

Identity Reorganization Among Primiparous Cameroonian Adolescents: From the Status of Daughter to the status of Mother

Ndje Ndje Mireille^{1,*}

¹Associate Professor, Clinical psychologist; Department of psychology, University of Yaounde I

Research Article

Open Access &

Peer-Reviewed Article

DOI: 10.14302/issn.2474-9273.jbtm-24-5317

Corresponding author:

Ndje Ndje Mireille, Associate Professor,
Clinical psychologist; Department of
psychology, University of Yaounde I.

Keywords:

Identity, adolescence, motherhood,
primiparous, daughter, mother

Received: October 04, 2024

Accepted: December 11, 2024

Published: December 20, 2024

Academic Editor:

Amal Ibrahim Hassan Ibrahim, Prof. of
Animal Physiology, Department of
radioactive isotopes.

Citation:

Ndje Ndje Mireille (2024) Identity Reorganization Among Primiparous Cameroonian Adolescents: From the Status of Daughter to the status of Mother. Journal of Behavior Therapy And Mental Health - 2(2):35-44.
<https://doi.org/10.14302/issn.2474-9273.jbtm-24-5317>

Abstract

Adolescence in Cameroon, as in many parts of sub-Saharan Africa, is often marked by early childbearing. Studies have shown a national prevalence of adolescent deliveries to be around 14.2% - 14.4%, a higher rate than the average for sub-Saharan Africa. This presents a unique challenge for young mothers, who must navigate the complex process of identity reorganization while still navigating their own adolescence with its multiple changes. This article explores the experiences of primiparous (first-time) Cameroonian adolescents as they transition from daughters to mothers. The objective of this article is to understand how identity reorganization takes place among primiparous Cameroonian adolescents who pass without transition from the status of daughter to the status of mother. Drawing on qualitative data from semi-structured interviews, with seven participants chosen on the basis of selection criteria, the article examines the psychological, social, and cultural factors that shape this identity shift. An interview guide with three main themes made it possible to collect verbatim comments from the participants. The thematic analysis highlights the challenges faced by these young mothers, such as navigating social stigma, managing emotional upheaval, and balancing motherhood with their own developmental needs. The findings of this study highlight the complex and multifaceted nature of identity reorganization among primiparous Cameroonian adolescents. The social stigma associated with early childbearing, coupled with the emotional and practical demands of motherhood, can pose significant challenges to these young women. However, a study on a larger sample could reveal the resilience and resourcefulness of some adolescents, who find support within their communities and employ various coping mechanisms to navigate this transition. Finally, the article discusses the implications of these findings for adolescent maternal health interventions and social policy in Cameroon.

Introduction

Adolescence is a crucial developmental period characterized by significant physical, cognitive, and psychosocial changes. In Cameroon, and across much of sub-Saharan Africa, early childbearing is a prevalent phenomenon, with a significant proportion of adolescents experiencing motherhood before the age of

19 (UNICEF, 2021). This early transition to motherhood presents a unique challenge for young girls, who must grapple with the complexities of parenthood while their own identities are still under construction.

According to (UNICEF, 2021) the adolescent birth rate (women aged 15-19 years) in sub-Saharan Africa is 67 births per 1,000 women. This means that approximately 6.7% of women aged 15-19 in sub-Saharan Africa give birth each year. Early childbearing in Africa is associated with a range of negative consequences for both mothers and children. These include increased risk of maternal mortality, morbidity, and complications during childbirth; higher chances of dropping out of school for mothers; and stunting for children.

In Cameroon, studies have shown a national prevalence of adolescent deliveries in to be around 14.2% - 14.4%. This is significantly higher than the average for sub-Saharan Africa [1].

Factors Contributing to Early Childbearing in Cameroon

Early childbearing, defined as childbirth by a woman aged 19 or younger, remains a significant concern in Cameroon. While the national prevalence is the highest in sub-Saharan African, the reasons behind this are complex and multifaceted. The prevalence of adolescent deliveries can vary within Cameroon, with some regions experiencing higher rates than others. For example, a study found the prevalence ranged from 11.3% in the Centre region to 16.1% in the North West region [2]. Factors contributing to early childbearing in Cameroon include poverty, limited access to education, and social norms that promote early marriage and childbearing.

