

Managing Young Motherhood in Bondo District, Western Kenya

Kathrine Hoffmann Pii*

Department of Anthropology and Ethnography
University of Aarhus

Abstract

Within professional as well as layman discourses, young motherhood is often problematised in relation to a range of expected detrimental consequences, such as school dropout, economic insecurity, and poor child health. This focus on the consequential outcome of young motherhood, leaves behind a generalising portrayal of young mothers as incompetent and irresponsible individuals. The article challenges this generalising representation of young motherhood by presenting contesting data on the practical management of young motherhood.

The article is based on ethnographic fieldwork carried out among the Luo in Bondo District, Western Kenya. Various qualitative methods were applied in the study: different types of interview, focus group discussions, diary writing, and participant observation. The applied methods covered both the discursive and the practical domain of young motherhood and exposed a discrepancy between the discursive representation of young motherhood and how young motherhood is managed in practise.

The article presents cases of practical management of young motherhood and demonstrates that the outcome of young motherhood relies on how it is managed by the young mother and other persons in her social network. By bringing in the practical dimension of young motherhood, the article wishes to acknowledge the agency of the people who are involved in the management of young motherhood, which is neglected in professional and layman discourses because they focus on the expected detrimental consequences of young motherhood.

Key words: Young Motherhood, Luo, Bondo, Kenya

Mila (N.S.), Vol. 9 (2008), pp. 47 – 54, © 2008 Institute of Anthropology, Gender and African Studies

Identifying the Problems of Young Motherhood

According to Kenya Demographic Health Survey 2003 (KDHS 2003), young motherhood is increasing in Kenya. Twenty-three percent of young women between 15-19 years have had one or more children. In Nyanza Province, where this study was conducted, the

ratio is 27%, which is the highest in the country (KDHS 2003: 61). The statistical facts of the upsurge of young motherhood resonate with the local experience in the study area. In the villages I visited in Bondo District, elders confirmed that the number of young mothers has increase dramatically.

The increase of young mothers is generally perceived as a problem both in national reports, such as the KDHS 2003, and by the local community. The first indication of this problematisation is found in the act of categorisation. In the professional discourse of

* Corresponding author: Kathrine Hoffmann Pii
Dept. of Anthropology & Ethnography, University
of Aarhus, Axel Heides Gade 12, 3. MF, 2300
Copenhagen, Denmark. Phone: +45 51606435
Email: kathrine.pii@gmail.com

national and international reports, the terms "adolescent motherhood" and "teenage motherhood" are often used and indicate that age is the pivotal factor for categorising some mothers as being too young for motherhood. Teenage (13-19 years) and adolescence (often defined as under 20 years) is commonly described as a developmental stage between childhood and adulthood, which is unsuitable for parenthood (Mkhwanazi 2006: 99).

In the local view of the study area, biological age is, however, not essential in categorising a mother as being too young for motherhood, it is rather her marital status. The most commonly used Dholuo expression for mothers who have entered motherhood too early in life is *nyako monyoul dalangi*, which translates into "girl who has given birth in her parental home". This expression indicates a deviation from the local understanding of normal motherhood in two ways: (i) a girl, not a woman, has given birth, (ii) the birth took place at the mother's parental home, not the home of her husband and in-laws according to the tradition of virilocality. Despite the different ways of defining the category of young motherhood, the act of categorisation in itself distinguishes between a right/good time and a wrong/bad time to become a mother. Whether labelling certain mothers "girls", "adolescents", "teenagers" or "young", it is an act of categorisation, which indicates a deviation from normal and aspired motherhood.

