This article was downloaded by: [The Library, University of Witwatersrand]
On: 27 July 2013, At: 06:12
Publisher: Routledge
Informa Ltd Registered in England and Wales Registered Number: 1072954 Registered office: Mortimer House, 37-41 Mortimer Street, London W1T 3JH, UK

Social Work in Health Care
Publication details, including instructions for authors and subscription information:
http://www.tandfonline.com/loi/wshc20

Adolescent Mothers' Subjective Well-Being and Mothering Challenges in a Yoruba Community, Southwest Nigeria

Agunbiade Ojo Melvin BSc MSc [a] & Udenkor Vera Uzoma BSc [a]
[a] Department of Sociology & Anthropology, Obafemi Awolowo University, Ile-Ife, Osun State, Nigeria
Published online: 10 Jul 2012.

To cite this article: Agunbiade Ojo Melvin BSc MSc & Udenkor Vera Uzoma BSc (2012) Adolescent Mothers' Subjective Well-Being and Mothering Challenges in a Yoruba Community, Southwest Nigeria, Social Work in Health Care, 51:6, 552-567, DOI: 10.1080/00981389.2012.679020

To link to this article: http://dx.doi.org/10.1080/00981389.2012.679020

PLEASE SCROLL DOWN FOR ARTICLE

Taylor & Francis makes every effort to ensure the accuracy of all the information (the "Content") contained in the publications on our platform. However, Taylor & Francis, our agents, and our licensors make no representations or warranties whatsoever as to the accuracy, completeness, or suitability for any purpose of the Content. Any opinions and views expressed in this publication are the opinions and views of the authors, and are not the views of or endorsed by Taylor & Francis. The accuracy of the Content should not be relied upon and should be independently verified with primary sources of information. Taylor and Francis shall not be liable for any losses, actions, claims, proceedings, demands, costs, expenses, damages, and other liabilities whatsoever or howsoever caused arising directly or indirectly in connection with, in relation to or arising out of the use of the Content.

This article may be used for research, teaching, and private study purposes. Any substantial or systematic reproduction, redistribution, reselling, loan, sub-licensing, systematic supply, or distribution in any form to anyone is expressly forbidden. Terms & Conditions of access and use can be found at http://www.tandfonline.com/page/terms-and-conditions

Social Work in Health Care, 51:552–567, 2012
Copyright © Taylor & Francis Group, LLC
ISSN: 0098-1389 print/1541-034X online
DOI: 10.1080/00981389.2012.679020

Routledge
Taylor & Francis Group

Adolescent Mothers' Subjective Well-Being and Mothering Challenges in a Yoruba Community, Southwest Nigeria

AGUNBIADE OJO MELVIN, BSc, MSc
and UDENKOR VERA UZOMA, BSc
Department of Sociology & Anthropology, Obafemi Awolowo University, Ile-Ife, Osun State, Nigeria

Downloaded by [The Library, University of Witwatersrand] at 06:12 27 July 2013

Well-being varies within cultures and context. Studies on the well-being and mothering challenges of adolescents in Nigeria have focused on the general poor well-being of adolescent mothers rather than exploring their agency and subjective well-being within specific context. This study explores adolescent mothers' (13–20 years) subjective well-being by focusing on their childbirth, mothering experiences, and available network of supports. Thirty face-to-face in-depth interviews were conducted through the support of four informants and peer referrals. Content analysis was used to identify salient themes and patterns. Findings showed that a high proportion of the adolescent mothers had stigmatizing experiences among which include dropping out of school, and lack of supports from families, friends, and the society. Where available, supports were perceived as inadequate in contributing to their well-being and that of their children. Some of the adolescent mothers were apprehensive of losing their children to ill health while emphasizing that their present challenges could affect their children's future. However, the adolescent mothers invoked

Received October 28, 2011; accepted March 14, 2012.

The authors thank the participants for their involvement in the research. We also express our thanks to the four key informants who gave us invaluable support in the recruitment of the participants. In addition, we acknowledge the contributions of the anonymous reviewers to the earlier version of this article as well as the contributions of the organizing committee of the Faculty of Social Science 2011 International Conference at the Obafemi Awolowo University where the article was initially presented.

Address correspondence to Agunbiade Ojo Melvin, BSc, MSc, Department of Sociology and Anthropology, Obafemi Awolowo University, Ile-Ife, Osun State, Nigeria. E-mail: ojomelvin@yahoo.com, oagunbiade@oauife.edu.ng

their agency by subtly using strategies such as petty trading and apprenticeship to reduce the social consequences of unintended pregnancy and earn a living. Recognizing adolescent mothers' agency in policies targeted toward their empowerment would be of benefit.

