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Social and environmental support for young mothers in South Africa: Unraveling coping abilities

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Introduction

Young people living in resource poor settings often move into parenting early. According to the 2003 South African Demographic and Health Survey of the department of health of South Africa, almost half of all women in South Africa typically have their first birth before their 21st birthday. Approximately one in seven South African women has a birth before her 18th birthday (Panday, Makiwane, Ranchod, and Letsoalo 2009).

Few studies have been conducted in sub-Saharan Africa on the consequences of early childbearing on the life course of adolescents. Yet the outcome of teenage pregnancy can be vastly different depending on the context (Falk, Ostlund, Magnuson, Schollin, and Nilsson 2006). Pregnant adolescents and young adults are living in a social environment (family, community, and school) and are influenced by this. The overall life event of pregnancy through delivery and early motherhood is a major stressor that mediates other stressors like illness, pregnancy ailments and nutritional concerns in the environmental system (Atuyambe and Faxelid 2008).

Childbearing can be an obstacle in the successful transition to adulthood (Furlong 2009). Support from family plays an important role in the wellbeing of young pregnant women and mothers, and thus their transitions to adulthood. When the transition to adulthood for a young woman goes together with falling pregnant or becoming a mother, the burden on the family becomes heavy, especially in the area of Doornkop where most families are not provided with material, financial and organizational resources.

The family structure, unequal access to education and health, but also the concentration of poverty and unemployment in black and colored community can shape how early childbearing is navigated (Panday *et al.* 2009 p. 11). Poverty is rampant in the South African townships.

The formation of the townships was created during the Apartheid era. During the Apartheid era, black people were expelled from areas intended for the whites. They were forced to move to separated townships. Nowadays, townships still exist. Some of the biggest townships in Johannesburg is Soweto, with a population of almost 1000,000 people. (Huchzermeyer 2011). The many South African townships vary in their housing and available services, but they face comparable problems. Poverty and unemployment, violence and gang affiliation, a high prevalence of HIV/Aids and difficult access to schooling are critical issues faced by the residents (de Wet, Plagerson, Harpman and Mathee 2012).

Living in a low SES environment may shape the resources that are available for young mothers and women who become pregnant. Although health care facilities are available, access to healthcare facilities is a major problem for women. 39 percent of women between the ages of 15-49 don't have the financial resources to afford treatments (The department of health South Africa 2003). The most common concerns in finding access to professional care are cost, distance and transport. Research shows that having children and being a single mother is positively associated with experiencing problems with access to healthcare (The department of health of South Africa 2003). The proportion of women with problems is inversely related to level of education. The lower the level of education, the more problems in access to healthcare is experienced.

A lack of resources, such as financial stability, education and independence may add to the importance of responses and support of the family when young women fall pregnant. In this

particular environment, the role of the family is more vital. Material and financial aid, housing, babysitting and emotional support become the responsibility of the family. How young women cope with their pregnancy and young motherhood seems then to depend on the generosity of the family. Atuyambe and Faxelid (2008) argue that supportive social relationships help young women to cope with the stress of teenage motherhood. Taplin (2008) examined coping mechanisms of young mothers in Mozambique, and found out that most young women sought and received help, advice and emotional support from older women in their families rather than from health professionals. This suggests that social resources are key mechanisms that young mothers use to cope.

Although much research has been conducted on coping mechanisms young women have when they fall pregnant and become young mothers, little is known about social resources (social support structures) that mediate these coping mechanisms, the environmental responses and support structures of families of the young women during pregnancy and young motherhood.

An increase of family and household involvement has a positive effect on pregnant women and young mothers (Wu 1996) Therefore this study aims at providing an analysis of responses and support young mothers receive from their families during pregnancy and early motherhood, from the perspectives of the mothers, in the district of Doornkop, Johannesburg South Africa. Next to this, an analysis of the women's perceptions on the effect of the received familial response and support on their coping abilities will be given.

This thesis details the life event of pregnancy and early motherhood for young women in Doornkop through a qualitative methodology, revealing their perspectives and thoughts. 16 interviews and drawing exercises with young women are used to explore the responses and support from families or households on pregnancy and young motherhood. The analysis contained in this thesis identifies the women's coping abilities by ascertaining the social support factors that facilitate and constrain young women in achieving their desired social well-being; living circumstances, norms and values in the household, resources in the environment, generosity of the family, dynamics in the family and social support seeking behavior.

Revealing the responses and support structures young women receive and which influence this has on the ability to cope not only draws attention to some important considerations for young women in Doornkop, but brings knowledge on creative ways of supporting interpersonal relationships and strengthening communities and families in which young women experience pregnancy and motherhood.

In chapter one the context of the problem is highlighted. It situates women in South Africa within the wider social development and gender context. A brief overview of the (cultural) role of the family during the transition to adulthood and the role of the family during early pregnancy and motherhood is given to aid the reader's understanding of how and why family dynamics are of importance. Chapter two elaborates the theoretical framework used in this study, which adopts a multi-level approach to account for the complex web of environmental responses to pregnancy and parenting. Chapter three lays out the research questions and qualitative methodology. It covers the theoretical concepts, the way of analysis and ethical standards that promoted the values that are central to this study. In chapter four a presentation and analysis of the research results are given. In chapter five a final answer is formulated in relation to the research question and sub questions. Furthermore, the relevance of the research results and the quality of the research is discussed. In this chapter recommendations regarding future research and future interventions are formulated.

1. Context and background

This chapter elaborates women and motherhood in South Africa within the wider social development context. A brief overview of the (cultural) role of the family during the transition to adulthood and the role of the family during early pregnancy and motherhood explains how and why family dynamics are of importance.

1.1 Pregnancy and young motherhood in South Africa

Early childbearing is a general occurrence in some developed and most developing countries with potential consequences for the future life of young adults and especially women (Singh 1998). The total fertility rate in South Africa in 2012 is less than 3 births per woman and is declining (Index Mundi 2012). However early childbearing levels remain high: Over 35 percent of 20-22 year-old women delivered a child at least once (Panday *et al* 2009).

The government of South Africa sees early childbearing as a major problem (Department of Health, 1998). Their concerns centre around its impact on the mothers' schooling, employment and income, the financial situation of her family's household (maintenance from the father is hardly ever present) and the impact of babies being born into poverty (Varga, 1998; Ncayiyana and Ter Haar 1989).

Research has found early childbearing to be an obstacle for following successful transitions to adulthood because of the effect it has on school participation and psychological development (Marteleto, Lam and Ranchad 2006). Well-being and educational attendance of young mothers are directly affected by the social and familial relations within their family or household of residence they grew up (Martelo *et al.* p 4). Family responses and support women receive during pregnancy and motherhood are therefore of significance in ensuring that young mothers are assisted to effectively transition to adulthood.

However, families are not equally situated to provide similar levels of material aid. Countries differ in the extent of state support for young people in attaining schooling, training, employment and accommodation (Furlong 2009). The more limited welfare states are, the more vital the family's generosity. The burden on families in economically poor environments may therefore more intensely felt, which could add to the stress factors young women and families experience during pregnancy and motherhood. Absence of men as fathers of the newborn babies within households where the babies grow up and the lack of involvement of fathers in children's care remain common in South Africa (Brils 2012 p.9), which also may add to stress factors and intensify the burden on the mother's household. In countries that greatly rely upon parent's generosity to help young adults through education and into work, inequality between parents may also result in the reproduction of inequality for the next generation (Furlong 2009).

Fertility numbers in South Africa are considerably higher for Black and colored women than among white women (SADHS 1998). The variations within the social conditions in which young people grow up can probably explain these large differences.

The inequality between social conditions and resources can be explained by the racial history of South Africa, which continues to be reflected in daily life.

In 1948, the political authorities in South Africa began to strengthen racial segregation under colonial rule, which would be later known as *apartheid* (Du Toit and Giliomee 1983). With the adoption of the apartheid laws in 1948, racial inequity was settled. These laws influenced every aspect of life. While the white minority enjoyed the top standard of living in all of Africa, the black majority was disadvantaged in almost every standard, such as income, education, housing, and life expectancy (CRDI 2013). In 1990 Apartheid was formally abolished.

Though apartheid officially has ended, frictions between black and white people still exists. Apartheid resulted in racialised income and education inequalities that persist today (Subreenduth 2006). This likely explains racial differences in early childbearing, because women who give birth at an early age are more likely to come from low-income families (Maynard 1996).

1.2 The role of the family during the transition to adulthood

Becoming a young adult goes together with a stage of rapid changes and transitions that can be stressful and difficult. They are socially expected to adjust to a series of normative changes and are faced with increased expectation to act in what society defines as a more mature manner (Breinbauer and Maddaleno 2005).

Researchers have become aware of the importance of intergenerational support given by parents to their children, particularly when other support mechanisms are lacking. Though in some ways young adults are more independent from family than ever before, in some contexts parents have become even more imperative for contemporary adolescents and young adults (Rosenfeld 2007). For some young adults the changes they experience might be more consequential rather than others, depending on resource and timing. The resources available depend highly upon the contextual environment. In a poor environment such as the township of Doornkop, with limited access to care allowances and education, early childbearing may put great stress on the young mothers and their households. The family structure, unequal access to education and health, but also the concentration of poverty and unemployment in black and colored community can shape how early childbearing is navigated (Panday *et al.* 2009 p. 11).

For the reduction of stressors and providing contributions to protective factors in an adult's life, family support is seen as essential (Canavan, Dolan and Pinkerton 2000 p. 16).

Furlong (2009 p. 223) states that families with strong emotional attachments and more resources on hand may be better situated to facilitate a smoother transition into adulthood for their children. Family and kinship are relevant in comprehending the change experienced by young people; to get started in adult life through a loan from parents, by securing economic help to study at university and with providing resources. Morrow (2006) utters that young people, whatever background they come from, need useful relations. They call for patrons to help them get started in adult life.

1.3 The role of the family during early pregnancy and motherhood

As described earlier, the overall life event of pregnancy through delivery and early motherhood is a major stressor. Data indicates that expecting adolescents are less socially capable and less skilful in trouble solving than adult expecting women (Atuyambe *et al.* 2008). Passino and Whitman *et al* (1993) found that adolescent mothers displayed higher levels of parenting stress and were less responsive and sensitive to their infants than adult mothers.

A commonly used strategy women hold on to when dealing with problems is relational in nature and involves contact with social resources through relationships and negotiation. These relational strategies deal with the informal social interaction between young families and women in their social network, as well as between young women and communities (Taplin 2008).

This tendency is also seen in other literature which demonstrates that support correlates positively with the psychological well-being of adolescent mothers and their infants. Supportive social relationships help young women to cope with the stress of adolescent motherhood (Royce & Balk, 1996). A case study on motherhood, situated in Mozambique (Taplin 2008) shows that families know that pregnancy will increase the risk of poor health. In line with their cultural beliefs, someone takes 'responsibility' for well-being during pregnancy of the woman. As a claim of responsibility is made, whether it be by the family of the father or her family, they are responsible for feeding, clothing, accommodating and providing for her if unwell.

Broadly speaking, support can help prevent stress and dysfunction and reduce the toll stress might otherwise take on health, well being and functioning (Gilligan 2000). Gilligan (2000) states that parental support may be very important to the development of a young person. Research done by Wills and Cleary in 1996, suggested that parental support not only serves as a buffer against stress for the young person, but also may enhance the effects of protective factors such as academic competence and coping behavior.

1.4 Conflict and constrain

Though families can facilitate supportive social relationships for pregnant women and young mothers, pregnant family members or a newborn child in the household may lead to changing relationships in the family (Taplin 2009). Numerous interdependent power relationships can be recognized as the young woman and her child are positioned within a complex family context. Women with unintended pregnancies experience several forms of conflict with their parents or those in roles of parental responsibility (grandmothers, aunts and uncles and siblings who have this responsibility when parents have died or live/work away) (Taplin 2009).

1.5 Attitudes of fathers

South Africa has a large number of absent fathers, particularly among the Black population (Panday *et al.* 2009). Even though young fathers feel responsible for their children, a number of factors uphold them in fulfilling their role as fathers (Swartz and Bhana 2009). When hearing about their future fatherhood, young men respond with the feeling of fear, shame and shock (Swartz and Bhana 2009). The cultural understanding of fatherhood affects the father's participation in parenting, such as financial responsibility instead of care giving-, a weak relationship with the mother and her family, having multiple relationships with other women and nonattendance because of illness or death, because of HIV/AIDS (Swartz and Bhana 2009).

In South Africa, fathers are expected to be the economical providers for their children and wives. However most of them are unable to provide economically due to high unemployed rates (Beernink 2012). The cultural measure of responsibility equated with money serves as an important factor affecting young fathers' comfort and participation in parenting (Swartz and Bhana 2009).

1.6 Motives

Lauren Graham (2011) states that being a mother is a dominant way of demonstrating femininity or womanhood. In her research women found expression of their identity as a woman in fulfilling the roles of a committed partner and home-keeper and being someone who is a provider and protector. "Parenthood is often seen as a marker of adulthood and, particularly in certain cultures, until you are a mother you are not seen as an adult woman. Motherhood could then justifiably be an available marker of identity as a young person is trying to navigate an adult identity in their identity-work" (Graham 2011 p. 190).

This means that young women gain meaning from parenting, making the choice to become a parent more apparent.