Young motherhood is not only perceived as a problem because it represents a disorder in the expected course of life; it is in particular a problem because it is seen as a catalyst to a range of unwanted consequences. In the 2003 KDHS the consequences of young motherhood are outlined in the following prioritisation: 1) increased risk of poor child health and child death, 2) increased risk of physiological complications for the mother, at worst leading to maternal death due to pregnancy strain on a

not fully developed body and her incompetence of dealing with these complications, and 3) increased risk of young mothers leaving school before achieving academic goals, which is detrimental for their future career possibilities and their status in society (KDHS 2003:61). This is backed up by the Kenyan Adolescent Reproductive Health and Development policy 2003 (ARH&D 2003), which states that early pregnancy most often leads to school dropout and unemployment, which is described as a "sad commentary" on the young women's potential of contributing to the well-being of their family and the nation (ARH&D 2003:Foreword). The local description of the problematic outcome of young motherhood mainly refers to the issues of education and economy. People lament that young mothers are likely to drop out of school and thereby waste the school fees their families have invested in them. In addition, they further burden their families economically by adding another mouth to feed. The local layman discourse focuses on the social problem of young motherhood and is not so much engaged in the health consequences. The correlation between young motherhood and poor child health is opposed directly, as child health is perceived to be the responsibility of the entire household and not the sole responsibility of the mother.

Both the professional and the layman discourses portray young mothers as incompetent and irresponsible individuals. In the layman discourse, they are held responsible for dropping out of school, wasting money and burdening the household economically. In the professional discourse they are further held responsible for poor child health and death and jeopardizing their own well-being, their families, and even the entire nation. The discursive representation of young motherhood did, however, not manifest itself as clearly in the practical daily lives of the young mothers

and their families in the study area. In my study, I met young mothers who were able to continue their education, who engaged in small businesses, who contributed to the family's food production, and who acted in many ways to secure the wellbeing of their children. By presenting some of these cases in this article, I wish to bring some nuance into the debate on young motherhood.

Methods of Data Collection

The fieldwork was conducted among the Luo in a rural area in Bondo District, Nyanza Province in Western Kenya. During four months from March to May 2005 and from December 2005 to February 2006, I followed a group of ten young mothers and their families in their daily lives. The research ran over a span of 11 months, where two assistants continued to follow the families when I was absent. The length of the research proved to be very beneficial as the young mothers' lives developed a lot during the 11 months and this development became central to my analysis. The definition of the main informants was flexible; I focused on mothers who in local terms were perceived as being too young for motherhood, but during my fieldwork some of the main informants surpassed the category of young motherhood by entering marriage or because their child died.

The methods applied in the study ranged from informal unstructured conversations, semi-structured taped interviews, focus group discussions, and participant observation among the young mothers, their families, and friends. An outside perspective on young motherhood was sought among other young and old community members and among the local school-, legal-, and health authorities. Furthermore, structured weekly child illness records and diaries written by the young mothers were collected and analysed. As most

informants spoke Dholuo, two younger women assisted me as translators.

During the first part of the fieldwork, the interaction with the main informants and their families was characterised by formality and reticence. The young mothers, who mainly lived in their parental home, were shy and reluctant to talk, especially when we were seated in their homes. When we tried another strategy and moved away from the homes by accompanying the young mothers in their daily chores in other settings - collecting water at the lake, cutting firewood in the bush, or meeting them after church on Sunday afternoons - the young mothers loosened up and the conversations became more fluent. By engaging in these practicalities of daily life, accompanying people on their way, paying improvised visits, helping out with small chores and conversing about everything else than young motherhood, an alternative representation of young motherhood emerged.

Practical Management of Young Motherhood

The following three cases present examples of the local management of young motherhood and refer to the most stated consequences of young motherhood, i.e. school dropout, economic burdening, and poor child health.

Lucy (all names are pseudonyms)

Lucy became pregnant in class seven and, like most other schoolgirls who get pregnant, she was taken out of school when the pregnancy started showing to avoid "influencing others". Lucy's parents were very upset about their daughter's pregnancy. Her father wanted to send her away, but the mother persuaded him to let her stay at home. Lucy was a bright student and her mother wished to see her complete primary school and proceed to secondary school as both of Lucy's older sisters had left primary school "without good reason", as the mother explained. Her will to

see her daughter succeed was so strong that she persuaded the headmaster to let Lucy sit through her exams, which would take place only a few weeks after her due date. Lucy was also passionate about her school and even though she did not attend classes in the last months of her pregnancy, she studied at home and prepared herself for the exams. A few weeks after the birth of her daughter, Lucy sat through her exams, while her mother took care of the baby at home, and she managed to pass with good marks. Lucy had to stay at home the following school year and take care of her daughter, who was dependent on being breastfed. It was during this time that I met her on my first fieldwork. When we visited her, she always talked about returning to school and in her diary, she wrote:

