

motherhood in particular, involves moral uncertainty, related to responsibility and vulnerability. Uncertainty is usually triggered by the fact that those who become mothers at any early age are mostly unmarried and unemployed; and consequently may have limited resource for supporting the baby. It is therefore not unusual for a woman to report negative as well as positive experiences of being a mother.

Despite the existence of both negative and positive experiences among mothers, since the discourse around postnatal depression emerged, studies related to women's perinatal experiences have focused more on the negative aspects of motherhood and because of this, information and research regarding positive psychological experiences is scanty (Guse et al, 2006). Mothers have however expressed satisfaction with motherhood even if they are more intensively involved in bringing up their children than fathers. It is also important to understand that although child rearing is acknowledged as exhausting, it might not be conceived as a negative experience but might serve as an enrichment of the relationship between the mother and her children (Arendell, 2000).

The complexities of motherhood can be spotlighted through the presence of both negative and positive experiences in the same woman. Shelton and Johnson (2006) reveal that positive experiences develop and strengthen a woman's identity as a good and capable mother and enhance her sense of self, whereas negative experiences lead to loss of confidence and identity confusion.

The existence of disconnections between ideologies of motherhood and the experiences of motherhood by mothers has attracted debates over the years (Arendell, 2000). For Mauthner (2002), popular literature as well as prenatal classes given to prospective mothers set the standards against which women are measured and against which they measure themselves if they have to conform to what is socially constructed to be a 'good' and 'bad' mother. It has been well documented that this ideology plays a major role in shaping women's expectations of motherhood so that when faced with the reality, women have to come to terms with the difficulties associated with meeting the ideal, resulting in a conflict (Shelton and Johnson 2006; Choi et al., 2005; Ussher, 2000; Mauthner, 1999; Phoenix and Woollett, 1991).

This myth verses reality discrepancy according to Ussher (2000) makes it difficult for dissatisfactions and negative feelings to be expressed for fear of being considered a 'bad mother' and has been reported to be associated with postnatal depression in some cases. Choi et al. (2005) aimed to explore how mothers understood and accounted for their experiences of motherhood in relation to its social construction by

society and found that women, especially first time mothers were unprepared and that their expectations were based on a variety of myths of motherhood.

It follows therefore, that motherhood involves huge and continuous responsibilities with variable emotions involving shifting from positive to negative within a short and over a long period of time depending on numerous factors such as support from partner and the child's health and wellbeing. This maternal ambivalence arises from contradictory nature of motherhood represented by opposing feelings and experiences (Arendell, 2000) and underscores the need for women to reconcile contradictions arising from this experience (Sevon, 2005). Reconciliation of positive and negative feelings may aid mothers in accepting the ambivalence as a normal component of the processes and experiences of motherhood thus promoting balanced perception.

Green and Kafetsios (1997) and Seamark (2004) have also reported a high proportion of women expressing positive experiences of motherhood, and how women actively enjoyed looking after their babies. Women expressed privation they had experienced and the adjustments they had to make, but at the same time, they acknowledged the value and privilege of having children. This may represent the complexity of the experiences of motherhood and the need to view ambivalence as omnipresent in the unremitting quest to understand motherhood.

Results from Green and Kafetsios (1997) show that motherhood can be a positive experience for most women, with two-thirds of the participants giving a maximum score for enjoying looking after their babies, 79 percent for being proud of being mothers while 72 percent did not have any disappointments about motherhood. The only limitation of this study is that it does not show differences between those women who have had a child before and those who are having a child for the first time. This is important as differences in parity might have an effect on a woman's experiences of motherhood (Green et al., 1991). Positive experience about motherhood have also been reported even among mothers who had their first pregnancy as teenagers (Seamark and Lings, 2004)

In addition, Seamark and Lings (2004) revealed that women described having a child as changing them and allowing them to grow up. The women were proud of their children and wanted the best for them and in some cases wanted to care for them in a way that they themselves had not experienced. They were also realistic about their responsibilities; some saw being a full-time mother as important while the children were young, but this did not mean that they did not have plans for the future. Those that had returned to work or education were still determined to provide for their children. This study

involved women who had conceived their first child during their teenage years.