1.7 Public Policy, the child support Grant

The South African social protection system has two objectives. The first one is to increase economic growth and development through investment in health, education and nutrition. The second objective is to reduce income inequality among the elderly, children and disabled (Woolard, Harttgen and Klasen, 2012) In 1998 the government introduced the Child Support Grant (CSG) which is a cash transfer for caregivers of poor households. The CSG, which reaches more than 10 million children, is one of the government's key interventions for improving the living standards of children living in poverty (Department of Social Development, South African Social Security Agency, and UNICEF 2012). Currently, the CSG is about R270 (approximately E27) per month, with a maximum of 6 children per family for who can be applied for (Department of Social Development, South African Social Security Agency, and UNICEF 2012). Social policy has an influence on family life. The impact of the CSG is manifold. The program impact assessment showed that the CSG has a positive influence on children's school attendance, nutrition intake and adolescent risky behavior. Analysis of adolescent risky behaviours gives evidence of the CSG's impact in significantly reducing six core risky behaviours – sexual activity, pregnancy, alcohol use, drug use, criminal activity and gang membership (DSD, SASSA and Unicef 2012). Next to this, it has been demonstrated that the CSG increases woman's power and control over household decision-making in financial issues in relation to child well-being (Patel & Hochfeld, 2011) Hence, the CSG has a direct influence on the empowerment of female CSG beneficiaries (Beernink 2012). This empowerment can mediate coping mechanisms for young women.

2. Theoretical framework

This chapter represents the foundational theories that are used to provide a perspective upon which the study is based. It adopts a multi-level approach to account for the complex web of environmental responses to pregnancy and parenting. To give understanding in the role of the environment, the ecological system model (Bronfenbrenner 1979) is applied to the case. The concept of 'social capital' by Lin (2001) is adopted to assess the needs of pregnant women and mothers in relation to social resources. Lastly it engages with the concept of coping strategies, to understand how social support adds to the wellbeing of the individual.

2.1 Ecological perspective

To understand young people's abilities and behavior regarding pregnancy and motherhood, it is important to examine the environment these young people live in. Environmental responses may influence young women's health behaviour, coping behaviour and experiences, as well as their ability to navigate the transition to motherhood and adulthood more effectively.

Behavior affects and is affected by several levels of influence. Correspondingly, individual behavior both shapes and is shaped by the social environment (Bronfenbrenner 1979).

The ecological perspective emphasizes the interaction between, and interdependence of, factors within and across all levels of psychological development (Bronfenbrenner 1979). It put's an emphasis on people's interactions with their physical and socio-cultural environments.

Bronfenbrenner (1979) contextualized individual behavior within the families, communities and societies in which they are nested. Cultural contexts consider norms, values and beliefs in countries and socio-economic status, poverty, and ethnicity. A young woman, her parents, her school, and workplaces are all part of a large cultural context. Members of a cultural group share a general identity, legacy, and values. Per this theoretical construction, each system contains roles, norms and rules which may shape psychological development. The ecological systems model provides a useful way to identify factors connected with complex social problems such as early pregnancy and motherhood. The everyday social environment in which young people take part can have an intense effect on behaviour. Families, partners, peers and schools play an important role in identity formation and decision-making (NRC & IOM, 2005)

In this study attention is drawn to responses from family and community members to pregnancy and young motherhood.

As described above, norms about pregnancy and young motherhood are nested in communities.

In certain cultures, teenage pregnancy is received and welcomed and this could impact teenagers' attitudes towards pregnancy and, in turn, their behavior (Panday *et al* 2009).

Staff at public health clinics, as the gatekeepers to healthcare services, can have an important impact on young people's sexual actions. The relationships health professionals have with young women are an important source of information and support (Talpin 2008 p. 162)

When access into professional information is lacking, young women rely on friends and family for information. Women may also seek counseling and support that are not part of common health services (Taplin 2008 p. 162).

Taplin (2008 p. 197) refers to the role of female relatives in the case of emotional support. In her study the majority of young women knew little about the health implications of pregnancy and they 'coped' with this by seeking advice, guidance and help from either those more experienced in the family or from professionals at the hospital. Some relied on their mother to take care of them during pregnancy, because they did not know what to do or what to expect. For those whose mothers were not alive or living with them, they spoke about seeking and receiving similar advice and help from more experienced female relatives such as aunts, grandmothers and mother-in-law or elder sisters.

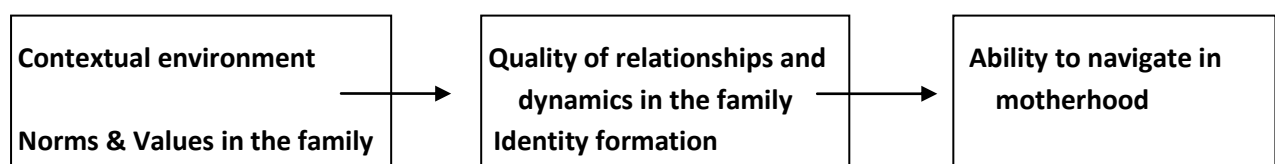
An important concept for the data analysis in relation to the ecological systems model is the idea that the quality of relationships between individuals is shaped by the contexts in which they live (Mohan 2002). Therefore the focus lays on clarifying the context the women live in, by investigating their social resources in relation to the contextual environment.

2.1.1 Breaking down the component parts

The environment young women live in, influences their ability to navigate the transition to motherhood and adulthood. One of the two imperative concepts within this theoretical understanding lies in identifying *the living circumstances* of women as this influences health behaviour, experiences and coping.

The contextual environment considers norms, values and beliefs. These may shape psychological development, identity formation and decision-making. The second vital concept within the ecological perspective model is the prevalent *norms and values on support within the household* of the woman when life events or social problems pop-up. Norms and values are expressed through behavior (Schwartz 2012). Rejection of a young pregnant family member or support tells us about these values that are prevailing in the family.

How the theoretical construction and concepts speak to each other is illustrated in the next figure:



2.2 Risk and protective factors as social capital

The second model that is applied on the case is the social capital theory based on the vision of Lin (2001). This model follows the ecological systems model. Whereas the ecological systems model describes the role of the contextual environment and how this influences the ability to navigate in motherhood, the second model will give explanation on how these responses form social capital. The term 'social capital' is by no means new in a social development context and was used occasionally from about 1890 (Putnam 2000). Social capital lends itself to multiple definitions,

interpretations, and uses. In sociology, social capital is the expected communal or individual reimbursement that emerges from the cooperation between individuals and groups (Putnam 2000). The center idea is that social networks have added value. A literature exploration identifies key authors who have engaged theoretically with the concept, which has decisive implications for how it is understood and used. Sociologists Bourdieu (1972), Coleman and Wellman (1977) can be seen as founding fathers on clarification of the term. However the concept that underlies social capital has a history that goes back in 1800, where Tocqueville and writer Madison integrate the term with concepts of social cohesion and modern society (Gintis 2002).

Social capital is a key determinant of youth's wellbeing (Furlong 2008). Social capital enhances structural and functional resources. In this study the vision of Lin (2001) on the term of social capital is being used, since his definition of social capital as access to resources through network ties is one of the most widely acknowledged conceptualizations of the term (Molm 2010). It emphasizes the role of social relationships and communities. Important elements are the quality of social relationships, group membership, formal and informal networks, shared norms, trust, reciprocity and commitment to the community.

Protective factors which may serve as social capital can help a young adult and family to endure the stress of living conditions of financial and social stress (Gilligan 2000). A survey carried out by Runyan *et al.* (1998), identified civilians who were 'doing well' and those 'not doing well' in order to determine whether social capital had a bearing on this. The presence of any social capital indicator increased the odds of doing well by 29% (Gilligan 2000 p. 17). It was suggested that social capital may be most crucial for families who have fewer financial and educational resources.

Social capital refers broadly to characteristics of social structure that function as a resource for the young women.

Within this thesis, the social capital model is not plainly used to explore the level of social capital for the young women, but on the use of it by them. How women access and use resources rooted in social networks to gain returns in instrumental actions (e.g., pursue education while pregnant, finding a job) or maintain achievements (Lin 1999). By investigating the role of social capital and looking at how social capital works to rally other resources into capital, we might be able to understand the influence that community groups have on pregnant women and young mothers. In order to understand social capital related to women in the Doornkop area, one must look at it in a sense of space, place, and territory. In its relationship, the views and beliefs that stem from this context relate to the ideas of social capital in the family, community, and in the use of social networks (Mohan 2004)

2.2.1 Breaking down the component parts

The protective factors that serve as social capital that increases wellbeing of young women and their families and which will lead to a decrease in stress related factors are deconstructed in three revealing concepts.

The first concept, *the quality of relationships in the household*, belongs to the assumption that social capital affects health risk behavior in the sense that women who are embedded in a network or community rich in support, social trust, information, and norms, have resources that help achieve goals (Lin 1999) (such as finishing education while pregnant or being a young mother).

The second concept has the purpose to identify the *generosity of the family*. The more limited welfare states are, the more vital the family's generosity is (Cooney and Dykstra 2011). Material aid, housing, and babysitting becomes the responsibility of the family, since resources are lacking.

Access to network ties and the absence or presence of resources in the form of formal networks influences an individual's ability to maintain achievements and pursue activities (Lin 1999). The third concept that breaks down the component parts of the theoretical construction of social capital, is called *resources in environment*, and speaks to the availability and use of professionals in the area. The availability and use of governmental policies (such as CSG), NGO's, community centers and social workers are some examples of resources in the environment.

2.3 Coping strategies

Within this thesis, the concept of coping strategies is used to explore the process by which young women achieve social well-being during their pregnancies and motherhood. Families and households can facilitate coping strategies that are used by young women, by supporting them. Focus is on how families and households add to the coping abilities and used strategies, experienced by young women, and how this influences their ability to maintain achievements and pursue activities.

Multiple coping strategies have been identified in the literature. Taylor (1998) states that 'coping strategies refer to the specific efforts, both behavioral and psychological, that people employ to master, tolerate, reduce, or minimize stressful events' Taplin (2008) conveys that coping strategies are understood as short-term responses to complexity, social problems or life events .

It refers to adaptive or helpful coping strategies that reduce stress levels (Weiten and Lloyd 2008). Hereby coping strategies are seen as responses to social problems (Gross 2005).

In an environment of scarcity they are thought to be essential, because people with an insufficient income are more vulnerable to income shocks (Devereux 2001). How young women, manage, bear and cope with social problems and changing life events affects and represents their wellbeing.

2.3.1 Different levels of coping

Becoming pregnant at an early age and becoming a mother is a stressful event (Atuyambe and Faxelid 2008). For young women to manage their stress, positive social support and useful coping are vital. Individuals manage stress differently; they assess stress, seek support from families and friends, and execute their coping all in their own ways (Chao 2010).

Two distinctions of coping strategies can be made, problem focused coping and emotion based coping (Lazarus and Folkman 1984). Research has shown that problem-focused coping is typically used in situations that are perceived to be controllable e.g. work issues (Hermand and Tetrick 2009, Folkman and Moskowitz 2000, Smith and Dust 2006). Conversely emotion-based coping is usually used in situations where the stressor is less controllable e.g., having a baby or losing someone. Stressors that are perceived to be changeable are more likely to bring forth problem-solving strategies while stressors perceived to be unchangeable are more likely to elicit social support seeking and emotion-focused strategies (Lazarus and Folkman 1984)

Hence, the accent in this study will lay on the social support seeking and emotion-focused coping strategies. As described earlier, previous research reported that social support, social support seeking and coping are positively associated with well-being (Ben-Zur 2009) However, the offered

familial social support can be unsteady for some young women with when a stable family base is absent. Thus it is important to see how low support may change the association between stress and women's well-being, their ability to maintain achievements and pursue activities after falling pregnant or becoming a mother.

Lazarus and Folkman (1984) list three characters for understanding the potential protective nature of social support and coping. These are; *perceived stress* (the relationship between the individual and environment that is considered as exceeding on hand resources), *appraisal* (one's perception and assessment of social support in the situation), and *coping* (effortful or purposeful thoughts and actions to manage the stressful situation (Chao 2010, Frydenberg, 1997; Lazarus and Folkman, 1984). Coping concepts are useful in clearing up why some individuals handle situations better than others when encountering stress in their being. Coping does not stands-alone (Falkman and Moskowitz 2000). It is ingrained in a process that involves the individual, the environment and the relationship between them. Coping takes place in a context and that context influences and impacts on coping (Taplin 2008). Therefore the environmental system of the individual, their circumstances, social resources and ongoing stressors need to be taken into account.

2.3.2 Identifying coping strategies

Coping strategies is a constructed and contextual concept, but reflects human basic behavior and how the individual responds to social problems to maintain social well-being (Taplin 2008). According to Brown, Brady, Lent, Wolfert, and Hall (1987), satisfaction with social support depends on one's personal needs and the social resources provided to fulfill those needs.

Social support seeking and emotion-focused coping strategies will be identified by applying the characteristics of the theoretical framework provided by Lazarus and Folkman (1984) : the women's perceived stress, her appraisal and coping before, during and after pregnancy.

Coping strategies may not be especially different from habitual activities, but rather extensions or adaptations of such activities used in specific response to a perceived problem to maintain or promote social well-being (Davis 1996).

Social support seeking may result in shared care-giving for a new born baby. This may produce features which gives young women the ability to maintain achievements and pursue activities. For example to get enough sleep in the days the baby is born, the ability to set forth education or employment, time for fun activities, health, economical provision and a reduction of experienced stressors.