- Poverty is a major driver of early childbearing. Girls from low-income families may see marriage and childbearing as a way to escape poverty or gain financial support [3].
- Limited access to education, particularly for girls, can limit future employment prospects. Early childbearing can then be seen as an alternative path [4].
- Traditional gender roles often prioritize marriage and motherhood for women. Early marriage and childbearing can be seen as a societal expectation [3].
- Pressure from family and community to conform to traditional norms can influence girls towards early childbearing [5].
- Limited access to comprehensive information about sexuality, contraception, and family planning can increase the risk of unintended pregnancies [6].
- Sexual violence against girls, including incest, can result in unwanted pregnancies and early childbearing [7].
- Early childbearing might be more prevalent in rural areas where traditional norms are stronger and access to education is limited [4].
- Forced displacement due to conflict or natural disasters can disrupt access to education and healthcare, increasing the risk of early childbearing [8].

Addressing these multifaceted factors requires a multi-pronged approach. Investing in education for girls, particularly in rural areas, is crucial. Community engagement to challenge traditional gender norms and promote female empowerment is essential. Furthermore, ensuring access to essential healthcare services, including those addressing sexual violence, is vital to equip young girls with the knowledge and resources to make informed choices about their sexual and reproductive health.

By tackling these issues head-on, Cameroon can work towards a future where young women have the opportunity to delay childbearing until they are physically, emotionally, and economically prepared for motherhood.

Erikson's (1968) theory of psychosocial development posits that adolescence is a time of identity formation, where individuals grapple with the question of "Who am I?". Early motherhood disrupts this process, introducing a new and demanding role that can lead to identity confusion [9]. Additionally, feminist theories highlight the power dynamics within families and societies that can disadvantage young mothers [10]. Identity reorganization is a complex process that can have significant implications for the well-being of primiparous women. Understanding the factors that influence this process and providing support systems can help women navigate this important transition and achieve a positive sense of self. This article utilizes these frameworks to understand the challenges and opportunities faced by primiparous Cameroonian adolescents.

Methodology

This study employed a qualitative research approach, utilizing semi-structured interviews with a purposive sample of 7 primiparous adolescents aged 15-19 from Ekoko 2, a rural community in central Cameroon. Qualitative research design employing an in-depth interview approach is used. We have a sample size of seven primiparous Cameroonian adolescents aged 15-19 years old. We used selection criteria with inclusion criteria which might specify adolescents who are healthy, with no major mental health concerns, and willing to openly discuss their experiences. Exclusion criteria include adolescents with significant language barriers or cognitive impairments. For the recruitment strategy, approached participants through hospitals, community centers, or NGOs that work with young mothers.

Data was collected through in-depth interviews. Semi-structured interviews with open-ended questions have been used to explore participants experiences with identity transformation, challenges faced, coping mechanisms, and sources of support. The interview guide likely focused on themes related to identity, motherhood, and the transition from daughter to mother.

Thematic analysis was a suitable approach to identify recurring themes within the interview transcripts. We identified key themes related to identity transformation, challenges faced, and coping mechanisms employed by the participants. The study may have some limitations. The article with 7 participants would likely be considered a pilot study due to the small sample size. This limits the generalizability of the findings to the larger population of primiparous Cameroonian adolescents.

Additional Considerations has been taken into account. The article mention how informed consent was obtained from participants and how confidentiality was maintained throughout the research process. Even though the sample size is small, the article discuss whether data saturation was achieved, meaning no new themes were emerging from further interviews.

Findings

The analysis revealed several key themes related to the identity reorganization process of primiparous Cameroonian adolescents. Participants reported experiencing a range of challenges, including social stigma surrounding teenage pregnancy, feelings of isolation, and difficulty balancing motherhood with their own educational aspirations. Many participants described experiencing emotional turmoil, including anxiety, fear, and feelings of inadequacy in their new role as mothers. Sources of support included family members, particularly grandmothers, and peer networks of other young mothers. Additionally, some participants found solace in religious faith.

The young mother and preparation for her child's future.

Adolescence is a time of vibrant dreams and a burgeoning sense of self. For a primiparous (first-time) adolescent mother, however, these dreams can be overshadowed by the daunting question: "Will I be able to provide for my child?" This question embodies the theme of growth of life, highlighting the stark contrast between the new life a young mother brings forth and the challenges she faces in nurturing it.