KEYWORDS unintended pregnancy, subjective well-being, adolescent mothers, agency, Southwest Nigeria

Downloaded by [The Library, University of Witwatersrand] at 06:12 27 July 2013

INTRODUCTION

Globally about 16 million girls between 15 and 19 years of age give birth every year with 95% of them occurring in developing countries. Seven of these countries including Nigeria account for more than half of all the births (WHO, 2009). The high prevalence and associated consequences of unplanned adolescent pregnancy especially in developing nations have remained quite challenging (UNICEF, 2011). Early child bearing among adolescents expose them to a bleaker future. The social consequences of early childbirth and the challenges of mothering at this stage may entirely affect their social image and future (Orr & Miller, 1997; WHO, 2009). In the sub-Saharan region, the normative picture of an adolescent mother is that of an unhealthy-looking girl with an unhealthy child, poorly educated, suffering from poverty, unemployed, with a shattered future, lack of access to reproductive health services, a poor network of support, and stigmatization (UNFPA, 2010; WHO, 2007). While the unhealthy image of adolescent mothers is now becoming less common in the developed countries, in the literature, how adolescent mothers renegotiate their realities has received limited research attention (Chohan & Langa, 2011). With the variations in subjective well-being within cultures and context (Gable McCullough, Huebner & Laughlin, 2000; Rask, Åstedt-Kurki & Laippala, 2002; McGrath, Brennan, Dolan & Barnett, 2009), this study explored adolescent mothers' subjective well-being by focusing on their childbirth, mothering experiences, and available network of supports.

Subjective well-being is largely elusive (Meister, 1991). There are diverse definitions in the literature stating and describing the features of this important dimension of human existence. Within the existing dichotomies, Diener (1994, p. 106) described subjective well-being as a phenomenon that consists of two distinctive components: *affective* and *cognitive* dimensions. The affective part refers to both the presence of positive affect and the absence of negative affect. It is a hedonic evaluation of subjective well-being guided by emotions and feelings. The cognitive part is an information-based appraisal of one's life for which people judge the extent to which their life so far measures up to their expectations and resembles their envisioned "ideal"

life. Largely, subjective well-being entails how people evaluate their lives (Diener, 1994, p. 106). The evaluations could be in terms of a global judgment (such as life satisfaction or feelings of fulfilment), in terms of evaluating the domains of their lives (such as marriage or work), or in terms of their ongoing emotions about what is happing to them (feeling pleasant emotions, which arise from positive evaluations of one's experiences). Thus, subjective well-being is an umbrella term that includes the various types of evaluation of one's life might make—it can include self-esteem, joy, feelings of fulfilment, and so forth. In this study, we conceptualized subjective well-being as adolescent mothers' interpretations and assessment of available network of support (in terms of quality of relationships with other social actors) within their social field. Specifically, attention was focused on their shared experiences on childbirth, mothering experiences and available network of supports within Bourdieu's Practice Theory (BPT) (1990).

The support available to adolescent mothers is instrumental to their own well-being and that of the child (Foucault & Schneider, 2009). Supports from aged parents, colleagues or friends, family or spouse, the health care giver has positive effects on the adolescent mother (Bolton, 2000). However, societal values and norms that place high premium on chastity before marriage could act as major obstacles to adolescent mothers' access to quality support including reproductive health services (WHO, 2007). While the challenges of motherhood for adolescent mothers may be cumbersome, some adolescent mothers go on to lead highly productive lives facilitating their development and that of their children (Arenson, 1994; Lewis, Scarborough, Rose & Quirin, 2007). In Nigeria, there is paucity of studies exploring the subjective well-being of adolescent mothers from their lived experiences and agency. This partial focus has restricted the lessons that are learnable from adolescent mothers who are active social actors (Atuyambe, Mirembe, Johansson, Kirumira, & Faxelid, 2005).

THEORETICAL FRAMEWORK

BPT can be used in describing how individuals create and are recreated by the cultural atmosphere in which they live. It attempts to articulate the ways in which identity and individual agency rely on and produce cultural forms. BPT is anchored on the concepts of habitus, *capital* and *field*, which provide a context for capturing and explaining social actions and social order. The *habitus* represents individuals' incorporated history. It consists of sociocultural and historically conditioned sets of durable dispositions of individuals to social actions. Within this framework, every day practices of social actors occur within complex social relations (Bourdieu & Wacquant, 1992). Each social field has its objective social structure with the requirements consciously instilled in the subjective mental experience of a social agent, which

Downloaded by [The Library, University of Witwatersrand] at 06:12 27 July 2013

works in a deeper and practical way. Dispositions of a social agent are either in response to objective conditions encountered in the social world or developed through one's engagement in the multi-field social world, while a combination of the two becomes a sense of the game (Bourdieu, 1977). Against this backdrop, social agents are performers, who are not dominated by some abstract social principles but who know the script so well that they can elaborate and improvise on themes, which they provide, and in the light of their relations with others (King, 2000).