"Personally, what I think in my heart is that I will go back to school next year and I am trying to take good care of Mathilda to grow big, so I can go back. If I had someone to take care of her this year, I would just have gone"

During my second fieldwork Lucy resumed school, while her mother took care of Mathilda during the day. I would see her on her way to school in the morning wearing her blue uniform and blending in with the other school children. She became more difficult to meet, as she was busy with her chores in the family, homework, and taking care of her child. Despite this tight schedule, she told me that she was happy because she was able to continue her education. She hoped that her parents could afford to send her even to secondary school.

Lucy's case contests the assumption that young motherhood automatically leads to school dropout. Her resumption of her education is possible due to several reasons. Her mother plays a crucial role, as she is the one who persuades her husband to let their daughter stay at home. She further persuades

the headmaster to let her daughter sit through her exams even though she is been unable to follow classes. When Lucy finally returns to school, her mother is also the one who takes care of her child during the day. But the mother's determination and agreements with vital stakeholders would have been useless if it had not been for Lucy's personal ability and own motivation to continue her education. Lucy's case shows how her motherhood is managed practically in order for her to continue her education and demonstrates that the management involves multiple agents – her mother, her father, the local headmaster, and, not least, herself.

Jessie

Jessie was another girl who became pregnant while she still was in school. During the last year of secondary school, she became pregnant and was expelled from school. Her father got very upset and sent her away from home to stay with a cousin in the city, where she gave birth to her son. After a short while, her father sent Jessie and her son to stay with another cousin in another city. The plan was that Jessie would work as a housemaid and receive tailor training from the cousin, so she could learn a skill, as her father refused to let her resume school. The plan did, however, not work out as expected. The cousin exploited Jessie and made her work the entire day without any training. After some months, Jessie turned up with her son at her parent's house. She had become ill and thin from the stressful stay at her cousin and had returned home hoping that her parents would take her in. Her parents let her stay at home and she recovered. After a while, Jessie heard from a neighbour that local contractors were interested in buying stones for their building projects, and therefore she soon engaged in stone collecting. The job was not only physically hard; it was also low-status, especially for an educated girl from a

Managing Young Motherhood/Pii

good family. Nevertheless, Jessie put on her old ragged clothes in the mornings and moved out in the fields to gather stones in large piles. She was driven by her motivation to save enough money to start a business. She planned to go to the city to buy kitchen utensils, which she could resell in the village at a higher price. She told me that the profit from the business would help her to become economically independent and be able to take care of herself and her son. When I asked Jessie about her dreams for the future, she simply said, "I wish to see him grow" – elaborating on this, she explained that she wished to send her son to a good school so he could become educated, get a good job, and prosper in life.

Jessie's case is the opposite of Lucy's as she is unable to continue her education and her dropout confirms one of the most stated consequential outcomes of young motherhood. However, in spite of her failure to complete school, Jessie decides to pursue another path and work hard to earn and save money, so she can take care of herself and her son. Her case shows, that there is an alternative to simply being an economic burden to one's family. Jessie's case also shows, for better or worse, the influence other people have on the management of young motherhood. Jessie's father is a main agent in the management of Jessie's motherhood and his decisions have a crucial impact on Jessie's life. But even though Jessie is willing to consent to her father's command, she is also able to make decisions on her own and take responsibility for her own and her son's wellbeing. Opposing her father's wish, she decides to leave the cousin she was sent to, when she becomes ill from her adversity.