3. Methodology and research design

The nature and quality of the research method defines the quality, type and usefulness of data and conclusion made in this thesis. Whilst qualitative research is generally recognized as interpretive, contextual and sometimes disorganized, it can also be well thought through, methodical and thorough (Bryman 2004). This chapter illustrates the deliberate choice and foundation of the research strategy. The chapter is a guidance for the reader though the research process and is concerned on which basis decisions were made. It draws attention to the operationalisation of the concepts, data collection method and data analysis. Furthermore it reveals research questions and ethical underpinnings.

3.1 Making responses and support from family and the influence on coping abilities known

This study aims to explore the familial responses and support young women receive, and their perceptions on the effect of the received familial response, and support on their coping abilities and wellbeing during the life event of pregnancy and motherhood.

It is expected that forms of support from family during pregnancy and motherhood for young women in Doornkop varies. These variations define to what extent coping abilities will be constrained or released.

The aim of this research is two folded:

1. To provide an analysis of forms of responses and support young mothers receive from their families during pregnancy and early motherhood, from the perspectives of the mothers.
2. To provide an analysis of the women's perceptions on the effect of the received familial response and support on their coping abilities and used strategies.

These aims are translated in the following research questions:

1. What are the past and current living conditions of the young mothers and how does this influences their health behavior and wellbeing?
2. How is the quality and dynamics of social relationships within the household and how did this change over the life event of pregnancy and young motherhood?
3. Which kind of support or rejection did or do the women experience during their pregnancy and motherhood?
4. How did the support add to the coping abilities of the women especially in the context when there may be limited material, social and organizational resources available?

3.2 Operationalisation of concepts

Young women:

The study participants for this research are young adults. There are multiple definitions of the concept of young adults. According to Erikson's stages of human development (1993), a person in the age range of 20 to 25 is a young adult, whereas an adolescent is a person between the ages of 13 and 19. The age range chosen for this study is 18 to 25, on account of legal procedures for addressing participants.

Early childbearing:

The term 'early childbearing' and 'early pregnancy' is used throughout this research and refers to women who became pregnant or delivered a child between the ages of 15-23. Arnett (2000) calls this phase 'emerging adulthood'. In this phase young people explore the life possibilities and limitations and form their identities. This age range is chosen for this study because the focus in the study will be on family responses and relationships, and emerging adulthood is characterized by a reevaluation of the parent-child relationship. When a child switches from the position of a dependent to the position of an adult, the family dynamic will change (Bloss 1985). The responses to pregnancy and motherhood of the young adult may especially influence family dynamics.

The family:

The term family *is used to refer to* the extended household, which consists of the family unit in which several generations live together (Andersen, Margaret, Taylor and Howard 2007). In the extended family, parents and their children's families may often live under a single roof. This type of family frequently contains various generations in the family. From culture to culture, the expression may have dissimilar meanings. Therefore the researcher will allow for different conceptualizations of family as defined by participants.

Generosity:

Generosity is understood as young women's perceptions on the amount of received help from the family or household in terms of material aid, financial aid and emotional aid.

Resources in environment

Used to describe the availability and young women's use of professionals in the area, such as health care facilities, social workers, NGO's, interventions, church or communities and governmental policies,

3.3 Qualitative methodology

The method of research for this study adopts a qualitative approach. In qualitative methodology a whole range of research approaches can be distinguished. Over time qualitative methods are influenced by philosophy, cultural studies, social studies, anthropology, feminism and interpretative approaches (Rossman and Rallis 2003). Qualitative methodologies are helpful to the exploration of social interaction, power relationships and the interaction between agency and structure, all of which are known to be fundamental in the conception of coping strategies (Taplin 2008).

Different approaches tend to focus on different levels of society (Rossman and Rallis 2003).

Therefore, as this research is involved in the relationship between young women and their families, it is informed by individuals, representatives of the societal context.

3.3.1 Data collection

The contexts in which people live shape the way people give meaning to events, behavior and attitudes. Because of the explorative character of the research, in-depth interviews were conducted. (t Hart, Boeije and Hox 2006). In-depth interviewing allows the researcher to shed light on the individual experiences of the women and give the women a voice (Steinar 2006). Participants spoke for themselves while sharing their stories and life experiences.

Because of the sensitive conversations topics that were not suitable to deal with in focus groups, interviewing the women was an appropriate method. By interviewing the women in their social contexts, it became observable what was going on in their networks. Commensurate with the ecological perspective, in order to understand the women, it is preferable to engage with them in their ecological environment, their community and households. In this way data could be gathered on individual behaviors and interaction between the woman and their families. It also provided the study with information about the physical setting of the women (CDC 2008).

16 interviews were carried out. The structure of the interviews was semi-structured and theory led; questions and topics related to the theories whilst providing space for participants to elaborate on issues that arose during the interview. The interviews were used to reconstruct the reactions and support the women experienced during the life event of pregnancy and motherhood, by asking the participants to describe their experiences. Questions covered multiple concepts that related to the research questions: *living circumstances*, e.g.: With who were you living with before you got pregnant?, How and where did you live? What were you doing during those days?

Shared norms and values in the household e.g.: How did your family react when they heard about your pregnancy? Could you stay in the same house or did you have to live somewhere else?

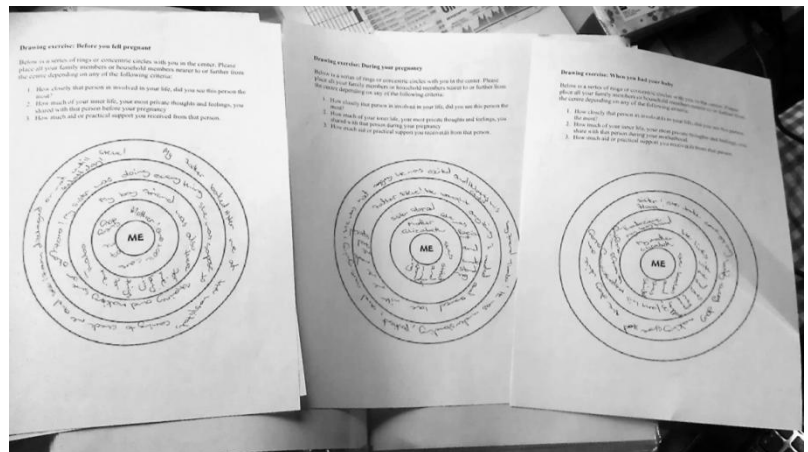
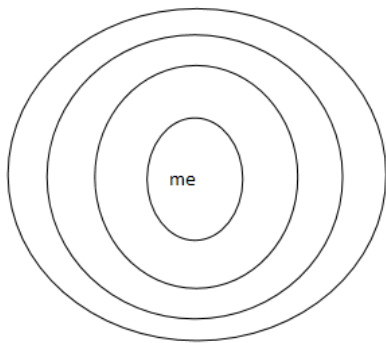
The quality and dynamics of relationships in the family e.g.: From which people in the household did you experience support? Can you explain how you and your family member's did get along with each other? Have there been conflicts now and then, also with you? *Family roles*, e.g.: Who earned an income? Was that shared among the household members? Who was the first person that you told you were pregnant? Why this person?

Social support seeking behavior, e.g.: Do you sometimes ask other to help or assist you with the care for your baby/child? Do you have contact with, for example, health clinics? School? Church? Community organisations? NGO projects?

Experienced stress, e.g.: Did you have any worries or concerns for the future? Did you manage to get enough sleep? Where you able to engage in fun activities outside the house?

3.3.2 Drawing exercise

Next to the interviews, participants did a drawing exercise that illustrated their influences of support in their environment. In three diagrams, participants placed family members and networks that they find supportive *before* their pregnancy, *during* pregnancy and in their *motherhood*. The next illustration and photo the social circles of a participant are shown:



The aim of the drawing exercise was to provide for definitions of the ‘family’ or household the woman lived in before, during and after the pregnancy, for the reason that from culture to culture, the expression may have dissimilar meanings. Therefore the researcher allowed for different conceptualizations of family as defined by participants. Secondly, the exercise provided the study with information on changing family dynamics during the life event of pregnancy and motherhood. By obtaining information from interviews as well as from drawing exercises, multiple layers of data from each participant were generated. Although this cannot officially be seen as ‘triangulation’ (Guba & Lincoln 1985), it gives a richer and more reliable data set than one initiative will generate.

3.3.3 Recruitment

The fieldwork including access, building relationships and data collection, took place within a three month period in South Africa. The location where the research was conducted is Doornkop, a ward in Soweto, Johannesburg. The total population of Doornkop was 24,225 in 2001 (StatsSA, 2004), with around 5,500 households (Patel et al., 2012).

Recruitment of participants was initiated through the community organization “Humana: People to People”. This NGO is an established organization in Doornkop with extensive networks in the area. Participants were selected by approaching them at the daycare centre of Humana. A key method of finding access to participants was going into the streets of Doornkop together with a social worker of Humana, and chat with young women. In addition participants were selected through the so called “snowball method” (‘t Hart *et al.* 2006) in which they were reached through networks of other participants.

Purposive sampling was used. Criteria for purposive sampling was the age range and geographical location of the participant as well as her status as a young mother. The women selected were in the age range of 18-25 years old. These women must have had the experience with pregnancy or/ and

motherhood when they are or were 15-23 years old, because of the interest in the phase of emerging adulthood when early pregnancy and motherhood makes its appearance.

3.3.4 Ethics in action

Because in-depth interviews were held with several participants, multiple stories, experiences, opinions and beliefs came to the surface. These mutually different understandings created different realities to a certain extent. To gain insight into these various reality constructions, the researcher demonstrated commitment to the participant's stories, rather than take distance from it. Guba and Lincoln (1994) state that objectivity is not possible and is not desirable. Qualitative research will always be influenced by values, reflected in the interview questions, the theory that the researcher uses and the way the researcher analyses data. Therefore, attention was paid to the researcher's role as an interviewer and interlocutor, and in what way participants responded to the researcher. Being a European white young woman, black young women may be influenced by this to give certain answers.

The strength of qualitative interviews lies in the informality of the communication. The interviews were based on mutual respect, trust and rapport. Informed consent was achieved through an information sheet provided to every participant. Information was also given in a verbal explanation to ensure that those with low literacy levels were also informed. Before the interviews took place, the participant was informed about the purpose of the interview, the research and the researcher's role as an interpreter of the information the interview reveals. The participant was told that she was not obliged to answer a question if she did not desire to or are able to and that she may stop their contribution if desired.

All participants were asked if they were happy to communicate in English. If that was not the case, a social worker of Humana would figure as a translator during the interview. All participants were able to express themselves in English.

On quite a few occasions participants became emotional, crying during parts of the interview. Their grief was emphatically recognized by pausing, asking if they were happy to carry on and offering something to drink. None of the participants left the interview. Although it was not answering questions itself that made them cry, the recall on their past and daily experiences made them emotional. Apart from the interview, women did not spoke about the support or rejection they experience from their families. They tended to express quite sensitive and difficult experiences in their lives (sexual behavior, social exclusion, fear, domestic violence, death and loss), nevertheless spoke proudly of themselves in what they had accomplished.

3.4 Data analyses

The analysis is theory-driven and largely deductive. Qualitative data is based on meanings that are expressed in words. The un-standardized collected information is classified and analyzed by making use of conceptualization (Lewis and Saunders 2006). The analysis started with identifying themes that occur in the data, based upon a theoretical conceptualization of categories.

These categories were based on the theoretical framework, as described in chapter two, and the operationalization of the concepts in section 3.2.

Data from these interviews is positioned (coded) under categories that stem from the theoretical concepts. For example, an important concept for the ecological perspective theory is the living circumstances of women as this influences their health behaviour, experiences and ability to cope. The concept of living circumstances was adopted in the coding framework, which then again was

broken down in component parts, such as daily activities, composition of the household and financial situation.

However, since the study is also exploratory in nature, it has as well an exploratory purpose. Not all data fitted the predefined categories. Explanations and understandings of certain data emerged from the research process. These understandings have been compared to existing theories to answer the research question. For new- found information that came to the surface, for instance *pride* and *meaning of motherhood*, categories were made during the analytical process. These concepts appeared to be of importance for understanding the coping strategies young women hold on to when facing motherhood.

An important principle in the analysis was the constant comparison between the data. When new data was analyzed, the data is compared with data that already had been analyzed. In this way new patterns were discovered in the composition of categories and relations between categories (‘t Hart, Boeije and Hox 2006). Coding was conducted with QSR-Nvivo 9, a computer program for qualitative data analysis. The keywords or ‘codes’, were merged or split into codes. This stage in the analysis represented the refinement, extension, elimination and fitting of the data so that they may be correlated with each other. Analysis was concerned with combining data from different participants, in search of contractions, consensus, patterns and relationships in the understanding of experienced familial support during pregnancy and motherhood and coping strategies.

In the end the conclusions of the analysis gave me the ability to answer the main question in this study, and the ability to find out how the data can be interpreted in the light of the theoretical concepts.

3.5 Relevance

Childbearing can be an obstacle in the successful transition to adulthood. Support from family plays an important role in the wellbeing of young pregnant women and mothers, and thus their transitions to adulthood. Yet families are not always able to provide aid and support. More knowledge about creative ways of supporting interpersonal relationships and strengthening communities and families in which young women experience pregnancy and motherhood, is needed.