From BPT, at the initial stage of motherhood, adolescent mothers would act as amateurs in the game of marriage and building a quality network of support based on *a priori* principles. With time, there are possibilities of outgrowing this state into an intimate understanding of mothering and the kinds of situations it can throw up. According to Bourdieu, the endowment with social capital has been associated with the ability to react to a problematic event or adapt to a change of or within a social field. People react differently when damage is experienced. Social actors' capacities depend on the recognized capital they can build on in a given social field. Among the Yoruba people, marriage and family institutions are social fields laced with norms and values, which reward chastity before marriage and sanctions pre-marital sexual activities and fertility among unmarried young females in particular (Fadipe, 1970).

Hence, since the field of marriage, within the Yoruba cultural context, is structured by norms such as abstinence from pre-marital sex, which legitimize actions and practices of participants, resultantly, there would be lack of access to the needed qualitative social support in this field and other relational fields, especially when marginal social actors like the female adolescents violate the norms. However, with mothering experience as a continuum field that is dynamic, with time adolescent mothers, as active social actors, will seek to reinterpret their social realities, discern their causes, and adopt specific practices that may be necessary to alter their situation. A number of studies on unplanned adolescent pregnancy in Nigeria have avoided this plausibility, thereby devoting limited attention to the ingenuity and potentials of adolescent mothers in fashioning strategies toward reconstructing their social realities.

METHODOLOGY

This study was carried out among adolescent mothers in Ile-Ife from April to June 2010. Ile-Ife town enjoys unique historical and cultural relevance among the Yoruba people (Johnson, 2009). The Yoruba people are Nigeria's second largest ethnic group. There are six geopolitical zones in Nigeria and the Yoruba people are in the Southwest geopolitical zone. By this classification, the Southwest geopolitical zone consists of six States, namely: Ekiti,

Downloaded by [The Library, University of Witwatersrand] at 06:12 27 July 2013

Lagos, Ogun, Ondo, Osun, and Oyo States. Ile-Ife is a town located in the eastern part of Osun State. The town is made up of five core traditional quarters, namely: Iremo, Okerewe, Moore, Ilode, and Ilare (Sanni, 1997). Ile-Ife has two local government areas, Ife Central and Ife East local government areas. Based on the 2006 national census, Ife Central had a total population of 167,254 of both sexes (*Federal Republic of Nigeria Official Gazette*, 2009). Health care provision in Ile-Ife is available through the modern and traditional medical systems.

The study employed a qualitative approach in generating relevant data. Largely, qualitative studies take cognizance of the values and beliefs of study participants (Bowling, 2002; Sliverman, 2000). The interviews in this study were framed with guideline themes driven by adolescent mothers' experiences, their subjective perception of supports, and the challenges of motherhood (Biber & Leavy, 2004). This provided a forum for the participants to share their experiences.

For this study, adolescent mothers are defined as young mothers who had a life birth between 13 and 20 years of age within the last three years preceding this study. For specific cultural values relating to the social fields of marriage and motherhood, only adolescent mothers that are of the Yoruba extraction were considered. A snowball sampling strategy was adopted for the study. This sampling technique is often used in hidden populations that are difficult for researchers to access (Marshall & Rossman, 1995). In the first step, four key informants who are community health workers and familiar with adolescent mothers in the study community were approached to identify the initial participants. Thereafter, the major group of participants also assisted in identifying friends that have had life birth between 13 and 20 years of age within the last 3 years. This went on until a sample of 30 adolescent mothers was obtained.

The interview guide was pretested prior to the main study among three adolescent mothers who were not included in this study. The average length of the interviews ranged from 47 minutes to 1.5 hours. Interviews were conducted in locations preferred by the participants and considered conducive for them and their children. This provided a convenient environment for interactive discussions. All the interviews were conducted in the Yoruba language as preferred by the participants. The first author moderated the interviews. Findings from the pretest assisted in restructuring the questions for clarity in the main study. In the main study, all the participants were briefed on the study objectives. Before the commencement of any interview, participants' consent was sought and received. Participants were fully informed of their rights to discontinue with the interview at any point (Strydom, 2002). All the interviews were audio-taped with the consent of the participants.

A thematic content analysis approach as suggested by Ryan and Bernard (2003) was adopted in analyzing all the interviews. The primary aim

Downloaded by [The Library, University of Witwatersrand] at 06:12 27 July 2013

throughout the analysis process was to make sense of the rich data in order to construct a sense of common themes, patterns, and shared experiences (Marshall & Rossman, 1999). Initially, the transcription of the interviews was done in Yoruba language and later translated to the English language. Both the Yoruba and English transcriptions and translations were later given to an expert in both languages to ensure proper and accurate translation. As the analysis progressed, each transcript was read and notes were made. After reading the transcripts several times, key quotes and explanations were noted and extracted from subsequent transcripts.

Downloaded by [The Library, University of Witwatersrand] at 06:12 27 July 2013

FINDINGS

The four main themes that emerged were first pregnancy experience; quality of support in pregnancy and childbirth; challenges of motherhood and coping measures; and apprehensions toward the future. Each theme is narrated and an exemplar is given where necessary.