Rose

Rose became pregnant after completing primary school. There were no means in her home to send her to secondary school, so she

was "just seated at home", a common expression used by many local girls to describe the situation of being stuck at home without any prospect of further education. Rose explained that she was bored with her situation and used to go out a lot at night to amuse herself with her friends. Here she met her boyfriend and became pregnant. Rose's father told me, that he got furious, when he found out and refused to talk or even look at his daughter during the entire pregnancy. Nevertheless, he let her stay at home, because he was convinced it would only lead to worse if he chased her off. Rose stayed home a year after giving birth to her son. In this time her mother supported her and helped her start a small business of selling pastries. Due to this business, Rose was able to buy necessities for herself and her son. Rose's mother also helped when the boy fell ill; she collected and prepared herbs for home treatment and advised Rose on when to take him for treatment at the health clinic. After the first year at home, Rose and her son went to stay with her sister and brother-in-law in another village. Here, she could attend a tailoring course while her sister looked after her son during the day. Rose told me that she was excited about this opportunity, because she would learn a skill, which would enable her to take care of herself and her son. But things did not turn out as planned as she told me in an interview,

"When we arrived it didn't take long. We came on Wednesday and on Monday he fell sick, so I thought it was these illnesses I knew, and I was trying to give the traditional herbs, but it didn't work, so it only became worse. [...] My sister was not around by then, because like the way my child fell sick on Monday, hers also was sick when we arrived. She also tried using the traditional herbs, but it didn't work, and she went to the local clinic for treatment and those people there told her

to go to the district hospital. So most of the time she was in Bondo, so I couldn't get advice from her. Even my brother-in-law was busy at the hospital, so I was just alone. [...] I tried to ask some people for advice and they were telling me that the child was bewitched. Some told me to give the child oral rehydration [fluid], but the stomach just went on swelling. When my brother-in-law returned and found my child sick, he gave me some money to take the child to the clinic. When we went there they gave some treatment for malaria and even the rehydration fluid, but the child kept on vomiting and then they asked me if I could go to the hospital. My brother-in-law said I should wait for my sister to return and when she returned she said that I should go to another clinic instead and even some other people were telling me that I could get proper treatment there. When I reached, he was given some injections and that's when he died."

The death of Rose's child confirms the consequential outcome of child death, which is stated as one of the main problems of young motherhood in professional discourse. Nevertheless, the details of the case challenge the generalising portrayal of young mothers as incompetent and irresponsible as it gives a more nuanced insight into a young mother's actions in relation to her son's illness. The case demonstrates Rose's active struggle and multiple attempts to cure her son, which is overlooked in the statement about the correlation between young motherhood and child death.

Beyond the Consequences of Young Motherhood

The above cases present examples of how young motherhood is managed in the study area. The concept of *management* holds a variety of meanings, which refer to different

types of action: to control, deal, handle, organize, administer, and overcome. "Management" derives from the Latin *manus agere*, to lead by the hand, and has an aura of practicality, which is central in my analysis.

This focus on practicality is inspired by Kleinman and Kleinman, who encourage an experience-near ethnography, which focuses on the "overbearing practical relevance" in people's daily lives (Kleinman & Kleinman 1991:277). A focus on the practical management of young motherhood gives insight to the experience of being a young mother and makes us attentive to the actions and agency of young mothers, which takes us beyond the generalisations of the professional and layman discourses. Furthermore, the focus on practise makes us attentive to the fact, that young motherhood is not only managed by the young mother, we also see how other persons in her social network engage in this management. Mkhwanazi (2006) also makes this point in her study on teenage pregnancy in South Africa, when she writes that teenage pregnancy is not an isolated event, but it occurs as a result of social relationships and is managed through social relationships.