Staff at public health clinics, as the gatekeepers to healthcare services, can have an important impact on young people’s sexual actions. The relationships health professionals have with young women are an important source of information and support (Talpin 2008). Poor institutional and organisational working – with a lack of support from family members, intervention from organisations is less effective (Simelela 2006).

When professionals work with families, they need to keep the actual family relationships in mind. Role-stereotyping by services can place boundaries on families when they most need the self-support of their own internal structures (Carpenter and Egerton 2007). When skilled professional have no judgements, have respect for the privacy of adolescents and provide information about abortion, women are more likely to use their services (WHO, 2002 in Panday, Makiwane, Ranchod & Letsoalo 2009).

By theorizing the experiences of young women regarding responses and support structures (presence, absence or needs) of families and households during their delivery and motherhood, it will be clearer how to intervene at the community level/family level when pregnancy and young motherhood makes its appearance.

Next to the social relevance, this study will provide insights on resources, family responses and support structures in the academically under discovered township of Doornkop in South Africa. By

applying the ecological systems model to the women in the Doornkop area, the environment that shapes these women's identities and coping abilities will become clear.

As stated before, much research has been conducted on coping mechanisms young women have when they fall pregnant and become young mothers, yet little is known about family support structures that mediate these coping mechanisms, the environmental responses and support structures of families of the young women during pregnancy and young motherhood. The families in the township of Doornkop are living in a low SES environment. Therefore, available resources (financial stability, education and independence) are not fully present, which adds to the importance of responses and support of the family when young women fall pregnant or become mothers. Another *raison d'être* why this study is academically relevant, is the fact that the issue that is at stake here, young women who fall pregnant in poor urban areas, is mostly studied and described from a political or economical level. From a policy maker perspective, the group of poor single mothers is widely regarded as a homogeneous group, which according to Ypeij (2009) is highly stigmatizing. In this study perceptions and experiences from the viewpoint of the young women themselves are given, which will give more understanding in the actions, motivations and implications for the young women.

In literature it was suggested that social capital may be more critical for families who have less financial and educational assets (Sheppard *et al* 2010; Gilligan 2000). If this is actually the case has not yet been clarified. In addition, when the transition to adulthood for a young woman goes together with falling pregnant or becoming a mother, the burden on the family becomes heavy, especially in the area of Doornkop where most families are not provided with material, financial and organizational resources. The support and responses young women receive when pregnancy makes its appearance has so far been understudied. This study will therefore deepen existing knowledge on the issue.

3.6 Interdisciplinary

An interdisciplinary approach for this study is needed. The range of issues that is central to the absence or presence of support structures during early pregnancy and motherhood, deal with cultural beliefs, ecological settings, psychological development and policy arrangements. These issues mutually create and sustain the environmental responses young women experience. By involving and studying these interacting components of the problem, insight will be created on how these interacting components can be modified to deliver knowledge for the creation of implementable community interventions.

With the researcher's background in social work, one is able to bridge the gap between theory, policy and practice. Although this study will be an individual work piece, the importance of teamwork is recognized, especially regarding the cooperation with Humana as the main gateway to the study participants, as well as the CSDA, as an important source of interdisciplinary knowledge and perspectives.

4. Results

This chapter presents the empirical findings of this research. The chapter consists of 4 components, based on the sub questions central to the study. The first part covers the living conditions of the young mothers and how this does influence their health behavior and wellbeing. The second part will discuss the quality and dynamics of social relationships within the household and their transformation during pregnancy and young motherhood. The third part will conceal which kind of support or rejection the women experience during their pregnancy and motherhood. Finally it is argued how the support added to the coping abilities of the women when limited material, social and organizational resources are available.

4.1.1 Form of housing

All participants shared their living space and sleeping room with household members before and after pregnancy. Only 3 out of 16 participants lived in an informal settlement (a house made of zinc or 'a shack'). 2 participants lived in a shelter until their pregnancy made its appearance. After giving birth, most women stay within the same house. 1 participant that used to live in a shack moved to a concrete house. The 2 participants that lived in the shelter were obliged to live with their biological family again.

4.1.2 Composition of the household

All participants were asked to describe the composition of the household before, during and after pregnancy. The composition of the household varied across participants. Besides from living with their child (ren) which were in the age of three months to six years, 8 out of 16 participants live with their mother and their brothers and/or sisters/grandmother/aunt/stepdad/niece/nephew. In the lives of the other participants the mother was absent because of dead, sickness, or for the reason that she abandoned the family.

During pregnancy, young women were not sent away by their family and most young women continued to live within the same household. Although more household members of the women were not pleased to hear about them being pregnant, women were not rejected by their families, sending them to live somewhere else.

In some cases, composition of the household changed over the life event of pregnancy and young motherhood. 5 women still live with their biological mothers and their siblings and extended family members. In other cases, household member deceased and the household is composed by siblings and extended family members. None of the participants lived with their boyfriends or biological fathers of their children, which may be explained by South African culture, where domestic partnerships before marriage are not common. It is custom that the man pays the family of his fiancée for her hand in marriage, the so called *bride price*, translated as *lobolo*. Paying *lobolo* indicates that the man is capable of supporting his wife financially (Itano 2002). However, men in Soweto, Doornkop are often not equipped with financial resources to pay *lobolo*. In section 4.3.4. the role of the biological fathers is put forth.

The place of residence appears to have a noteworthy impact on material provision, education and relationships as will be illustrated in the following fragments.

4.1.3 Financial situation

Material concerns occupied the young mother's thoughts after giving birth. On the question how women felt like when they found out they were pregnant, all women felt worried about the future, having fear on how they would provide for their baby. 14 out of 16 women were currently unemployed. Almost all women spoke about the struggle they have and had since their children were born, in providing financially and buying nappies, food and clothes. The main providers are the members of the household the woman lives in and sometimes the biological father or his family. Though material provision provided by the biological father is experienced unreliable and infrequent. The main worries of the women was providing for their child. When talking about their financial situation, women often came across unhappy. All women knew how to apply for the Child Support Grant and received the grant. This money is often used to buy food and clothing for their children. In other cases it is used to pay the school fees. 50 percent of the women did not send their children to the daycare centre, but kept them at home, so that money did not need to be spend on school fees and it could be used for other purposes. Khanyisile illustrates this,

Interviewer: Do you receive the child support grant?

Khanyisile- 'Yes I do get it. I get 560 a month. So I take 150 for the school fees for Karabo. But Tisetso doesn't go to school. Because If I take another 150 rand for school fees I am only left with 350 and I must make sure that I can by clothes and food, and it is not enough. Can't say I am doing very well. But for the sake of my kids I have to be strong and I have to sacrifice. I have to do everything that can give me money. I sometimes do people's hair. It is very difficult to survive financially. Sometimes it is just one meal a day'

None of the young women were able to provide economically for themselves without support from the grant or help of the family. The child support grant, the young women's family and sometimes the biological father of the child are the main sources of financial and material provision. This puts a strain on social relationships as well as the family budget. In some cases the income of a family member was not shared among the household. A few examples are given,

Tsholofelo – 'My stepfather has a job'

I: 'And does he share his income among the household?'

'No he does not. He never buys anything. Every month he says that he got robbed. Sometimes at work they don't give him the money. I only have the child grant but I am struggling'

Jabulile- 'My brother is working but the contract is ending next month. He is the one who is buying groceries for the house. So my mother when she gets some money she will drink it by herself.

Bongiwe- 'The father of Angel said that he would support his baby and going to be there for his child. At that time he was working. And when I got his baby, he had left the job. He quit his job because he wanted to be there for me and the baby. But how could he be there for us without a job? At the time he was already 27. He was old to have a first born child. He became a thief. I could not go out with a thief. At the time he was like..I have to get food for

the baby. And people would come complaining about him, that he was stealing and everything. He was also stealing the money from his mother's grant, and he would come back with 100 or 50 Rand'

As young women rarely have economic independence, they are dependent on whoever takes responsibility for them in terms of housing, clothing and food. In the case of Jabulile, the family did not provide in her basic daily needs. Jabulile takes the initiative to find someone who takes responsibility for her and who provides,

'My mother was a drunk head. There was nothing in the house. And obviously what do you do when you don't have anything in the house. I have to go somewhere and have a boyfriend'

Poverty and a high unemployment rate make it a continuing day-to-day challenge for the young women to provide in the needs of their children and to meet the basic needs of themselves. Women are generally dependent on others to ensure these needs are met.

4.1.4 Daily activities

Before pregnancy, women were working, performing domestic activities or were in school. Their daily activities were affected by pregnancy in different ways for them. Six of the sixteen interviewed were working before and during their pregnancy. They stopped working when their health did not allow them to work anymore. Those that were in school dropped out for a year or two, or stopped all together. Five women finished their matric (graduation of high school) before or during pregnancy and two were still in school, of which one of them went to evening school. The women that stopped their education did not have the ability to leave their child with another care-taker.

During pregnancy, women found themselves often alone in the house, because of working or school going family members. They spend their time cleaning the house, washing, cooking and watching television. Most women refer to this period as unexciting, as Thembisile and Bongiwe describe,

Thembisile- 'I was always alone because my sisters were going to school. My mother was at work. I was always alone. It was sometimes a bit lonely. I cleaned, I slept, wake-up and around 4 cooking for the family'

Bongiwe- 'During my pregnancy I was just sitting. Watching television all day. I was home alone. It was boring for me. I did not have friends'

4.1.4.1 Motherhood and increase in responsibilities

Becoming a mother has implications for the young women's identities as well as their roles and responsibilities. All women spoke about the aspects that changed their life after giving birth, in the context of being a mother and caregiver.

As material provision is often sought from others, care- giving remains the responsibility of young women, though often with the support of female relatives.

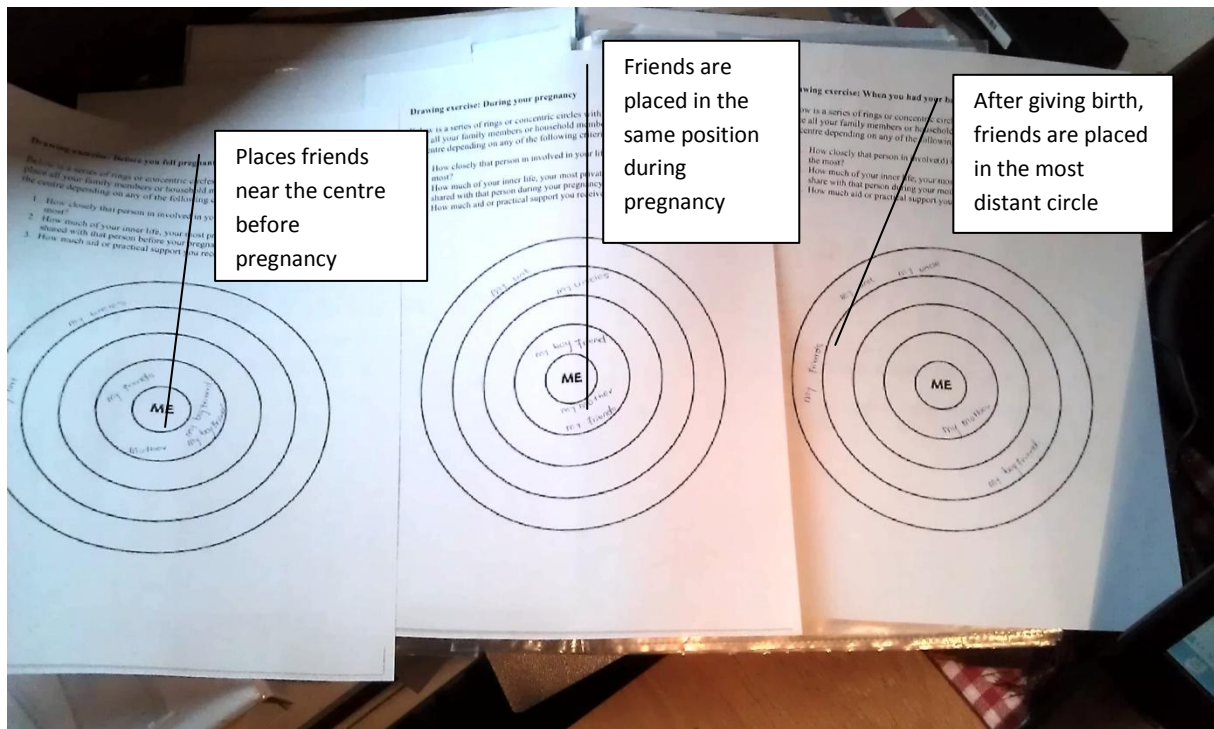
As section 5.1.4 describes, most young women spend their time at home, taking care of their baby and sometimes their younger household members. Daily activities consist of household chores and cleaning. Women prioritize the child in their decisions and choices.

The story of Malefa, mother of 2 children, describes the changing life event of becoming a mother:

'When I had my first born, I was selling chocolates and ice cream and all those things so that my baby could have a proper life. Before I used to have many friends, partying, going to the

malls..After Kamogelo I did not have a boyfriend anymore. The first 2 years of Kamogelo I was entirely spending with her. All the time. Where I was going Kamogelo went with me, even in the toilet'

A lot of times social relationships of the women changed when becoming a mother. Data from the drawing exercise reveals that after giving birth, friends are not closely involved in their lives anymore, as Tsholofelo exposes in the photo below.