Sociodemographic Profile of Interviewees (Table 1)

An appreciable proportion (21) of the interviewees had their first child between 17 and 19 years of age, while less than one third gave birth between 14 and 16 years of age. Majority (60.0%) of the interviewees completed senior secondary before giving birth, while a marginal proportion (3) proceeded to post secondary school (College of Education) after childbirth. The living arrangements of the interviewees after childbirth showed that 20 (66.7%) of them were living with their parents, while 7 were staying with their husbands and only 3 live as single mothers.

First Pregnancy Experience

A number of the interviewees described the occurrence of their pregnancy as unplanned and disturbing. This was expected as adolescent dating relationships are shrouded with secrecy and limited knowledge in negotiating relationship challenges (Sullivan, Erwin, Helms, Masho, & Farrell, 2010). All the participants described their parents' and guardians' unawareness of their involvement in unprotected sex until they became pregnant. To avoid public awareness, involvement in sexual activities occurred in odd places and in a hurry. One of the participants described the lack of preparedness for sex and the hurried manner of engaging in it as a basis of pregnancy denial for some partners. Another participant corroborated this position by narrating how another adolescent in her neighborhood and her sexual partner adopted an abandoned vehicle in a mechanic's shop as their place of meeting for romance. Unfortunately, the girl became pregnant and her partner denied

TABLE 1 Sociodemographic Profile of the Interviewees

Variables	Frequency (%) ($n = 30$)
Age at first pregnancy (years):	
14	1
15	3
16	2
17	3
18	7
19	9
20	5
Age at last birthday (years):	
15–17	3 (10.0)
18–20	12 (40.0)
21–23	15 (50.0)
Age of partner at first pregnancy (years):	
19–23	4 (13.3)
24–28	26 (86.6)
Highest level of education of adolescent mothers	
Primary school	2
Junior secondary school	4
Senior secondary school	21
Post secondary school	3
Occupation of adolescent mothers	
Student	3
Petty trader	27
Apprentice	10
Living arrangements of adolescent mothers	
Living with parents	20 (66.7)
Living with husbands	7 (23.3)
Living alone	3 (10.0)
Age of their children (years):	
1	4 (13.3)
2	16 (53.3)
3	10 (33.3)

his responsibility based on unconfirmed flirting with other boys. Now, the girl has given birth and the child was a replica of her partner, but he kept insisting that other boys were also involved.

All the participants argued that while society expects abstinence from unmarried females, circumstances often expose a number of unwilling female adolescents into early sex. With early sexual exposure, the participants narrated their constant struggle to abstain from sex until they became pregnant unexpectedly:

> Despite my involvement in unprotected sex, it was difficult for me to believe that I was pregnant. Pregnancy was a dead zone to me. (Mother and petty trader aged, 18)

> A number of partners expect you to do something to avoid pregnancy despite their failures to use [a] condom. The first response I got from my

Downloaded by [The Library, University of Witwatersrand] at 06:12 27 July 2013

> partner was why should you be pregnant? It was a rude shock because on many occasions I have asked the question what if I got pregnant. (Mother and fashion designer apprentice aged, 21)

Some of the interviewees narrated how some derogatory Yoruba words were used in labeling them due to the occurrence of unplanned pregnancy. Such words include *oyun eye* ("bird" pregnancy) and oyun *eleya* (shameful or embarrassing pregnancy): "It became done on me that I was on my own when everybody deserted me because I was pregnant, even the person that impregnated me denied me until I gave birth" (a mother and trader, aged 20).

Quality of Support in Pregnancy and Childbirth

At a point, the occurrence of unintended pregnancy became a rally point for denying adolescent mothers the needed social support. However, some improvement in quality of support was reported by a few after successful child delivery. This was common among those whose partners accepted responsibility of their pregnancy. With minimal denial and acceptance of pregnancy responsibility by partners, "emergency marriage" devoid of the common Yoruba marriage ceremonies was immediately contracted for two of them. Partners' age and completion of secondary-school education were also a basis for the contraction of marriage due to unintended pregnancy:

> Although I became married when least expected, but my parents were less disappointed since I had finished my secondary school. Even though I didn't pass at Credit level in any subject, there is no *fail out* but *pass out* and more so my husband accepted my pregnancy. (Mother aged 23)

> I was fortunate. My partner was much older and willing to accept responsibility when I became pregnant. (Mother aged 19)

Furthermore, social acceptance also varies based on the stage of pregnancy. Some participants enjoyed financial assistance from their parents later when their pregnancy had advanced. In such periods, more than average of the participants recounted how neighbors, peers, relatives, and strangers prayed toward their safe delivery. With this shift, we probed further to understand participants' definition of advancement in pregnancy. The interviewees described pregnancy that has attained six months and above as an advanced one. At such periods, participants and their significant others (parents, siblings, and relatives) accepted the situation in good fate and braced up for the transition to motherhood. Similar social acceptance also occurs during childbirth. For instance, professional support was rendered to some participants that had their deliveries at traditional birth attendants and public hospitals. Some of the participants also described how their mothers in particular

Downloaded by [The Library, University of Witwatersrand] at 06:12 27 July 2013

provided help after given birth. In the Yoruba culture, the ideal mother is expected to stand by their daughters in either success or challenges.