Weaver and Ussher (1997) in their study assert that overwhelming love for their children counterbalanced women's shock arising from the reality of motherhood and highlighted it as a positive emotional aspect of mothering. The emotions have been described by Boulton (1983) as overpowering sense of love and involvement with the baby, that women felt it was worth the negative experience. Seamark (2004) asserts that although the process of mothering at times has hardships due to the adaption that one has to make, overall having children is considered as a privilege. However, it is argued that becoming a mother is complex and not just characterised by either negative or positive experiences. Importance therefore, should be placed on attention to context, to the range of issues and concerns involved, and to the relationships between them rather than isolating correlational variables (Jordan et al, 2005). The aim of this study was therefore to explore the experiences of mother hood from the Zambian Perspective.

MATERIALS AND METHODS

A descriptive cross-sectional study design was used to explore women's experiences of motherhood (Polit and Hungler, 1997; Polit and Beck, 2012). The data was collected using focus group discussions with selected participants attending antenatal and postnatal clinics in randomly selected health facilities participated in the study. Nineteen FGDs with a total of 159 participants who were purposively selected participated. Purposive sampling technique is a non probabilistic sampling technique which involves investigators using their own judgement to achieve a specific purpose. The sampling technique was used in order to satisfy the study's need for antenatal and postnatal women present at the time of the study. Groups comprised between six and twelve participants in order to allow for active participation by all participants as recommended by Krueger and Casey (2000). Participants were aged between 18 and 45 years. They were drawn from different social backgrounds and included both married and single women. They were selected to reflect a diversity of cultural views. Nineteen focus group discussions were conducted whose participants were recruited from antenatal and postnatal clinics. Participants were grouped into either antenatal or postnatal category. Some of the questions used included:

What is it like being a mother in Zambia?

What does motherhood mean to you/What is motherhood about?

Motherhood is considered to be the happiest moment. What is your opinion?

As indicated above, participants came from high density areas of an urban setting, representing poor to moderate social economic status. Most of the participants had attained secondary school level of education and came from the extended family structures as the case is for most of the Zambia families (CSO, 2007). There were no notable differences between antenatal and postnatal groups of women.

The focus group discussions were organised through respective health centre in-charges upon presentation of the approval letter from the local ethics committee. Groups of women who met the selection criteria were then approached and recruited if they were willing to participate in the study. The interviews were conducted in two local languages. The Principal Investigator moderated and tape recorded the discussions while an assistant took notes.

Analysis of the data was conducted by the Principal Investigator and took the form of thematic analysis informed by Braun and Clarke (2006). Data from the tapes were transcribed verbatim. The verbatim were then compared with the data contained in the notes. The data were repeatedly compared with the codes to prevent a shift in the meaning of the codes during the process of coding as way of maintaining accuracy and confirmability. Long table analysis as a low-technology option (Krueger and Casey, 2000) was then performed where participants' responses were colour coded and pasted onto the flip charts. Each question was on a different flip chart followed by responses from the different groups of participants identifiable by the colour code. Long table analysis facilitated familiarisation with the data. Theme identification was then done by searching across the entire data set as recommended by Braun and Clarke (2006). The next stage of description involved showing explicit meanings of the data. Finally, interpretation was undertaken with an attempt made to theorise the significance of the patterns in relation to the respective research objectives.

Ethical approval was obtained from the University of Zambia, School of Medicine's Research Ethics Committee. Anonymity was maintained through the use of pseudonyms.

RESULTS

Results emerged from analysis of data obtained through focus group discussions involving groups of antenatal and post natal women. Their perceptions and experiences of motherhood were discussed and conclusions revealed both positive and negative experiences of motherhood as exemplified below.

Social demographic characteristics

One hundred and fifty nine participants took part in the focus group discussions. The age of participants ranged between 18 and 45 years. Participants were either attending antenatal or postnatal clinics.

Positive experiences

Motherhood as a positive experience

For many women who already had children, childbirth represented the happiest moment in their lives. Although the responsibilities said to accompany motherhood were acknowledged to be overwhelming, the sense of fulfilment countenanced these negative feelings. This is evident from statements shown below.

