on falling pregnant was the potential loss of her family’s support. She had experienced abandonment by the father of her children on previous occasions, but it was the threat of being excluded from her family home as well that pushed her to consider abandoning her child. The lack of support from a genitor is quite common in South Africa (Eddy et al. 2013; Mkhwanazi 2010; Morrell et al. 2012; Swartz 2003). Studies have paid less attention to circumstances where young women are at risk of losing the support of both the genitor and their family because of becoming pregnant. In Lindiwe’s case, the threat of the loss of her family’s support was critical to providing the impetus for her to abandon her child.

A well-known child protection activist explained: ‘The meaning of sex is connection [to a young woman], but the meaning of conception is abandonment…because the man doesn’t want to stay because you are pregnant and he doesn’t want to take responsibility’ (Johannesburg, 10 September 2013). This same activist shared stories of women taking drugs, drinking alcohol excessively, abusing their bodies and trying to terminate their children unsuccessfully as ways of punishing their unborn child for their own abandonment. Recent statistics estimate that around 150 000 illegal or late abortions are conducted annually in South Africa and that up to 50 per cent of these are done in the third trimester, when the woman is over 26 weeks pregnant, which is considered to be viable birth age. The child represents the end of the mother’s relationship with her boyfriend, her family and other support structures, such as her church.

Child protection experts spoke of two kinds of abandonments, both of which are treated quite differently in the courts. As one noted, ‘There is the mother who abandons her child with the intention for death or the mother who abandons her child with the intention for care…Door of Hope versus dustbin’ (Johannesburg, 10 September 2013). The majority of child abandonments in South Africa are of newborn babies. A study conducted on the homicide of neonates, infants and children found that the first six days of life are the time of highest risk for being killed in South Africa, with the risk declining thereafter (Abrahams et al. 2016).

Unsafe places such as toilets, drains and sewers, rubbish sites, dustbins, landfills, parks and the open veld are where the majority of abandonments occur, and a few happen in safe spaces, where children are more likely to unharmed, such as baby safes, hospitals, children’s homes, churches and crèches (Blackie 2013). Women who abandon their children to die are rarely prosecuted, but the child is usually taken away from their care. For those who leave their children in safe places, the court applies a high degree of leniency, as noted by a prosecutor in the Children’s Court, ‘You have to show me that you have offered them [the mother accused of abandonment] services, if you show me that you have offered them services and they are still doing this, then I will charge them’ (Johannesburg, 19 June 2013).
Lindiwe’s detachment from her son, throughout her pregnancy and during her birth, was another factor in her decision to abandon him. This sort of detachment was referred to frequently by adoption social workers, recounting their experiences of working with birth parents in the adoption process. As an independent adoption social worker noted of a pregnant mother who wanted to place her child up for adoption, ‘From the word go, she did not want the baby, she said it was like a growth inside her, something she wanted surgically removed’ (Roodepoort, 3 September 2013).

Some women like Lindiwe, who had two children already, may decide to abandon the third child. A number of the women I spoke to, and especially the social workers, confirmed that this was often the case. They told me that one child could be managed or sent home to a parent, grandparent or aunt, but two or three children were felt to be an unfair burden. According to the manager of a baby home in Johannesburg, ‘They have the first child and they send this back to the grandparents in the rural areas to take care of it, but when the second or third child appears, they don’t feel it is appropriate to send these children home to their family, as there is too much poverty’ (Glenvista, 14 June 2013). Thus, it was often the second or third child, not the first, whom women chose to abandon or formally consented to put up for adoption.

**The logic of child abandonment**

In Alexandra, Tembisa and Soweto, many of the people I spoke to associated adoption with abortion. The idea was that your ancestors or God had given you a gift (the baby) and you chose either to kill or give that gift away. People saw this as ungrateful and it was said that the giver (God or the ancestors) would respond by not giving any more gifts, essentially rendering the young women infertile. Given the perceived importance of having children at some point in one’s life course, this was seen as a grave threat to a woman’s future wellbeing. An auxiliary social worker working in an Alexandra teenage pregnancy programme noted:

> We get a lot of abandonments in Alex, as the girls there would rather kill the babies than leave them with a stranger. If they abandon, they don’t do it the safe way, so the child often doesn’t survive. If you kill a child, you can slaughter a chicken and when there is blood, you can ask for forgiveness. But if you let someone adopt your child, the child will suffer and the ancestors will be angry with you. The ancestors won’t protect a child in another family. For that child it is better to die than to live and suffer, or they can be adopted by a white family. (Alexandra, 5 April 2013)

Young women also associated adoption with finality. They understood that the law required that they formally relinquish their rights to their child. Fearing the wrath of their family’s ancestors, they spoke of abandonment as an alternative to the legal process of adoption. Unlike adoption, abandonment was not seen as permanent, even when a child was abandoned in an unsafe space, because there was always the
possibility that, in the densely populated environments of the townships, someone would come across the baby and rescue it.

Social workers cited many cases where mothers wanted to be reunited with their babies, like Lindiwe did. Sometimes mothers came even years after abandoning their children at a home. They would ask to have their children returned to them, and would be shocked to discover that their parental rights had been removed and that their children had been adopted.