Challenges of Motherhood and Coping Measures

After child delivery, there was a turn in their situation as many of the adolescents struggled with their realities. As young mothers, they described how naïve they were with mothering, especially in the area of breastfeeding. The transition from being an adolescent to a mother was quite challenging as they combined caring for themselves and their children simultaneously with minimal knowledge, experience, and resources at their disposal. Among the participants, the occurrence of pregnancy when least expected, prepared them hurriedly for motherhood, which makes their situation quite challenging:

> Because I am a young mother, in everything I do a lot of people say I am not doing things right. (An unemployed mother aged 18)

> My mother was practically the one taking care of my child. To bathe the child was very frustrating for me. (Mother aged 19 living with her husband)

For some, their child-rearing experience was filled with mixed feelings, especially when a child falls ill. Eight among the participants described child illness as a dreadful event that sets them off balance especially when such a health condition defies common explanation and solution. As a way out, multiple sources of help were considered effective. These include hospitals, *alagbo omo* (traditional herbs sellers who specialize in the provision of primary care for pediatric cases), attending prayer meetings, and observing some hygiene practices. A binary philosophy of life was presented as a backing for their preference in plural medical systems. Some of the participants argued that some childhood diseases are unexplainable and untreatable within the purview of Western medicine, while multiple options could be found in prayers and traditional medicine at large.

> I have cried on several occasions due to my child's ill-health and lack of money to take care of him. The last time it was so terrible that I thought he would not survive it, but fasting and prayers delivered me from another shame. (Apprentice mother aged 20)

In view of the above challenges, adolescent mothers look for ways to elevate their status by improving their living conditions and that of their children. Given that, most of them had only secondary school education. With the limited commercial activities in the town, getting employment was like a mirage. Thus, petty trading (a subsistence form of venture that requires low

Downloaded by [The Library, University of Witwatersrand] at 06:12 27 July 2013

capital for starting up. It is common among low-income earners), menial jobs on Obafemi Awolowo University Campus, phone calls, apprenticeship, and prayers for human and divine favor were the predominant economic and religious strategies deployed to cope with the financial challenges of mothering.

Apprehensions Toward the Future

More than half of the interviewees regretted having unintended pregnancy and how it aborted their lofty dreams. Some of the dreams range from the type of husband to marry to preferred career. One of the participants described how brilliant she was and how her dream of becoming a medical doctor was shattered. She regretted losing this dream to short-lived pleasures of satisfying the "demands of the flesh." In her story, she was from a Christian background but failed to yield to her parents' warnings. "I thought I was in love until I became pregnant":

> My eyes have seen a lot. If not for God's mercies, I wonder what could have become of my daughter and me today. I can say emphatically that Jesus is the only husband I have now. (A mother and fashion designer, aged 23)

Despite the shattering of life aspirations, a handful of the participants were still resilient in furthering their education as well as enhancing their social value through hard work. All the participants desired good education for their children, but lamented over the increasing cost of education and the avoidable disruption in public schools' academic calendars due to incessant industrial strikes. In fact, more than half of the interviewees focused their plans on their children's education and later success in life. While individual resilience levels may differ in dimensions, three among the participants narrated how personal resolutions and prayers have helped them in furthering their education beyond secondary school. During vacations or school breaks, these three participants combined the sale of mobile phone recharge cards with retailing of cold sachet water on campus and at home. At the initial stage, participants described how difficult it was for them to combine their academics with mothering and self-sustenance:

> I was determined to pay for the debt of my past mistakes to secure a better future for myself and my daughter. I have failed my parents but I don't want to fail my child. (Single mother and a student in a college of education, aged 23)

> My mum took my child away to care for when I could not cope with caring for her and facing my studies. (a mother aged 21 in a Tertiary Institution)

Downloaded by [The Library, University of Witwatersrand] at 06:12 27 July 2013

The fear of the unknown future kept reoccurring in the participants' narratives. For instance, three among the participants living as single mothers expressed their concerns and worries over their chances of getting a husband, while those with a husband expressed more concerns over their children's future:

> I am still young, but I am worried if any single man would be willing to marry me again. (single mother and a hairdresser apprentice, aged 21)

> Young men hardly marry adolescents that have given birth. I am hoping to find someone that will love me for who I am very soon. (single mother and a student in a college of education, aged 23)

In the participants' narratives, there was a constant desire to measure up to the Yoruba cultural model of the "good mother." However, the participants revealed that living up to this social expectation depends on being alive and in good health. To the participants, an individual with good health is the one without sickness and is "strong enough" to carry out daily activities with minimal distress or discomfort. With good health, one can struggle and become a good mother.