Other young women described a whole range of daily activities including childcare responsibilities, providing finances, going to school, doing household chores and spending time on hobbies outside the household. Young women are therefore balancing the needs of their child and their family and themselves, as Thuli (21) illustrates:

'When my baby is in crèche, I work in a vegetable stand so I have some money for my baby all Then I pick her up and I cook and clean the house'

Though women engage in activities outside the household, in most of the times participation in activities outside the household is reduced during pregnancy and after giving birth. Partly because of health implications, partly because of the boundaries of being a mother.

A critical component of not considerable engaging in any outdoor activities is the lack of financial resources to go out of the house. The cost of transport solely makes it complicated for the young women to go somewhere.

4.2 Quality and dynamics of social relationships within the household

Trust and reciprocity in the family function as protective factors for young women to endure the stress of pregnancy and young motherhood. Therefore the quality of relationships in the family or household is of significance. Family dynamics, roles in the family and reciprocity are component parts and are discussed below.

4.2.1 Discovering the pregnancy

The pregnancy, as described by all participants, was unintended. Most young women described that when they found out they were pregnant, they felt worried for the future, sad, being afraid of other people's reaction and shocked. Although all young women knew about the possible consequences of having unprotected sex, they referred to their young age and naivety in explaining why they did not use protection. In line with Bacci's study (1993), the unintended pregnancy was generally understood as a negative life event, but the meaning of this life event often changed once the baby was born. Women described how the child was welcomed and loved by family members. Four out of sixteen women described that they did not find out by themselves that they were pregnant. In these cases the mother or caregiver of the young women discovered the pregnancy because of pregnancy symptoms. These women felt pregnant before their 17th birthday. The age range can explain the reason for the non self recognizing signs of being pregnant (Panday et al. 2009). The first person told about the pregnancy often was the mother or the biological father of the future baby. The father of the baby was seen as an important figure who must be involved in the pregnancy. Thoughts of ownership and shared responsibility consumed their thoughts. The following fragments describe this process,

Rebecca- 'You know in Africa, in our culture, you go with others and report the pregnancies to the guys his parents. And when I went there, I was so scared. like 'what would he say?'. He would be like ' No it is not mine or yes it is from me". I was nervous. And when I went there the parents said to my boyfriend; "you know her?" They knew me because they saw me around the place, and that I was his girlfriend. They called all the guys, and asked me. 'Who is the guy that made you pregnant?' I pointed at the guy, and then he said "yeah I know the girl, the baby is mine". 'Because I am the one who broke her virginity". Then life went on'

Thembisile- 'The only person who knew, it was me and my boyfriend. I did not know how to tell my mother. I just smst her while she was at work, saying that mom I am pregnant, and stuff. So I was very curious and scared what she was about going to say when she got home'

In case of acceptance of the pregnancy by the family of the biological father, his family may take responsibility and provide in financial needs for the baby.

4.2.2 Dynamics in the family

As the experience of forms of social support inherently engages with relationships between individuals, how it is experienced is viewed within the context of patterns of social relationships in the family.

When describing the relationships in the family before women fell pregnant, often women refer to this as 'normal'.

In some cases, constraints in the family were present before women fell pregnant. Sharing living spaces with family members, the existence of interdependent relationships and incidents that happened in the past are reasons for these constraints, as the next examples illustrate,

Malefa- 'My father is dead. He died this year'

Interviewer-*'Oh, were you sad that he died?'*

Malefa-*'No I didn't care less. I didn't cry. I had a very bad relationship with him. I end up smoking because of him. I end up smoking. My life was a mess. He was sick and drinking. He also got cancer. So I took my stuff and went to his place and look after for him with Kamogelo, my child. I did the cleaning there and the washing. He was living alone so I decided to take care of him.*

But things weren't right. Kamogelo was sleeping in the bedroom .and then my father told me to do some groceries. In the meantime he would sleep with Kamogelo. Kamogelo told me that X (name father) is putting something here (points down). We went to test it. She was okay. We did the test .It was hard for me, that time'

Jabulile-*'My mother is a harsh person. We would be scared of her all the time'*

Nonpumilelo-*'The relationship in that time was not very good. We used to fight. Swearing at each other. It is a long story. It turned out to be a big fight because we ended up bullying each other. It was like that'*

Nwabisa-*'Before I was pregnant I lived with my stepmother. The relationship with my stepmother is hard. She gave me difficult times and calls me names. We get along but not with my stepmother. She raised me, but she gave me difficult times. She always told me about my mother, and called me names '(cries)*

Families in which conflict and constraints are at issue, can provide a lack of stability or consistency in family relations, a lack of predictability and clear responsibility (Hakulinen and Paunonen 1995). Evidentially, receiving a child in an unstable basis can lead to more distress for the young mother and her baby.

Women described how relationships in the family changed during pregnancy and motherhood. In some of these cases, relationships changed in a positive direction. A sense of emotional closeness, personal responsibility and role reciprocity arose.

Although it was not directly mentioned by the women, the drawing exercise the women performed, reveals that inner feelings and thoughts during pregnancy and after giving birth are shared more with family members instead of friends or boyfriends. Relationships with mothers and other female relatives are often illustrated as particularly strong and positive following the birth.

The fragments of Tebogo and Malefa show how their relationship with family members changed in a positive direction,

Interviewer- *'So did you experience support from the same people in the household before you got your baby and now?'*

Tebogo-*'It is different. Me and my sister, we used to fight. In the past we had a lot of fights. But in that time she was giving me support. We fight about..She has 3 children. She was going out and I had to look after my baby. She was always telling me what to do and she did nothing, so I could do it. Now the relationship is better. She calls me when she did not see me. Then she says 'come to see me I miss you and the baby'*

Malefa-*'My mother was angry at first. She did not want to talk with me. But after 8 months of pregnancy she was the first one that went to the shops and bought stuff for Sbonizo. When I was about to deliver she went to the shops and buy things for Sbonizo, gave money for transport. She supported me'*

In other cases, dynamics in the family changed in a way that was experienced as bad by the women. Pregnancy and young motherhood is culturally a family experience where all family members are involved in, as young unmarried women in Soweto live with their families. According to Tomasdottir *et al* (1991) role conflicts tend to increase after the birth of a baby in the family. With the birth of a child there are more people and more household chores to be taken care of, which means that relationships may be put under pressure. Next to this, unintended pregnancy is generally conceptualized as a socially undesirable life event (Taplin 2009).

Role conflicts and distorted communication may lead to isolation of the young woman (Barnhill's 1979)

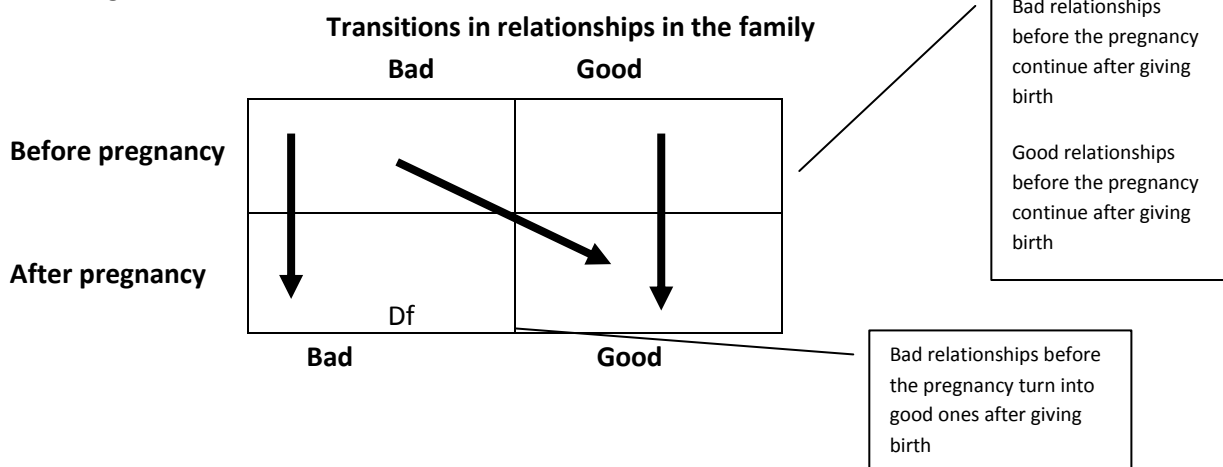
Nwabisa and Nonpumilelo illustrate this,

Nwabisa- 'The relationship with my father changed. Because he gave lots of money for me to go studying, and then I disappointed him. He became angry, he changed a lot. He didn't do anything for me. He is very different then before'

Nonpumilelo- 'I was at home with my mum and my sisters during pregnancy. But we were fighting. We were fighting about small things. We can't even talk nicely with each other. Now we should at the child and then you end up fighting. Even now. When I grew up fighting my mother was the older person , she was supposed to take us and talk with us. But she doesn't do that. She picks sides. So we end up fighting'

These changing family dynamics can be seen as family transitions.

Two patterns/mechanisms in family transitions can be recognized, which are illustrated in the following scheme:



Family dynamics influence the supportive or unsupportive fundamentals a family offers to the young women. Women who are embedded in a network or community rich in support, social trust, information, and norms, are likely to experience more support than others (Lin 199). The next chapter examines the support or rejection women encounter during pregnancy and young motherhood.

4.3 Support or rejection

At times, young women became visibly upset when talking about the support they did or did not receive in care-taking for their children. Often women felt alone in child-rearing activities. Numerous examples were given of family members who initially respond with anger and disappointment on the pregnancy, yet after a period of time they come to accept and support.

Passing time during pregnancy seems to be the reason for family members to come to a level of acceptance. Once the newborn child is accepted, family members, most often the mother of the young woman, make preparations for the baby by buying nappies and clothing.

As stated above, almost all women continued to live in the same household once the pregnancy made its appearance or the baby was born. In most cases female relatives showed signs of responsibility. During pregnancy the young woman needs to remain housed, fed and healthy, ensuring the well-being of the child. Taking responsibility for the unborn child therefore means taking responsibility for the young woman carrying that child (Taplin 2009).

Tebogo illustrates this,

Tebogo-'My sister used to come to check on me. My sister lives around. She came every day. When she did not come I was going to her place'

When talking about the experienced 'support', almost all women comprehend this term as 'financial support', which makes it immediately clear what their main concerns are. Although emotional support, sharing their feelings and inner thoughts, is referred to in their experience with support, financial support is mostly considered. All women wished they had more financial help.

10 mothers identified individuals who consistently helped with child care, such as babysitting, feeding and other forms of practical support. 3 mothers did not experience any form of support from their relatives, friends or the biological father. 2 mothers did not experience support and practical aid from their relatives, but instead from their friends and biological father of the newborn.

This indicates that most young women are receiving practical aid and support from their family members. The others that not receive this form of support felt more alone and isolated, since no other care-giver is on hand. The following fragments illustrate the experienced support by the women,

Rebecca-'Then my mum she said to me that I should come near her. She said that se want to help me with the baby and raise her, and show me how to do things. Then I moved to my mother's place, here in Snake park (interviewer: Doornkop area). My mother was so supportive and caring. She treated me like I was not the mother, like she was the mother'

Tebogo-'The relationship with my family was okay. They supported me. They bought some clothes for the baby. When I needed something they gave me the money for transport'

Thuli-'With the second pregnancy, I was alone. I broke up with my boyfriend. I think I was 1 month pregnant when I told him that I was pregnant. He told me that I must get rid of the pregnancy and abort the child. Then I went to him and told him that I can manage to raise my child, because I already have a child. And my grandmother died, my aunt died..it was like..I was alone. Even at the hospital I was alone. The pain from the Caesar was unbearable. I was in such pain. I think I stayed at Barra (I: hospital) for 3 days'

Hteboleng-'I lived with my stepmother. She supported me. When I was stressed, I like to cry, she was there for me'

In cases where no or very little support is experienced, unstable home situations typified by conflict and constrain were at stake before pregnancy was announced. These women are not embedded in a context rich in support and trust. The support that is experienced is characterized by the home situation.

Parents and family members were described as the most important people in the lives of the young women. The meaning of family members is not surprising given that all these women were still living at home with their parents or/and family members.

4.3.1 Resources in environment

The availability and use of resources in the environment was discussed with all participants.

None of the women call upon the help from social workers in the area. Although the interview took place at the community centre in the neighborhood the women lived in, most women were not aware of their available services. All women receive the child support grant, as described in section 4.1.3. Contact with other professionals consists of periodic check-ups in healthcare clinics for their children.

In quite a few cases women approach their neighbors to babysit their children. This is rendered back whenever neighbors need their help. The form of housing in Doornkop, Soweto features small brick buildings which are placed close to each other, making the house next door over seeable. This form of housing could contribute to the ease in which neighbors assist each other. Then again, this construct of living can manufacture constraints, as in the case of Jabulile. For Jabulile, who lived in a shelter as a kid, the relationship between her and her neighbor is poor, as she describes herself,

Jabulile-‘My neighbor is one of my enemies. They had to take me away from her. She told the social workers that we were eating from the dustbins. So they took me away from my mother because of her. I grow up hating her. And she knows that. She hates me to’

All women were asked if they had a religion. In fourteen cases women were religious and said they found support in their religion. These women went to church on regular bases. Though the authenticity of this information cannot utterly be trusted, since being non religious is deviant behavior in black South Africa communities. In most of the cases women responded quickly to the question and did not seem to be willingly talk about the topic.