A sense of prestige

Women found peace and prestige in watching their children move from one milestone of development to another. Motherhood was also said to cultivate a sense of prestige in women as they felt responsible for somebody's life, with whom they biologically shared a sense of ownership and belonging. Monica and Yvonne describe their feelings and sense of fulfilment in their respective statements below:

Monica: *It is the greatest thing that happened to me. It gives me joy. I feel great when I look at the children growing.*

Yvonne: *It means that people will be called by their son's name. It is prestigious. Motherhood is prestigious. It feels nice when answering to a call.....bamake chiteeee (mother of.....). Happiness, knowing that you have brought life into this world.*

The feelings of fulfilment for having someone who is intrinsically theirs might work towards enhancing the women's confidence that they have invested for the future. Moreover the Zambian custom is such that once a woman has a child, she is addressed as 'mother of that child' which may also reinforce a sense of fulfilment as a woman takes on a new title.

Future investment

Therefore the concept of children as a future economic and financial investment is another key feature in this statement. This provided a source of fulfilment and happiness in the sense that children were expected to reciprocate the care given to them by their parents, by taking care of their financial needs when they (parents) are not able.

Children were in this case a reassurance as well as a guarantee that they had somebody who could take care of their (parents') welfare when they lost the ability to do so. Below are some extracts from the discussions with participants.

Chewe: *It gives me pride to have brought someone into this world that is going to take care of me when I grow older.*

Chuma: *They will look after you in old age. They can buy you a car or a house. When you grow up, we need them to support us. There is security.*

It is evident from the statements above that having a child serve as a security measure for parents' future in the present study setting. In addition, the security is not only

confined to future economic investment, it also brings stability in the children's parents' relationships as highlighted in the section below.

Cementing a relationship

Participants also spoke of children being a source of happiness in that they played a 'peace maker' role in marriage and contributed to the stability of their parent's relationship and enhance the marital bond.

Beatrice: *In marriage, there is harmony if you have children, otherwise your husband can find another girl and impregnate her.*

Mulemwa: *When there is a child in a marriage, there is love for wife and for a child.*

While women appreciated the benefits of motherhood as shown in the statements above, their various common experiences also gave way to representations of motherhood as a negative experience.

Negative experiences of motherhood

Participants interviewed expressed their vulnerability emerging from various experiences. It is obvious that the construction of motherhood as a negative experience in the present study is contradictory to the previous theme and therefore evident of the complexity of motherhood as an experience where motherhood to the same woman can present as an ambivalent experience when both positive and negative experiences are encountered. The experiences women considered negative in the present study are outlined below and include a general feeling of vulnerability related to lack of support, risk of contracting HIV, and lack of decision making powers as exemplified below:

Risk of contracting HIV

Numerous participants commented that they felt they were at risk of contracting HIV because men engage in unprotected sex with other women. They were also often uncooperative with issues to do with HIV testing which further perpetuated the threat of contracting the virus. This is evident in the statements from women outlined:

Stella: *Men bring illnesses to us because they are sleeping with other women without using condoms. The prevalence of diseases has now made motherhood dodgy. It can be worrying to be at risk.*

Theresa: *Most men won't agree to go for testing. Some go for testing alone and start to take medicine without their wives knowing.*

Mary: *ee...ee (yes) we all have to be tested. But men refuse saying if they found you negative, it means I am also negative.*

Therefore, women expressed lack of decision making powers in relation to HIV testing, amid the current high prevalence of the HIV/AIDS. And that women would not, on their own decide to go for the test.

Lack of support

Vulnerability was also represented by lack of support for women, by their spouses especially when they were heavily pregnant and a few months following childbirth because men were said to neglect their pregnant spouses and moved in with other women and did not provide for their living. The issue of women being abandoned is illustrated in the following sentiments.

Grace: *Men go away from home and get other women who are not pregnant or nursing a small baby. When they go, they don't leave any money for you and don't buy any food for the family. Ni zoon (It is true) it is not good, it is hard for those women.*

Beatrice: *If the man abandons you, you can't afford to buy food. Especially if one is breastfeeding because you need to eat frequently. Kuchepa kwa ndalama (inadequacy of finances) especially when you are dependent on the man.*

Esther: *If you are not married, it's worrying especially if the man refuses responsibility of the pregnancy and leaves you to fend for yourself and the baby.*

Most the participants were dependant on their husbands for financial sustenance so that if a man fails to provide for them and the family, they may become vulnerable to poverty and ill health hence perpetuating the construction of motherhood as a negative experience.