DISCUSSION OF FINDINGS

This article explores the subjective well-being and mothering challenges of purposively selected adolescent mothers in a Yoruba community. This was achieved by focusing on their childbirth, mothering experiences, and available network of supports. Findings showed that most of the participants only managed to complete senior secondary school education before becoming pregnant. While only three of them continued to tertiary level (College of Education and Polytechnic), some ended their schooling at the junior secondary level. This is may be because of withdrawal of support by families, friends, and the school system's position on pregnant in-school female adolescents. The norm in the Nigerian school system is that pregnancy occurrence is a necessary condition to advise a female adolescent to withdraw from school, while a male adolescent that impregnates another female adolescent would be allowed to continue his education. This partial justice extends beyond the four walls of the school.

The gross lack of social support, predominance of menial jobs including petty trading among the participants, support other findings that women who gave birth in their adolescence: complete fewer years of schooling (Ilika, & Anthony, 2004); hold less prestigious jobs; and experience marital instability than women who postponed childbirth until adulthood (East & Felice, 1990; WHO 2007). While it may be difficult to describe marital

Downloaded by [The Library, University of Witwatersrand] at 06:12 27 July 2013

Downloaded by [The Library, University of Witwatersrand] at 06:12 27 July 2013

instability as a problem among these participants, it was, however, observed that three of the participants have started living as single mothers. Largely, single motherhood is socially disapproved of in the Yoruba culture among both young and older women. While Nigeria may not be among the top countries with divorce rate, with unplanned adolescent pregnancy on the increase, there are chances that single mothers may also be on the increase. In a recent ranking, Nigeria was one of the worst challenging places to be a mother (Sam, 2008). One of the reasons is that more mothers are gradually becoming the breadwinners of their families, especially with the increasing cost of living, unemployment, and high poverty rate affecting many households in Nigeria. Within this context, more mothers that are adolescents are likely to have challenging mothering experiences.

The nature and degree of support encountered within the everyday social contexts of family, peers, school, and community are crucial to how well adolescents are faring (Barnes, Katz, Korbin, & O'Brien, 2006; Brennan, Barnett, & Lesmeister, 2007). More than half of the participants described their access to supports as inadequate. The little support received was mostly from their family members, peer group members, and partners. This finding is consistent with Yardley's (2008) finding in a study on teenage mothers' experiences of stigma that within their families of origin, a value system exists within which young motherhood is worthy and esteemed. The negative social perception of adolescent mothers also reflected in the way they are scolded toward providing better care for their children. While as young mothers they are prone to some avoidable mistakes in childrearing, correcting in demeaning ways could have negative effects on their self-esteem and desire to care for their children. As shown in the literature, negative messages may affect the self-perceptions, out-look of already pregnant and parenting adolescents, and as well to set them on the path to failure (Lewis et al., 2007; Orr & Miller, 1997).

Participants described how challenging it was for them as mothers and negotiating the boundaries between adolescence and parenting. Available evidence indicates that adolescent mothers' support networks can largely dictate their psychological, socioeconomic, and even physical well-being. Their stressors are often social in nature relating to parental or peer conflicts (Foucault & Schneider, 2009) because they are faced with difficulties in attempting such developmental tasks as identity formation and the assumption of parenting responsibility (Mngadi, Zwane, Ahlberg, & Ransjo-Arvidson, 2003; Orr & Miller, 1997). In this study, many of the participants described their experiences in providing mothering care especially when a child was sick and in need of proper health care as a frustrating one. Often times, they sought help from grandmothers and their own mothers to reduce stressful experiences. Foucault and Schneider (2009) showed that adolescent mothers are less competent in handling responsibilities associated with parenting. Also, findings from this study support Foucault and Schneider finding

(2009) that social support was predictive of less parenting stress. As argued by Orr and Miller (1997), forming identity and dealing with the pressures of being a teenager, while at the same time facing the challenges of a new motherhood role, could cause strains for young mothers.

Irrespective of the difficulties and challenges associated with the field of motherhood and early childbearing in the society, some of the adolescent mothers perceived their situation neither as hopeless nor impossible. They sought for alternative means of coping and reducing the odds against them. As postulated in BPT (1990), social actors react differently within social fields even when damage is experienced. At this point, social actors' capacity depends on the recognized capital they can build on in a given social field. In this study, personal resolutions and informal social supports acted as capitals that adolescent mothers employed towards improving their poor standard of living. Some of the participants also expressed their belief in the efficacy of prayers, believing that their prayers would be answered through active engagement in religious activities. Idler and Benyamini (1997) suggest that religiosity fosters a sense of optimism and alters perception of suffering. Thus, religion might have provided the adolescent mothers with some of the resources used in resolving their current challenges as mothers. Beyond religious measures such as prayers, the participants employed petty trading; vocational skills and menial jobs as a way of generating income for themselves; while three of them combined this with post-secondary education. This supports Colletta, Hadler, and Gregg's (1981) postulation that adolescent mothers would rely more on themselves to solve problems. Similarly, a common drive among the participants was their resolution to educate their children so that they could be of assistance in the nearest future. A somewhat common position in the literature is that with adolescent mothers, the process of mothering contributes to the development of a sense of responsibility, a social identity, and vision of the future (SmithBattle & Leonard, 1998); and also a source of personal fulfilment, growth, and joy (Ross, 1995).