In contrast Rebecca (23), was open about her relation with religion,

Rebecca-‘I go to church but now I stopped because nowadays churches are(cannot understand) I hate going to church and pray with people about bad stuff. I hate corrupt prayers. Most of them are corrupt, so I prevented myself from going to church because people are fighting around and an elder person from the church falling in love with a child. Who is going to ruin me? So I cannot be controlled by them. I prefer to stay at home and pray for myself, listen to the radio and pray along’

Although women don't see their friends as much as they used to do before their motherhood, for half of the women friends are the main source of help outside the household. Reciprocity exists between the young women and her (female) friends, as they assist each other in providing material items, babysitting and money for transport. Next to practical support, women experience emotional support from their friends. Bases on each other's opinions, day to day decisions that are to be made about what to give to the children in terms of food are made. Friends seem to be an important reference group.

4.3.2 Contact with biological father/boyfriend

Only four women that were interviewed are still in a relationship with the biological father of their babies. In these cases the frequency of contact is low. How often they meet each other varies among

the women from three times a week to once a month. The other twelve women only see the biological fathers of their babies very occasionally or not at all.

An important factor for the men to accept the pregnancy and to stay with the woman is his ability to support the woman and the baby financially. As described in paragraph 4.1.2 fathers are expected to be the economical providers for their children and wives. Most men don't have the financial resources to support their children and girlfriend, which affects their participation in parenting. Another reason for the absence of fathers is that they lost interest during the pregnancy or shortly after giving birth, which was also found by Beernink (2012).

In general women are not satisfied with the help they receive from fathers, as the next two examples illustrate,

Jabulile- 'He told me that he was too young to be a father and that he wanted to finish school. All those things. He said that he would come and visit me. He also said that he would come. The last time I asked about him they said that he is adopted from people in America'

Nonpumilelo- 'I told my boyfriend about my pregnancy. He told me that everything will be all right. That he would support the child. And then when I call nowadays he never gives me money to go to the clinic or something. I said to him you promised me that you would support me..But he did not. He changed his phone number, so I had to go to his place. So when I had the baby I called the father of the baby. He even didn't come to see the baby. I thought that he would change his mind but he didn't. I was so angry. I expected more because he promised me many things'

Women who lack the interest and support from fathers have a negative perception about the father of their child(ren) or about men in general. Men disappointed them in their life. These women don't feel like having a relationship in the near future,

Nonpumilelo- 'I am angry at men. I don't want to date a person anymore'

Thuli- 'I don't want any men right now. My first priority is my children'

Whenever the father is providing in economical and material needs, mothers are less worried and stressed about ensuring that the daily needs of their babies are met. However for most women fathers don't play a role in their lives and are absent, leaving the young women and her baby with her family.

4.4 Influence on coping abilities

Young women recognize the impact their pregnancy and motherhood has on their lives. Although becoming a mother was unplanned, the women talked about the value they have gained in becoming a mother. Women came across proud. The following paragraphs examine the features in terms of support that gives young women the ability to maintain achievements and pursue activities once the baby is born.

4.4.1 Pursue activities

The few weeks after the baby was born, women did not manage to get enough sleep. The first weeks after giving birth were referred to as tiresome. Only three women were able to engage in fun activities outside the house in the first months of their babies. Women that experienced practical

support from their families during their young motherhood did not experience practical support in the first months of the newborn baby. This period is seen as stressful by the mothers.

Wishes and plans for the future were expressed during the interviews. All women are unemployed and want to get a job, so that they are able of providing in their needs themselves. Some spoke about living together with the boyfriend and marry.

Most young women said that they did not have a choice and limited prospects to make decisions about where they lived, whether to continue with education and earn a living. This was caused by the absence of other care-givers or/and a lack of money. Most often women want to go back to school and finish their education. However money for school fees is not present and women have to get a job to collect money in order to go back to school. However, no work is available in the area and young women found themselves unemployed and uneducated. The next fragments provide a good representation of the wishes expressed for the future,

Nwabisa- 'My wish is to finish my matric. I have to work to get some money so I am able to go back to school'

Interviewer- 'So do you have to collect money to go to school again?'

Sizakale- ' Yes, that's the problem. Me and my mother went to a school and we asked about the prices. Then they said it is like 2500 and my mother couldn't afford it. So I tried the bursaries..but I am still searching for a school'

Tebogo- 'My boyfriend said that he would do anything for me. But I don't want to depend on him. I want to finish matric and then do something than can help me to do something. Then apply for some bursaries. To get work. For my baby and myself'

Thembisile- 'After giving birth I will go to school. But I didn't. I could not go but my kid, she was still young. I was giving breastfeeding. And if I wanted to go to school no one would look after here while I am away'

The financial dependency on their family has considerable implications women's decision-making capacity. Women often end up in a vicious circle.

A minority of women indicated that when parents want her to stay in school and finish matric, this was facilitated and supported by family members, who took care of the baby when the young women went to school. Values or norms of the parents seem then to be decisive in what the woman accomplishes.

The pregnancy and birth of the child affects relationships, schooling, levels of poverty and their hopes and dreams for the future. Some of these can be measured as non-desirable outcomes, such as dropping out of school and increased needs in material and financial provision; others, such as the change of relationships in the family and the derivation of an identity as a young mother, are more complex. In the majority of cases, pursuing activities after giving birth is not possible. Though this seems negative, the child is a source for motivation and confidence, as will be made clear in paragraph 4.4.3.

4.4.2 Social support seeking

Social support seeking may result in shared care-giving for a new born baby. This may produce features which gives young women the ability to maintain achievements and pursue activities.

Social support is sought because it is one of the most effective means by which people can cope with and adjust to difficult and stressful events (Cohen & Wills, 1985; Seeman, 1996; Thoits, 1995). Support adds to the coping abilities of the women especially in the context when limited material, economical and organizational resources are available. The aim of this paragraph is to determine whether and how support is sought.

When women were asked if they asked others to help them with the baby, the majority of the women responded that they did. Most often friends are approached. Five women did not ask others to help them. A comparison of the results on experienced support, family dynamics and social support seeking, reveals that women with no close family ties are less likely to seek help than those with close family ties. These women experienced less emotional closeness and practical support while growing up. This seems to stimulate the thought of being more cautious about bringing personal problems to the attention of others for the purpose of receiving their help. Women share the social assumption that they should not burden others and that a personal problem should be solved alone because each person should be responsible for his or her own problems. Kim, Sherman and Taylor (2008) assume that certain individuals are more concerned with the negative outcomes of social support seeking, such as receiving criticism. Therefore, to minimize these negative relational consequences, they may not share their stress.

When Bongiwe is asked about seeking help, she refers to these negative relational consequences,

Bongiwe-‘I have asked others to help me but the thing is people complain and they talk behind my back’

Concerns on independence also play a role in social support seeking. Khanyisile illustrates this,

Khanyisile-‘I am this person..I got this..Not to ask.. I have the proud. I try so much to do things by my own. I want to do things by my own and by my own time’

‘Having the proud’ not to ask others to assist in care-giving activities, tells us something about the women’s identities, the feelings of independence and pride.

This chapter continues by exploring feelings of pride and the meaning of motherhood for the young women.

4.4.3 The meaning of motherhood/ Pride

The birth of the child as an outcome of something unplanned, a changing life event, can be seen as a source of joy. In addition to the emotions felt in giving birth and the stress experienced in child-rearing, often young women preserve that their child is the most important thing in their life. Plans and wishes for the future women have, such as providing for an income, can be attributed to their children. The born child gives the women not only an increased sense of responsibility, as described in paragraph 4.1.4.1. It also gives them a sense of purpose and direction in life, which was also found by Colaner and Rittenour (2012). Lauren Graham (2011) states that being a mother is a dominant way of demonstrating femininity or womanhood. In her research woman found expression of their identity as a woman in fulfilling the roles of a committed partner and home-keeper and being someone who is a provider and protector.

A number of those interviewed suggested that being a mother gives status. Rebecca exemplifies this in the following conversation,

Interviewer-*'So what were your first thought and your feelings when you knew you were pregnant?'*

Rebecca-*'I was not that scared. It wasn't something or a person like me, I felt like. But I kept on growing up. I got bigger breast, I felt beautiful. I did not have a big belly or stuff. My big belly came when I was 8 months pregnant'*

'People in the hospital were like..Gentile, kind.. I felt like wohh..I never thought like this. I felt like a genius or something. I felt like I was special. Something I never experienced in any way'

Interviewer-*'When you had your baby, how did you feel then?'*

Rebecca-*'Yeah..Like I'm a mother now. Hmm. How am I supposed to behave? I have to start dressing properly right now. I have to behave like this and this. Because I'm a mother now. Teach myself and have respect for myself. Stuff like that. I thought like that. And I gained a lot of respect, and still. My baby made me realize many things. That I should not regret. She made me feel like okay. Everyone treated me special, more than before. So this baby brought a lot in my life.'*

Some women expressed the belief that motherhood is a proof of strength. Thuli, mother of a ten year old and a twin of 1,5 years old, describes this in detail,

Thuli- *'Nobody came to see me in the hospital. But I was so strong. I told myself that these are my children. I would do whatever for them. I must be strong for myself and for them. Everything was fine. I told myself I am a woman, we are strong. Strong as a rock (cries). And then everything was fine. Even if it comes at that moment..but after it...After a month I had to be strong for the children. I woke up in the morning. Wash Lesego and bring him to school first. Wash my twins, feed them, wash myself. I cooked and cleaned. No I think I am fine.'*

'These are the tears of..Sometimes when you look back you are like 'I can't believe I did that'.'

'I am very strong. I am proud of myself. They are my children. I don't give a damn about things. As long as I have my children. I can't get a job now..but everything..it will be fine'

Previous assessments of identity-fulfillment have explained its link with motherhood (Mc Mahon 1995, Rittenour and Colaner 2012). As the young women often feel alone in child-rearing, women start to respect themselves when they succeed solely to raise their child, given their living situations. Although no direct questions were asked on the impact of having children on the women's identities, identity transformation can be recognized seeing that the women gain meaning from parenting. The transition from adolescence to motherhood invigorates the women. Motherhood can then be seen as a source for empowerment.

5. Conclusion

This research has investigated the experience of women on how family's response and offer support on their pregnancy and young motherhood. The influence of this support on the women's coping abilities is studied by ascertaining the social support factors that facilitate and constrain the young women in their desired social well-being. In this chapter the main conclusion will be discussed. The first paragraph represents the main conclusion and compares the findings in light with the theoretical framework. In the following paragraph, an answer on the main question is formulated. After a discussion of the limitations of the research, this chapter will end with recommendations for courses of action and further research.

Concepts were extracted from the theoretical framework to understand the complex web of environmental responses to pregnancy and parenting. These theoretical concepts have proved to be of importance in understanding the responses and support from families or households on pregnancy and young motherhood. In addition, the concepts speak to how these social support factors facilitate and constrain young women's coping abilities and used strategies.

The cultural and social context the women live in has important implications for their psychological development. According to the ecological perspective theory, the quality of relationships between individuals is shaped by the contexts in which they live (Mohan 2002). Therefore the everyday social environment of young women living in Doornkop has been investigated.

Certain contextual factors have influence on the quality of relationships in the household. One of which is the *poor conditions of the households* the women live in. Women are generally dependent on others to ensure their needs are met. This puts a strain on social relationships as well as the family budget. The CSG is seen as a positive contribution to the family and is often used to buy food and paying school fees. Another contextual factor that affects familial relationships and wellbeing of the women is the *composition of the household*. The main way of living is within the extended family. In this family set-up, the workload is shared among the members, but often unequally. The patriarch of the family is the one who earns an income. In general, this income is shared among the household. The roles of the ones that are unemployed involve domestic activities such as cooking, cleaning and babysitting. This arrangement saves the women and family money as crèche fees don't have to be paid when care givers are around. Household members are the main source of support.

A vital concept within the ecological perspective model is the prevalent norms and values on support within the household. The contextual environment contains norms, values and beliefs, which are expressed through behaviour. The values that are nested in the family seem to have a noteworthy impact on the behavior and accomplishments of the women. The ability to pursue education often depends on the *appreciation of the women's parents* and family members of schooling, as they then facilitate this by babysitting their child(ren). Decision making is subsequently not an individual act, as families and peers play an important role.

An important concept within the *social capital theory*, is that protective factors such as group membership, having formal and informal networks, shared norms in the family, trust and reciprocity increase wellbeing for the individual and lead to a decrease in stress related factors. This theory is mostly confirmed in this research. *Family dynamics* influence the supportive or unsupportive fundamentals a family offers to the young women. Women who are embedded in a network or community rich in support, social trust, information, and norms experience more support than other women. It appears to be that especially the *generosity of the family* is an important contributor as a protective factor for the young women. Experienced support is generally understood in financial terms. The financial dependence on family members functions as a mutually dependent component. This interdependence can serve as a bond that holds families together; it also defines the relationships between family members. Living in an extended family provides mostly available care for children and support for other members of the family as well. Being able to rely on not only parents but aunts, nieces, brothers, and sisters helps to create a support system for the women which affects their ability to maintain achievements and pursue activities. The findings of this study suggest that women who are cohabiting with only one or two household members generally experience less support and feel alone in child-rearing. Taken together, living in an extended family provides the young mothers different forms of support.