Lack of decision making powers

Women felt that decision were better left for the man to make. Such decisions include when to have the next child or taking an HIV test or simple access to health care services among others. In discussions around reproductive decision making, the issue of the man being the one to make such decisions featured prominently. This is evident in the statements below.

Mai Mutile: *In marriage relationships, men do not*

compromise for the woman to decide to stop or start having children; women are scared of making their own decisions even during life threatening situations, e.g. bleeding during pregnancy leading to death.

Chonde: *It might be easy for single women to make decision but for us married women, the man won't cooperate.*

Jenny: *But like my colleague has said, as women we might go for family planning but it brings problems in the home in future. The man won't allow you.*

While acknowledging that being single attracted challenges as well, many women argued that single women make most of their own decisions compared to married women.

Much as most participants constructed motherhood as a negative experience, evident in the above statements, they also constitute motherhood as a positive experience. This reveals contradictory presentations arising from the same women. However, qualitative research does allow for contradictions while striving to construct reality. It is not unusual for one event to attract different descriptions and provide a variety of ways for understanding it, which are correct in their own right (Willig, 2001). This contradiction forms another aspect of maternal ambivalence which has been mentioned earlier and forms part of the discussion section below.

DISCUSSION

Motherhood has attained that distinctive importance in contemporary societies which has emerged from the expectation that women should find contentment and accomplishment in their position of generosity and selflessness (Kruger, 2003). This maternal ideal has been problematised as the 'myth of motherhood' by feminist proponents who have underscored the value of focussing on women's subjective experiences of motherhood through which acceptability of ambivalence may be facilitated (Sevon, 2003). Although there has been an increase in the study of motherhood involving a multidisciplinary perspective (Arendale, 2000), maternal ambivalence has not yet gained recognition and acceptance in most literature except for feminist literature where its origins are situated (Parker, 1995). This is as a result of the predominant perception of motherhood as an entirely positive experience where any negativity is viewed as deviant from what is considered normal mothering (Marshall, 1991). Shelton and Johnson (2006) have highlighted maternal ambivalence as arising from the difference between the ideology and the reality of motherhood. However, this paper focuses on maternal ambivalence situated in the construction of motherhood as a positive as well as a negative experience (Arendale,

2000) without drawing from the 'myth verses reality' concept propounded by Shelton and Johnson (2006). The views of women who participated in the interviews show that they experienced and perceived motherhood as fulfilling as well as disenchanting. Their representation of motherhood are in tandem with Choi et al (2005), Liamputtong (2007) and Arendell's (2000) assertions about the multifacetedness and complexity of motherhood as an experience.

Motherhood as a positive experience

Most of the women interviewed reported to have felt an immediate bonding relationship when the baby was born. The women reflected on how having a child had enriched their lives as women and that they had made the right decision to have children. Overall the women seemed content with their current situation and looked forward to seeing their children grow and become less dependent on them. Although their lives might have been disrupted in some way by their negative experiences, they certainly did not see their lives as having been ruined by it. Although they also described the hardships they had experienced and the endurance they had to make, they still regarded having children as an honour. The women were proud of their children and wanted the best for them so that the children can in future provide for them (Seamark and Lings, 2004).

Similarly, Van and Bos (2004) and Mariano (2004) highlighted the emotional fulfilment that women experience from having children in Sub-Sahara Africa. Participants in the present study reported being held in high esteem and gaining prestige within the community when they had children. This representation illuminates one of the aspects of mothering which might exert a counteractive effect on some negative experiences.

Further to the theme of motherhood as a positive experience was the construction of motherhood as an investment for the future of the family. Women made reproductive decisions to become mothers because children served as an assurance of someone to take care of them in old age when abilities begin to slow down. In most African societies, motherhood accords a woman a high degree of prestige and influence within the family. The concept of prestige and future investigate are among the common reasons for women to have children because they (children) serve as a source of security for the future of the family (O'Reilly et al., 2010).

Apart from investment, there are various other known reasons why people decide to have children, with culture identified to be responsible for shaping such decision making (Van and Bos, 2004). For the developing world, future economic benefits is one of the major influences of

reproductive decision making because of the need to have someone who would sustain the family financially in future. While one of the main reasons for having children in the developing world is an economic one, people in the western world decide to have children for psychological and social reasons which may include among others, happiness and life fulfilment that children bring to their parents. Bringing up children in the western world involves more resources than the children themselves would afford to give back to their parents when grow up because parents in the western world do not depend on their children for survival (when they are older) as much as parents in the developing world do (Van and Bos, 2004).