Despite the insights gained through this study, some participants' might have portrayed themselves in a socially acceptable manner as a way of enhancing their public image and sympathy. In addition, findings from this study may not be typical of the experiences of the larger population of adolescent mothers in Nigeria. The study has provided additional insights into the nature of subjective well-being and mothering challenges of adolescent mothering within a social context.

CONCLUSION

This study shows that in the face of challenges and poor subjective well-being, the adolescent mothers invoked their agency in a subtle way to improve their situation and that of their children. However, this was not

Downloaded by [The Library, University of Witwatersrand] at 06:12 27 July 2013

immediate; it was gradual and frustrating as the adolescent mothers negotiated their social fields to acquire capital at different forms. Different approaches were used in acquiring capital that are perceived useful for themselves and their children, a strength that has remained on the margin in a number of studies on adolescent mothers in Nigeria and some other African countries.

POLICY RECOMMENDATIONS

There is a need to encourage adolescent mothers and empower them in a sustainable manner such as providing them with the appropriate opportunities to continue their education, especially those without secondary education. Similarly, for female adolescents who became pregnant while in school, provisions could be made for them to proceed on a leave of absence and be allowed to resume their studies immediately after weaning their children. In situations where a lack of capability can be substantiated, such adolescents should be encouraged to learn a trade or occupations by attending vocational training centers. In this regard, existing infrastructure can be utilized. With the existing free basic education in many parts of Nigeria, adolescent mothers should be encouraged to enlist their children in public schools where their children would receive qualitative education. Among other options, counseling and forcing adolescent males that impregnate other adolescents to accept their responsibility could be a way of ensuring that not only the female adolescents are left to suffer. The denial of pregnancy responsibility based on perceived flirting can be minimized by administering free genetic genealogical tests to resolve paternity disputes and ensure that the male adolescents are held responsible for their actions. Often times, partners' denial of pregnancy could create both immediate and future psychosocial consequences for both adolescent mothers and their children if not promptly resolved.

Hence, based on the findings, the availability and participatory access to effective health information and counseling services are in urgent need at all levels in the Nigerian educational system. Participatory involvement of adolescents in these services could be a source of empowerment and better sexual health negotiation.

Downloaded by [The Library, University of Witwatersrand] at 06:12 27 July 2013

REFERENCES

Arenson, J.D. (1994). Strengths and self-perceptions of parenting adolescent mothers. *Journal of Pediatric Nursing*, *9*, 251–257

Atuyambe, L., Mirembe, F., Johansson, A., Kirumira, E.K., & Faxelid, E. (2005). Experiences of pregnant adolescents—Voices from Wakiso district, Uganda. *African Health Sciences*, 5(4), 304–309.

Barnes, J., Katz, I., Korbin, J.E., & O'Brien, M. (2006). *Children and families in communities: Theory, research, policy and practice*. West Sussex, UK: John Wiley & Sons.

Biber, H.N., & Leavy, P. (2004). *Approaches to qualitative research: A reader on theory and practice*. New York, NY: Oxford University Press.

Bolton, S.C. (2000). Who cares? Offering emotion work as a "gift" in the nursing labour process. *Journal of Advanced Nursing*, *32*(3), 580–586.

Bourdieu, P. (1977). *Outline of a theory of practice*. Cambridge, UK: Cambridge University Press.

Bourdieu, P. (1990). *The logic of practices*. Cambridge, UK: Polity Press.

Bourdieu, P., & Wacquant, L.J. (1992). *An invitation to reflexive sociology*. Chicago, IL: The University of Chicago Press.

Bowling, A. (2002). *Research methods in health. Investigating health and health services*. Buckingham, UK: Open University Press.

Brennan, M.A., Barnett, R., & Lesmeister, M. (2007). Enhancing leadership, local capacity, and youth involvement in the community development process: Findings from a survey of Florida youth. *Journal of the Community Development Society*, *38*, 13–27.

Chohan, Z., & Langa, M. (2011). Teenage mothers talk about their experience of teenage motherhood. *Agenda: Empowering Women for Gender Equity*, *25*(3), 87–95.

Colletta, N.D., Hadler, S., & Gregg, C.H. (1981). How adolescents cope with the problems of early motherhood. *Journal of Adolescence*, *16*, 499–512.

Diener, E.D. (1994). Assessing subjective well-being: Progress and opportunities. *Social Indicators Research*, *31*(2), 103–157.

East, P.L., & Felice, M.E. (1990). Outcomes and parent-child relationships of former adolescent mothers and their 12-year old children. *Journal Deviance Behavior Pediatrics*, *11*, 175–183.

Fadipe, N.A. (1970). *The sociology of the Yoruba*. Ibadan, Nigeria: University Press.

Federal Republic of Nigeria Official Gazette. (2009). *Report on the 2006 National Population Census*, 96(2): B37.