This study has investigated family dynamics in relation to the experienced forms of social support as this engages with relationships between individuals. The results of the investigation on family dynamics show that pregnancy and motherhood influences relationships within the family: When weak relationships within the family before the pregnancy are at stake, they continue to be the same after giving birth. Good relationships within the family before the pregnancy continue after giving birth and when weak relationships before the pregnancy are in dispute, they tend to turn into good ones after giving birth. Notably this last finding implicates that the presence of conflict and constrain within the family has the tendency to dissolve with the birth of a newborn. With the birth of a baby, complicated relationships within the family occur to ease their way out. Family members jointly pave with each other. The young mother takes care of her child(ren) in partnership with her female relatives. One could argue that responsibilities are partially shared. This finding has gone some way towards enhancing our understanding of the transformation of the family status. In literature it is argued that family transitions are one of the key indicators of transition to adulthood for young family members (Tomanovic and Ignjatovic 2010).

The present study was designed to determine the effect of the experienced support young mothers receive on their coping abilities and strategies. Perceived stress of the women when falling pregnant or becoming a young mother, consisted of multiple facets and requested coping strategies. These are; telling about the pregnancy, coping with conflictual relationships, seeking for ownership with the biological father, coping with poor material provision, coping strategically for good health and coping with the continuation or discontinuation of activities. Overall, two variations in coping strategies are found in the present study: *support seeking behavior*, and *individual empowerment*. The present findings seem to be consistent with the theoretical framework on coping strategies, which state that stressors perceived to be unchangeable are more likely to elicit social support seeking and emotion-focused strategies. Support seeking behavior is an emotion focused strategy and arises mainly when women are embedded in a family with close family ties. Seeking social support is vital as it offers the woman with resources, understanding, moral support and advice. By asking others for help, women are partly able to pursue their activities and maintain achievements.

The second coping strategy, *individual empowerment*, is also part of the emotion-focused strategy. The problematic situation and the source of distress itself, - raising a child solely with a lack of financial and material resources - is not being solved. Rather the young woman reduces and manages the intensity of her negative and distressing emotions, by positive self soothing thoughts such as telling herself she will manage on her own and is strong enough to handle the situation.

For this group of women, motherhood gives status and pride. It is the transition from adolescence to motherhood that empowers the young women. These women do not seek for support or help; their newborn gives them a sense of purpose and direction in life whereby they manage to cope with material and financial distress on a day-to-day basis.

5.1 The research question

The research question in this study is: *'What are responses and support young mothers receive from their families during pregnancy and early motherhood, from the perspectives of the mothers, in the district of Doornkop, Johannesburg South Africa, and what effect does this have on their coping abilities and used strategies?'*

The result of this investigation show that forms of received support from the family during pregnancy and motherhood for young women in Doornkop, varies. These variations define to what extent coping abilities and used strategies are constrained or released.

Variations in experienced responses and support depend on the composition of the household the woman lives in, existing relationships in this household and changing dynamics in these relationships. These characteristics determine the generosity of the family or household for the young woman. When support from the family is experienced, this is perceived as shared care-giving for the newborn baby, financial and material provision and emotional support such as sharing feelings and inner thoughts with household members.

The experienced responses and support determine the used coping strategy for the young women. Coping strategies the women uses are emotion-focused strategies. Within these emotion-focused strategies, two variations in strategies are found. When little support is experienced, because of cohabitation with only one or two household members or poor family relationships, women cope with their young motherhood by the process of individual empowerment. Their newborn babies invigorates them, gives them strength and pride which makes the young women able to overcome the situation and to manage the demanding needs of themselves and their babies on a day-to-day basis.

Whenever the young woman is embedded in a family or household with close family ties rich in trust and support, she will tend to seek support from her family. The workload of a newborn baby, together with the increase in demands, is shared among the household.

The findings of this study suggest that received familial social support does not always add to the future opportunities of the young women, such as finding a job or pursuing education, but does add to conquer with the day-to-day challenge to provide in the needs of their children and to meet the basic needs of themselves.

5.2 Reflections and shortcomings of the study

The first point of reflection concerning this research is on credibility and trustworthiness. This study does not make generalizations about all young women in townships in South Africa, but adds depth to

social explanation, the event of pregnancy, young motherhood, their received support and coping strategies. This research explores a particular life event for young women in acknowledgment of its relationship to the common experience of young women in Doornkop, Johannesburg, South Africa. Therefore, the sample-size of sixteen participants is relatively small compared to quantitative studies. Next to this, the short timeframe set out for this research and in particular the data gathering, accounts for the relative small sample size. Subsequently, it is of importance to be aware of what this study can and cannot do. Although the methodological framework has taken account of credibility and validity, oversimplification may occur. There is a danger in eliminating complexity and nuances. When reconstructing the experiences of the women, turning words into meanings, interpretation is being used. As a result, the conclusions made in this study are based on an interpretation of experiences and stories of participants. However, theorization of the data makes them more significant in the academical world. Furthermore, it must be acknowledged that the researcher's ethnicity, class and background can have affected the interviewees. Asking about people's lives and being a white, European young woman in an area where mainly black people reside, can cause different reactions and answers from interviewees then being one from their own community.

5.3 Implications and suggestions

This thesis is essentially concerned with the way young women in Doornkop, Johannesburg, achieve social well-being during the life event of pregnancy and motherhood when economical and provisional resources are lacking. Young pregnancy and motherhood has implications for the women's educational access, their roles, responsibilities and family dynamics. Family relationships are a main factor in women's well-being. Day-to-day, young women cope, based on social interaction with families and the empowerment of becoming a mother. However, when conflicts and poor relationships in families are present, coping and wellbeing for the young women I not easily achieved. This finding suggests several courses of action to strengthen and support wellbeing for the young mothers:

- *Increase family stability:* Strengthening relational strategies in the families and empowering the family. Employing community workers in health facilities, community centers, education, youth associations and religious organizations that will help with solving conflictual relationships, providing information and seeking support from within the family to support personal coping.
- *Resource building:* The young mother's day to day challenge to ensure the needs of the child(ren) and herself are met, makes it difficult to engage in any future planning. Many women are not aware of the available resources within their own community's and are not utilizing the resources available to them. Access to available resources in the environment should become transparent. There is a need for the establishment of programs designed to help young women create a stronger support network.
- *Support the ability to pursue education:* While the policy initiative in 1996, called 'South African School Act (SASA)' was established to assist the educational prospects of pregnant girls and young parents, for most young women, pregnancy and childbearing follows school-drop out, due to the lack of social resources, (support in the household) economical resources (paying school fees) and the domestic demands at home. School dropout reduces work opportunities and later life opportunities for the young women. Introducing strategies to keep hold of young women in school by dealing with both financial and social reasons,

education systems can contribute to diminish the impact of early pregnancy. Schools can promote early return post-pregnancy by making efforts to re-enroll them in school or in alternative systems of education.

More information on strengthening relationships in poor households, resource building and the continuation of education would help to establish a greater degree of accuracy on this matter. Further research is required to investigate barriers and opportunities to establish these courses of action.

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7. Appendices

Appendix A: Interview questions

First can you tell something me about the time before you fell pregnant?

- At the time before you fell pregnant, where you studying or working or what did you do during the days?
- With who where you living with in the household?
- How and where did you live? In a house? A Room?

Can you tell me about the relationship you had with your household members?

- From which people in the household did you experience support?
- Can you tell me something about the support they gave you?
 - Did they help you with certain things? Such as helping with homework, cooking and material aid?
- Can you explain how you and your family member's did get along with each other?
 - Have there been conflicts now and then, also with you?
 - Did you give support in return to your family or household members?
- Can you tell something about the roles in your family? How are they divided?
 - Who does the washing, cleaning, cooking?
 - Who earned an income; was that shared among the household members?

Please tell me about the time you fell pregnant

- Did you intend to get pregnant? Can you explain why you wanted (not) to have a baby?
- Was it easy or hard to get used to the idea that you would have a baby?
- Can you tell me a bit more about how you reacted when you found out that you were pregnant and what your initial thoughts and feelings were?
 - What were the first things that you did? Thought? Felt? Main worries and concerns? Did you tell anyone initially?
 - Did you tell the father of the child?
 - If not, why not.
 - If so, how did he react?

We spoke about the time before you fell pregnant. Now I would like to talk with you about the period of pregnancy, what happened then.

- Who was the first person that you told you were pregnant? Why this person?
- What kind of responses did you got from this person?

- What kind of response did you get from your family/household when they heard about your pregnancy?
- material aid
- Emotional support
- Housing
- empowering
- conflict or constrains
- - Was your family happy when they heard about your pregnancy? And your friends? Why do you think they reacted this way?
 - Did your mother or other family or household members wanted you to stay living in the house or did they want you to move somewhere else?
- Can you tell me more about the relationship with your family or household during this time? What happened?
- How did you spend your time during the days?
- What were you thinking about your education/ staying in school or working?
 - Was it possible to stay in school, or to keep working?
- How did you feel about the choices you had in terms of where to live and education and how to provide for yourself and the baby?
- How many people were living with you in the household at the time?
 - In what kind of place did you live? A house, a room?
- Did you seek help from professionals or social workers during your pregnancy? If yes, with what purpose did you seek help?
 - How did you find access to professionals?
- During the time of the pregnancy, did you have worries or concerns? If yes, what were your main worries and concerns?
 - What did you want and why, what were your hopes and desires?
 - How did you feel through this time?
- What helped you to achieve what you wanted in this time?
- What helped the most?
- Did you found support from the same people in the household as before your pregnancy?

Now I would like to speak with you about the time when you had your baby. Can you tell me about the relationships you had with your household members after you became a mother?

- Where and with whom were you with when your baby was born?
- What was your health like and the health of your baby?
- Where were you living at the time you had your baby? (a house, a room, a dorm..)
- After you had your baby, how did you feel?
 - Did you have any worries or concerns for the future?
 - Did you manage to get enough sleep?
 - Were you able to take relax periods during the day?
 - Were you able to engage in fun activities outside the house?
- What changed for you after the baby was born in terms of the things that you did and how you spent your time?

- Did you found support from the same people in the household or the family before your motherhood or did this change?
 - Did you got advice from elders or grandparents?
- What kind of support did you receive?
 - Babysitting?
 - Emotional support?
 - Material aid?
- Who provided economically for you?
- Did you feel like your family or your household members were very supportive during the time? If yes, what do you think what happened when you did not had that support from them?
- Do you think the relationships with your household members changed when you became a mother and how did it change? Did the interactions between you and your family or household members change?

We talked about the time you became a mother. Now I would like to talk with you about your current situation.

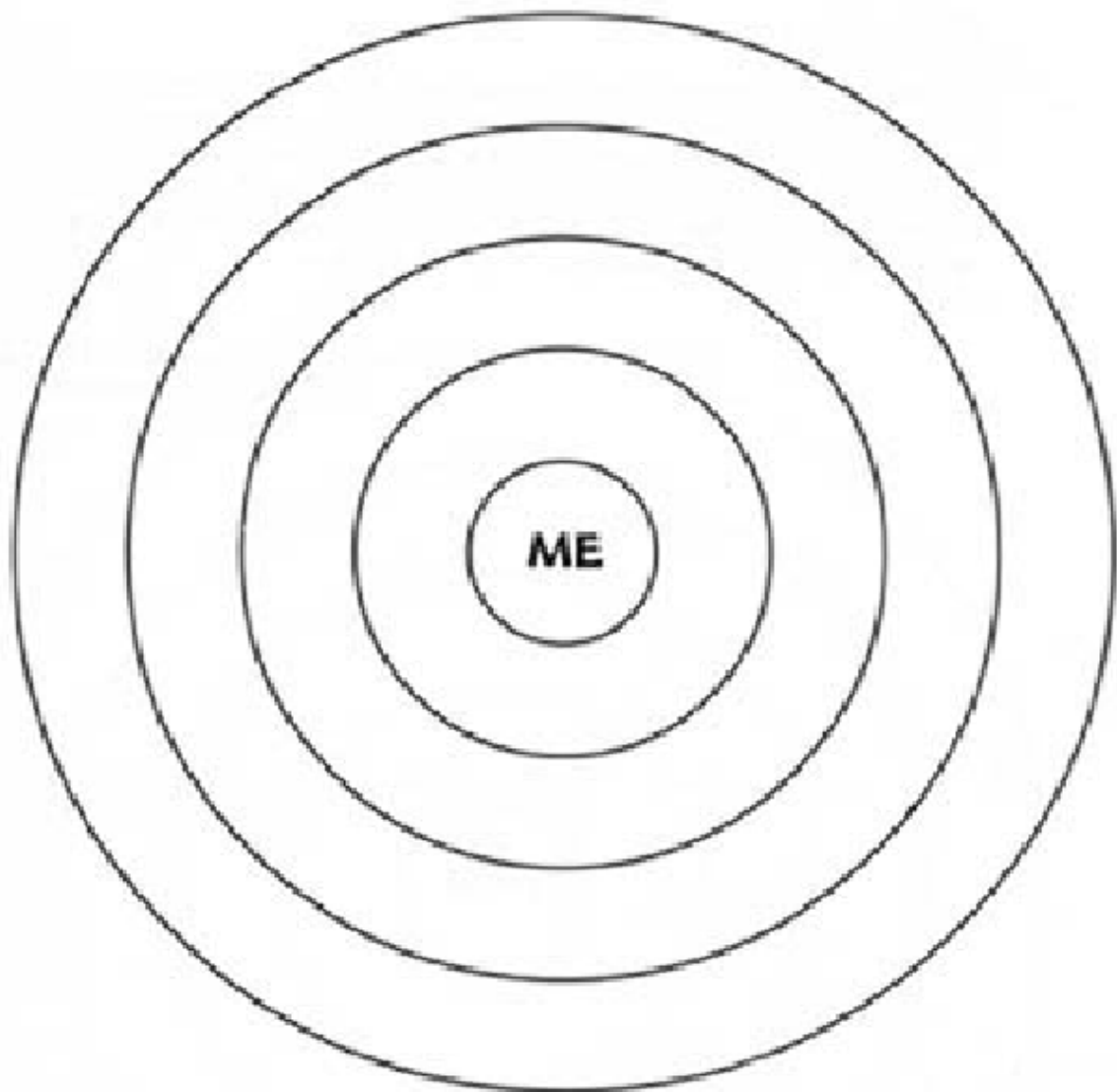
- How are you doing at the moment?
 - What is your current situation?
 - Where do you live and with whom?
 - How are you surviving financially?
- Who is the main caregiver of you baby/child?
- What is the relationship like with the biological father of your baby/child?
- Can you tell me about how you give care to your child or children and how your family or household supports you in this?
 - Do you sometimes ask other to help or assist you with the care for your baby/child?
- If you where in school at the time you fell pregnant, where you able to pursue your education while pregnant or when becoming a mother?
- Did you manage to find or keep a job when you became a mother and how did you do this?
 - How do you think your family or household has something to do with this? Did they facilitate this?
- Do you think professionals such as social workers had something to do with this? Did they facilitate this?
- Do you experience any support from people outside your household?
 - Are there interventions and support available? (policies)Received?
 - Do you have contact with, for example, health clinics? School? Church? Community organisations? NGO projects?