The cases of Lucy, Jessie and Rose illustrate that their young motherhood is managed according to certain ideas about the future, which are held by the young mothers as well as other persons within their social network. Lucy wishes to complete primary school (to be able to pursue further education). Jessie wishes to become a businesswoman (to be able to provide good conditions for her son), and Rose wishes to learn a skill (to be able to take care of herself and her son). This teleological aspect is also described in Johnson-Hanks' work on young mothers in Cameroon (Johnson-Hanks 2002, 2005, 2006). Johnson-Hanks introduces the concept of *vital conjunctures*, the life changing events, such as childbirth, which opens up for different *future*

horizons, which are the imaginable futures that are hoped for or feared (Johnson-Hanks 2002:878). Vital conjunctures are navigated in reference to these horizons, which frame the borders of possibility, risk, and aspiration and orientate the individual's action. Johnson-Hanks describes that the horizons are specific to a certain time and may shift and lead the individual in other directions (Johnson-Hanks 2006:234). Even if the future horizons prove to be impossible to reach, the intension of trying to reach them still counts as actions (Johnson-Hanks 2005:363). This view is supported by Mattingly, who writes that people act in order to bring certain endings about, but even if we do not reach our endings, we still act (Mattingly 1998:93). We may come to decide that our initial desired endings are not so desirable after all or perhaps impossible to pursue and thereby we shift our teleological orientation in favour of another future.

The above cases give insight to the lived experience of young motherhood and to the extent people go to manage young motherhood in practical ways and challenges the discursive representation of young motherhood, which focus on the consequences of young motherhood. The focus on consequences expresses an unconstructive finality, which overlooks the actions and agency of the young mothers as well as others in their social network and leaves little hope for young mothers' future. As I have described above, young motherhood is managed according to certain ideas about the future, which orientate the actions of the young mothers and other persons involved in the management of their motherhood. This management is an ongoing process, which develops according to the changeable future horizons and can therefore not be reduced to a range of consequences, which is the focus in the discourses on young motherhood.

Conclusion

This article has presented cases of practical management of young motherhood in Bondo District, Western Kenya. By focusing on this practical dimension, an alternative portray of young mothers emerge and question the discursive representations of young mothers as incompetent and irresponsible individuals. Categorising young mothers and relating their motherhood to a predefined range of unwanted consequences is a static exercise, which neglects the agency of young mothers and persons within their social network. As the above cases show, young motherhood does not automatically end in a range of consequences; rather young motherhood is managed actively in multiple ways, by multiple agents, and according to multiple ideas about the future.

Acknowledgements

I am grateful to IAS, University of Nairobi and DBL-Centre for Health Research and Development, Denmark, who facilitated my project in Bondo. I am especially grateful to Prof. Isaac Nyamongo, who acted as local facilitator and to Dr. Jens Aagaard-Hansen, who has supported me in so many ways. Also a special thanks to my supervisor at Aarhus University, Lotte Meinert. Thanks to my colleagues at NRTS for their support and good company during my fieldwork. Last but not least, I wish to thank the informants in the study, who made me see behind the category "Young Motherhood".

References

- Adolescent Reproductive Health & Development (ARH&D) Policy (2003). [www.youthpolicy.com/policies/Kenya Adolescent Reproductive Health and Development Policy.cfm](http://www.youthpolicy.com/policies/Kenya%20Adolescent%20Reproductive%20Health%20and%20Development%20Policy.cfm) Accessed 22 March 2007.
- Johnson-Hanks J (2002). On limits of life stages in ethnography: Toward a theory of

Mila (N.S.), Vol. 9, 2008

- vital conjunctures. *American Anthropologist*, Vol. 104(3): 865-880.
- Johnson-Hanks J (2005). When the future decides. Uncertainty and Intentional action in contemporary Cameroon. *Current Anthropology*, Vol. 46(3): 363-385.
- Johnson-Hanks J (2006). *Uncertain Honour – Modern Motherhood in an African Crisis*. Chicago: The University Press.
- Kenya Demographic Health Survey (2003). www.cbs.go.ke/downloads/pdf/kdhs2003/fulreport.pdf Accessed 19 February 2005.
- Kleinman A & Kleinman J (1991). Suffering and its professional transformation: Toward an ethnography of interpersonal experience. *Culture, Medicine and Psychiatry*, Vol. 15: 275-301.
- Mattingly C (1998). *Healing dramas and clinical plots. The narrative structure of experience*. Cambridge: Cambridge Univ. Press.
- Mkhwanazi N (2006). Partial truths: Representations of teenage pregnancy in research. *Anthropology Southern Africa*, Vol. 29(3&4): 96-104.