A woman called me yesterday about two children that she abandoned nine years ago at our baby home. She just told me: 'I am well now and would like to have my children.' I remember her from when she left her children with us, she was young, on drugs, living on the street and HIV positive. She told me that she has now found God and put her life back together, but she is not sleeping at night. The fact that she left her children is tormenting her and she is suffering. She literally arrived with the children and then disappeared, she never formally consented [to adoption]. When I told her that her children had been adopted and were now living overseas, she got very angry with me. She said 'these are my children and I am suffering.' (Adoption social worker, Fairvale, 27 June 2013)

Child circulation (Leinaweaver 2008) was also seen as an acceptable way to find care for children who, for various reasons, could not be cared for in the immediate family household. Children would be sent to live with a relative in order for them to get better opportunities (educational or wellbeing) while, at the same time, helping the relative with household duties. This was not seen as adoption, because parents did not relinquish their rights to their children. I came across a number of examples of informal adoption, where children were moved between family members (see Ngabaza & Shefer, this volume). In these cases, children were 'adopted' within the extended family and the child’s birth story could be changed to suit the circumstances of the family that agreed to take care of him or her. A family connection, no matter how tenuous, was believed to be better than no connection at all:

There is lots of adoption, but it is not legal. I have a cousin who lives with her family. There are nine children in that house. She had an affair with a married man and fell pregnant. The family agreed that they must not expose it. They made an offering to their ancestors and then they decided that they must give the child to a family member. They asked all of the family but no one could look after the child, so they asked me. They said, you have graduated now, and you are working, you must look after this child, but I told them I was just starting out in my job and my marriage and I could not look after the child. My cousin fell pregnant another two times and each of these children were given to other family members. She is very fertile. They see that you are better off financially and then they approach you. That child ended up in Britz and they had to come up with a history for the child. The
child had relatives living alongside they never even knew about. It’s a chaotic thing. (Participant, midwives’ meeting, Edenvale, 19 October 2013)

The threat of ancestral punishment extended beyond the family to members of the child protection community. State social workers and nurses openly stated their opposition to adoption and their fear of the child and mother suffering as a consequence. Their concerns even extended to their own wellbeing – concerns that they would be punished by the ancestors if they assisted a mother in placing a child up for adoption:

A big challenge is the belief systems from some hospital social workers and staff. We recently had a case where a hospital social worker went over the head of my social worker. She contacted the extended family of a birthmother over the age of 18 without her knowledge and informed them of her plan to place the baby up for adoption. They totally ignored the right of the birth mother to confidentiality. They believe [it is] the right of the extended family to know. We always encourage a mother to disclose to her family, but we respect her right to self-determination and confidentiality. There are many such examples. (Adoption social worker, Tshwane, 21 June 2013)

Thus, despite adoption being recognised by the state as a legitimate way to enable the care of children within families, a combination of restrictive legislation and local beliefs means that this option is often not one that young mothers like Lindiwe choose.

A lonely choice

Contemporary urban South Africa has all of the challenges identified in global studies on the subject as causes of child abandonment. This includes restrictive legislation, poverty, mass urbanisation, high levels of gender violence and inequality, high levels of HIV/AIDS and diminishing family support (Fonseca 1986; Hunter 2010; Jewkes et al. 2012; Johnson et al. 1998; Leinaweaver 2008; Miller 2008; Sargent & Harris 1998; Stats SA 2013). In this chapter I have illustrated how families, both living and dead, play a role in influencing a mother’s choice to abandon her child. In this context, the child, rather than being a symbol for connection and family, becomes the catalyst for disconnection and abandonment.

For many poor young women in Gauteng being pregnant is a lonely experience. This is especially the case for migrant women who may not be legally residing in the city. Poor, young women, with boyfriends who do not want to take responsibility for the children, or provide for the mother and child financially, often abandon their children. Sometimes – as was the case with Lindiwe – a young, poor, pregnant woman is told that the household resources are already overstretched and the family cannot care for another child. Adoption is not an option for her, because she fears that she will be punished for giving her baby away and will suffer because of this
in the future. Her fear is exacerbated by the attitudes and practices of state social workers, hospital nurses and police, who prevent women from putting their babies up for adoption because, coming from the community they, too, believe that the young woman will suffer in the future. They try to protect her from making what they see is a 'mistake', which they believe they could also be held accountable for. For many of these young women, abandoning their child may seem to be their only option.

Notes
1. A ‘baby safe’ refers to a place designed to assist a mother with the anonymous abandonment of her child. The safe has a flap that opens onto a secluded public space, allowing the mother to leave her child. Once a child is left in the safe, an alarm is activated and child protection officers collect the child and take it into care.
3. Child Welfare South Africa estimated the number of children abandoned in 2009/10 at 2 750, a marked increase from previous years (this number excluded Johannesburg and Cape Town metropolitan areas). Cape Town Child Welfare reported between 500 to 600 babies and children abandoned between 2009 and 2010, and Johannesburg Child Welfare (one of the largest child protection organisations in the Gauteng province) reported rescuing an average of 15 babies a month over this period. It is widely believed that many child abandonments go unreported, but these estimated numbers point to a total of over 3 500 babies and children who were abandoned over this 12-month period (Weekend Post 27 August 2010).

References


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