Appendix B: Drawing Exercise

Drawing exercise: Before you fell pregnant

Below is a series of rings or concentric circles with you in the center. Please place all your family members or household members nearer to or further from the centre depending on any of the following criteria:

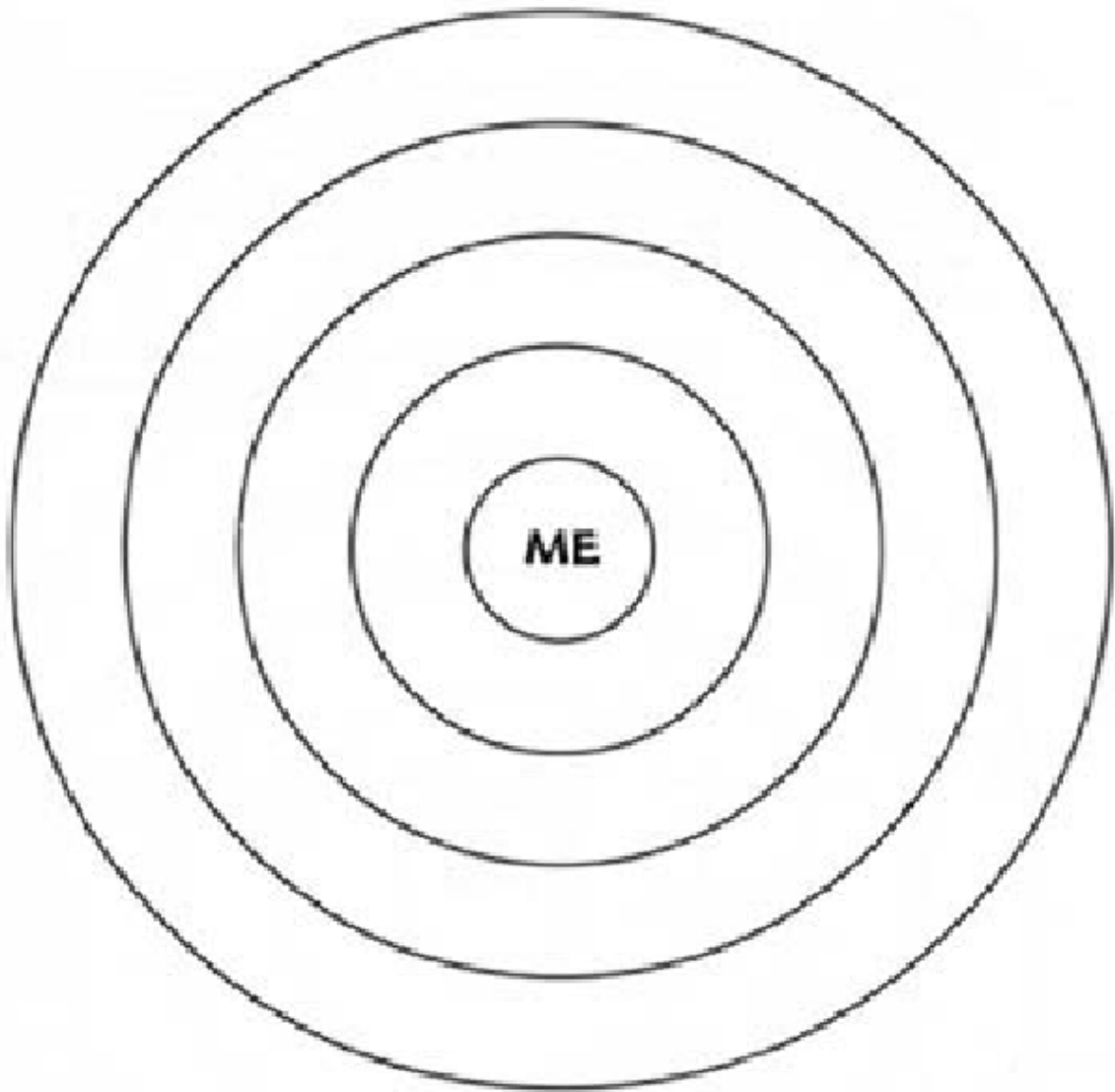
1. How closely that person is involved in your life, did you see this person the most?
2. How much of your inner life, your most private thoughts and feelings, you shared with that person before your pregnancy
3. How much aid or practical support you received from that person.



Drawing exercise: During your pregnancy

Below is a series of rings or concentric circles with you in the center. Please place all your family members or household members nearer to or further from the centre depending on any of the following criteria:

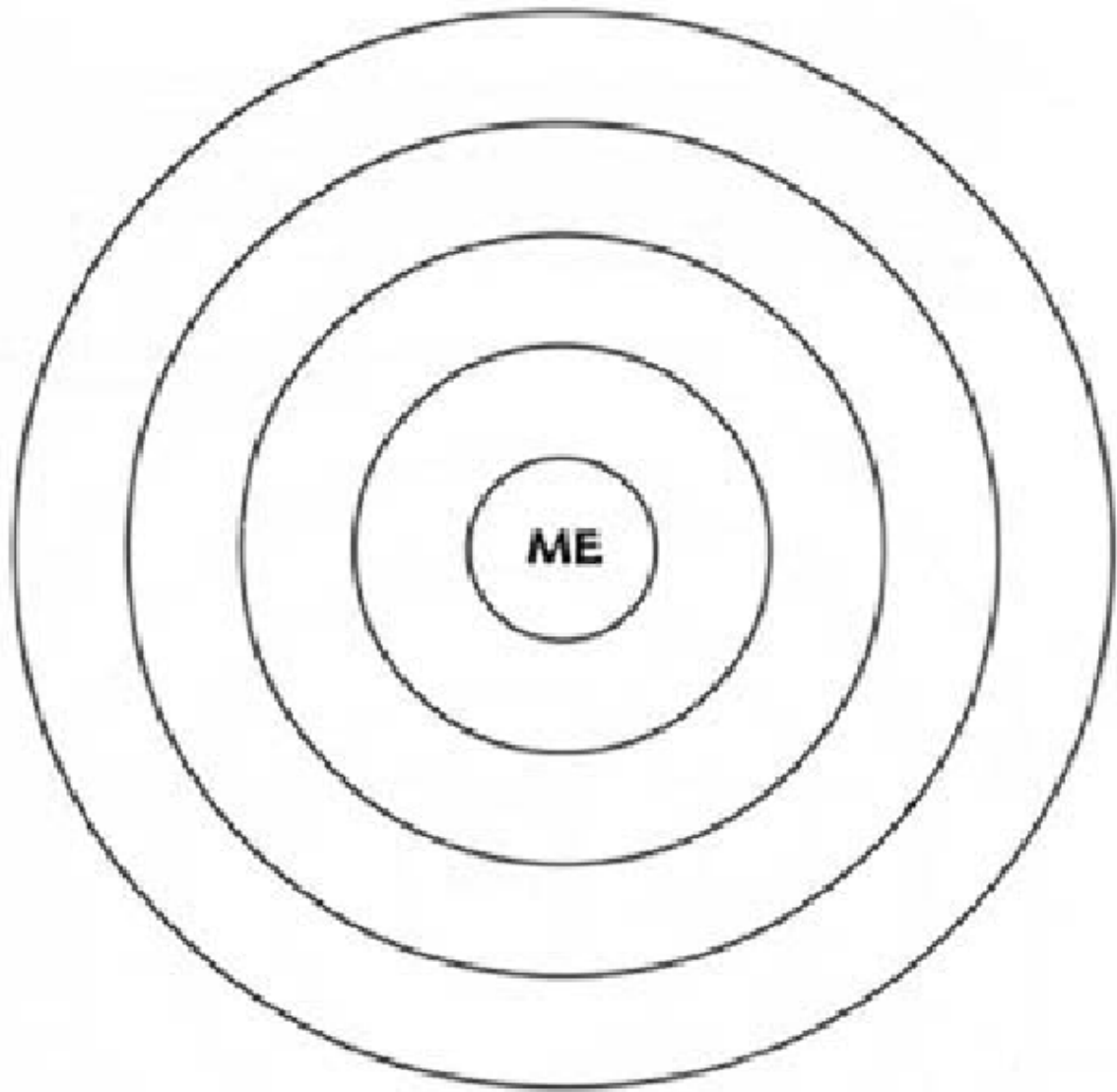
1. How closely that person is involved in your life, did you see this person the most?
2. How much of your inner life, your most private thoughts and feelings, you shared with that person during your pregnancy
3. How much aid or practical support you receive(d) from that person.



Drawing exercise: When you had your baby

Below is a series of rings or concentric circles with you in the center. Please place all your family members or household members nearer to or further from the centre depending on any of the following criteria:

1. How closely that person is involve(d) in your life, did you see this person the most?
2. How much of your inner life, your most private thoughts and feelings, you share with that person during your motherhood.
3. How much aid or practical support you receive(d) from that person.



Appendix C: Analytical framework

<u>Theories</u>	<u>Important concepts</u>	<u>Data required</u>	<u>Sub questions</u>	<u>Data derives from:</u>
Ecological perspective	<p>1. Living circumstances of women as this influences health behaviour ,experiences and coping.</p> <p>2. Norms and values in the family or household.</p>	<p>1. Get clear what the circumstances are the women live in</p> <p>2. Data about norms and beliefs in support from the family and household when life events or social problems pop up, because cultural contexts may shape psychological development.</p>	<p>1. What are the past and current living conditions of the young mothers?</p> <p>2. Which kind of support or rejection did or do the women experience during their pregnancy and motherhood?</p>	<p>1. Data on living circumstances of the women will derive from drawing exercise. Which will provide for definitions of the 'family' or household the woman lived in before and after the pregnancy, because from culture to culture, the expression may have dissimilar meanings. Therefore the researcher will allow for different conceptualizations of family as defined by participants.</p> <p>+</p> <p>Data will derive from interview questions about living situations before pregnancy, during pregnancy and after pregnancy. Form of housing, composition of household, financial situation, daily activities, et cetera.</p> <p>2. Norms and values are expressed true behavior, data will derive from questions on reactions of the family when they found out the woman was pregnant, support they give, woman kicked out of the house? etc.</p>
Social capital theory	<p>3. The quality of relationships</p> <p>4. generosity</p> <p>5. resources in environment</p>	<p>3. Data about the quality of the relationships in the family or household, because shared norms, trust and reciprocity may function as protective factors for the young women.</p> <p>4. Data about the generosity of the family or household, because the more limited welfare states are, the more vital the family's generosity is.</p> <p>5. Data about available help from professionals in the area, because the poorer the environment, the more vital the role of the family is (in material aid, housing, babysitting)</p>	<p>3. How is the quality of social relationships within the household and did this change?</p> <p>As well as:</p> <p>4+5 Which kind of support or rejection did or do the women experience during their pregnancy and motherhood?</p>	<p>3. Interview questions on family dynamics, roles in the family, first person in household told about the pregnancy, helping each other, et cetera.</p> <p>+</p> <p>Drawing exercise will provide for data about family or household members that women found more or less supportive before, during and after their pregnancies and motherhood.</p> <p>4. Interview questions on the received help from the family or household, such as material aid, emotional support, babysitting, et cetera</p> <p>5. Interview questions on available resources in the environment. Acces to it, and received help from it. Governmental policies, NGO's, interventions, church or communities.</p>
Coping theory	<p>6. Social support seeking and emotion-focused strategies</p>	<p>6. Data on how families and households add to emotion regulation and helpful support for the women.</p>	<p>6. How did the support add to the coping abilities of the women especially in the context when there may be limited material, social and organizational resources available?</p>	<p>6. Interview questions on how the support from families or households impacted on the coping abilities of the young women. Questions on: shared care which may result in enough sleep, ability to set forth education / employment, time for fun activities, health, economical provision, feeling of stress, future plans.</p>