Foucault, D.C., & Schneider, B.H. (2009). Parenting values and parenting stress among impoverished village and middle-class small city mothers in the Dominican Republic. *International Journal of Behavioral Development*, *33*(5), 440–450.

Idler, E.L., & Benyamini, Y. (1997). Self-rated health and mortality: A review of twenty-seven community studies. *Journal of Health and Social Behaviour*, *38*, 21–37.

Ilika, A., & Anthony, I. (2004). Unintended pregnancy among unmarried adolescents and young women in Anambra State, South East Nigeria. *African Journal of Reproductive Health*, *8*(3), 92–102.

Johnson, S. (2009). *History of the Yoruba*. Lagos, Nigeria: CMS.

King, A. (2000). Thinking with Bourdieu against Bourdieu: A "practical" critique of the habitus. *Sociological Theory*, *18*(3), 417–433.

Lewis, C.M., Scarborough, M., Rose, C., & Quirin, K.B. (2007). Fighting stigma: An adolescent mother takes action. *Affilia: Journal of Women and Social Work*, *22*(3), 302–306.

Marshall, C., & Rossman, G.B. (1995). *Designing qualitative research* (2nd ed.). Thousand Oaks, CA: Sage.

Downloaded by [The Library, University of Witwatersrand] at 06:12 27 July 2013

McCullough, G., Huebner, E.S., & Laughlin, J.E. (2000). Life events, self-concept, and adolescents' positive subjective well-being. *Psychology in the Schools*, *37*(3), 281–290.

McGrath, B., Brennan, M.A., Dolan, P., & Barnett, R. (2009). Adolescent well-being and supporting contexts: A comparison of adolescents in Ireland and Florida. *Journal of Community & Applied Social Psychology*, *19*(4), 299–320.

Meister, S. (1991). Family well-being. In A.L. Whall & J. Fawcett (Eds.), *Family theory development in nursing: State of the science and art* (pp. 209–231). Philadelphia, PA: FA Davis Co.

Mngadi, P.T., Zwane, I.T., Ahlberg, B.M., & Ransjo-Arvidson, A. (2003). Family and community support to adolescent mothers in Swaziland. *Journal of Advanced Nursing*, *43*(2), 137–144.

Orr, S.T., & Miller, A.M. (1997). Unintended pregnancy and the psychosocial well-being of pregnant women. *Women's Health Issues*, *7*(1), 38–46.

Rask, J., Åstedt-Kurki, P., & Laippala, P. (2002). Adolescent subjective well-being and realized values. *Journal of Advanced Nursing*, *38*(3), 254–263.

Ross, E. (1995). New thoughts on "the oldest vocation": Mothers and motherhood in recent scholarship. *Signs: Journal of Women in Culture and Society*, *20*, 397–413.

Ryan, G.W., & Bernard, H.R. (2003). Techniques to identify themes. *Field Methods*, *15*(1), 85–109.

Sam, V. (2008, May 12). One million children die yearly in Nigeria: Report. *The Punch*, p. 10.

Sanni, L. (1997). The morphological structures of the Old Core Area and the new residential layouts of Ile-Ife. *Ife Social Sciences Review*, *14*(1&2), 25–32.

Sliverman, D. (2000). *Doing qualitative research: A practical handbook*. London, UK/Thousand Oaks, CA/New Delhi, India: Sage Publications.

SmithBattle, L., & Leonard, V.W. (1998). Adolescent mothers four years later: Narratives of the self and visions of the future. *Advances in Nursing Science*, *20*, 36–49.

Strydom, H. (2002). Ethical aspects of research in the social sciences and human service profession. In A.S. de Vos (Ed.), *Research at grass roots* (pp. 62–92). Pretoria: JL Van Schaik.

Sullivan, T.N., Erwin, E.H., Helms, S.W., Masho, S.W., & Farrell, A.D. (2010). Problematic situations associated with dating experiences and relationships among urban African American adolescents: A qualitative study. *Journal of Primary Prevention*, *31*(5), 365–378.

UNFPA (2010). Preventing HIV/AIDS. Young people: The greatest hope for turning the tide. Retrieved from http://www.unfpa.org/hiv/people.htm

UNICEF (2011). The state of the world's children 2011: Adolescence: An age of opportunity. Retrieved from www.unicef.org/sowc2011/

WHO (2007). Adolescent pregnancy: Unmet needs and undone deeds: A review of the literature and programmes. Issues in adolescent health and development. (*WHO discussion papers on adolescence*).

WHO (2009). Adolescent pregnancy: A culturally complex issue. *Bulletin, World Health Organisation*, *87*, 410–411. Retrieved from http://www.scielosp.org/scielo.php?pid=S0042-96862009000600005&script=sci_arttext&tlng=en

Yardley, E. (2008). Teenage mothers' experiences of stigma. *Journal of Youth Studies*, *11*(6), 671–684.

Downloaded by [The Library, University of Witwatersrand] at 06:12 27 July 2013