In addition to the economic support that children are expected to bring to their parents (in the developing world), and the psychological and social fulfilment that they would avail their parents (in the western world), results also show that children harnessed their parents' relationship. They have been said to play a significant role in drawing couples together. This suggestion was highlighted by participants in the present study and supports Niven and Walker's (1996) assertion about children being a mark of the seriousness and commitment of a couple to one another. From a Zambian context, this may reinforce the experiences of motherhood as a positive experience and help to counteract the experiences of motherhood as a negative experience.

On the other hand, Niven and Walker (1996) dismiss the suggestion that lack of children increases the probability of divorce, which may not be applicable to low income settings (Van and Bos, 2010). However, Niven and Walker's assertions are contradictory to the present study's revelation that women were at risk of being divorced if they did not have children. But this may be rooted in the value that the Zambian society attaches to child bearing as a future investment. While in Zambia and probably the rest of the developing world the negative effects of childlessness are more social and cultural in nature, in the western world the effects are more psychological and psychosomatic including distress, depression and anxiety, low-self-esteem, feelings of blame and guilty, somatic complaints and reduced sexual interest (Van and Bos, 2010). In addition to the psychological and psychosomatic effects of childlessness, Van and Bos (2010) identified several other effects of childlessness including community and economic and among others. Community effects include loss of status, ridicule, stigmatization and marginalization and isolation while economic and in-law effects include costs of treatment, lack of economic security, harassment and rejection by in-law and exploitation and abuse perpetuated by in-law. These negative effects of

childlessness may contribute to immense value attached to having children in low resource setting such as Zambia.

The conflict between positive and negative experiences of motherhood might be a source of stress for women who have to mother in an environment where alternative choices in relation to childbearing hardly exist. The women have to bridge the gap between the positive and negative aspects of mothering in order to create a balance, by drawing from the rewards of mothering (Shelton and Johnson, 2006). For Shelton and Johnson (2006), and Weaver and Ussher (1997), it is essential that both positive and negative experiences of motherhood are acknowledged without concealing the complexity of their interaction. The co-existence of both negative and positive aspects would probably help to create a balanced view of motherhood and render it a worthwhile process for women to experience.

Motherhood as a Negative Experience

Besides all the above positive experiences expressed by women, motherhood was also represented by negative experiences which include vulnerability to the risk of contracting HIV, diminishing social support, and lack of decision making powers for most women who participated in the focus group discussions.

The risk of HIV has been found to attract emotional distress albeit most of the studies conducted in relation to HIV have ignored the mental health of women during motherhood (Collin et al., 2006). It is evident that women who perceive being at risk of HIV have been found to exhibit depressive symptoms (Silver et al., 2003).

Conversely, Wright et al. (2007) argue that the impact of HIV/AIDS on the psychological aspect of people in Southern Africa is being recognised. The emerging mental trauma caused by HIV in motherhood affects not only the individual but the family as well. A study by Olley et al. (2003) found high prevalence of mental health problems in people who were newly diagnosed with HIV while Mfusi and Mahabeer (2000) found increased incidence of depression in HIV infected women. Therefore, women's perceived risk of contracting HIV was in itself considered a negative experience of motherhood.

Further, women blamed their vulnerability on men who did not provide them with the needed support during pregnancy or after the baby was born, and regarded this vulnerability as a discouraging factor them. This corroborates with Arendell's (2000) findings which show that mothers did not receive adequate support from their spouses in their roles as mothers. Diminishing social support has been found to influence maternal well-being (Elsenbruch et al., 2006).

Conclusion

Motherhood is perceived as an ambivalent and dynamic social interaction and relationship influenced by prevailing societal belief systems. Arising from this, ambivalence should be held as a normal component of the processes and experiences of motherhood. From the view point of Kruger (2003) individual experiences of motherhood are shaped by political and cultural realities and that women will not be able to accept ambivalence in their experiences if such ambivalence is not accepted within the prevailing motherhood principles. It is therefore essential to emphasize the promotion of a balanced perception of women's experiences of motherhood and accept the benefits as well as challenges accompanying the role of motherhood.

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