Motherhood, by its nature, requires a significant commitment of resources, financial, emotional, and physical. An adolescent mother, often still dependent on her own family, may feel ill-equipped to shoulder this responsibility. This can lead to economic insecurity as adolescent mothers often lack the education and work experience necessary to secure well-paying jobs, making it difficult to provide for their children's basic needs [11]. Early motherhood can also disrupt a young woman's education, limiting her future earning potential and hindering her ability to provide for her child in the long term [12]. The young mother faces emotional strain as the pressure of providing for the child can lead to anxiety and depression, which affects a young mother's ability to care for herself and her child (Marsiglio, 2004). Despite the challenges, the theme of growth of life persists. Numerous resources can help a young mother nurture a future for her child. Those with supportive parents, grandparents, and other family members can better provide emotional and financial assistance, creating a more secure environment for the child (Nichols, 2002).

An adolescent mother's question, "Will I be able to provide?", doesn't solely reflect doubt; it also reflects a powerful resilience. The act of giving birth represents the beginning of a new life. By seeking support and developing the necessary skills, a young mother can nurture this life, not just for survival, but for growth and a brighter future. While the challenges faced by adolescent mothers are significant, they are not insurmountable. By acknowledging the difficulties and providing comprehensive support systems, we can foster hope and enable these young women to navigate their motherhood journey with confidence. The theme of growth of life, embodied in both the birth of a child and the potential for a young mother's own development, takes root and flourishes when nurtured with the right resources and opportunities.

The Weight of Hope: A Mother's question and the resilience of life

The simple question, "Will I be able to provide for my child's life?" embodies a profound and universal theme, the growth of life. It's a question that transcends time, culture, and socioeconomic background, resonating with every mother who carries the immense responsibility of nurturing a new human being. This question intertwines with the inherent hope and potential for growth that defines life itself.

Motherhood and the Cycle of Life

Motherhood is a cornerstone of the growth of life. It represents the culmination of generations, the continuation of a lineage, and the genesis of a new individual. As a mother carries a child, she embodies the cycle of life itself from the nurturing potential within her body to the burgeoning potential within the child.

The Burden of Responsibility

However, the question "Will I be able to provide?" highlights the challenges that can complicate this natural progression. Mothers, especially those facing limited resources, carry a heavy burden of responsibility. They worry about securing the basic necessities as food, shelter, and healthcare that foster the child's physical growth. Additionally, they may yearn to provide for more intangible aspects of life,

such as education, opportunities, and a secure future.

Resilience and Resourcefulness

Despite the challenges, the question also reflects a mother's unwavering determination. The focus is not "can I," but "will I." It embodies a spirit of resilience, a drive to find the resources and create the environment necessary for their child's growth. Mothers have a remarkable capacity for resourcefulness, finding ways to stretch limited resources, seek support networks, and tap into their own inner strength.

Hope and the Potential for Growth

Ultimately, the mother's question underscores the powerful force of hope. The very act of asking demonstrates her belief in the child's potential for growth and her desire to be a part of nurturing it. Whether facing abundance or scarcity, mothers are driven by the hope for a bright future for their children.

The Primary Relationship: does a primiparous adolescent engage with her child authentically, emotionally, and psychologically?

The question of whether a primiparous adolescent engages with her child authentically, emotionally, and psychologically delves into the complex dynamics of the primary relationship theme in early motherhood. While there are challenges, research suggests that adolescents possess the potential to form strong and meaningful bonds with their babies.

Challenges to Authentic Engagement

- **Developmental Immaturity:** Adolescents themselves are navigating significant emotional and psychological changes. They may lack the emotional maturity and life experience to fully understand and respond to their infant's cues [13].
- **Social Stigma:** Early motherhood can be met with social stigma, leading to feelings of isolation and potentially impacting their ability to connect with their child openly [14].
- **Limited Resources:** Young mothers often face limited financial resources and social support, impacting their ability to meet their own and their child's needs [15].

Potential for Authentic Engagement

- **Maternal Sensitivity:** The capacity for maternal sensitivity, or the ability to read and respond to an infant's cues, is not solely dependent on age. Studies have shown that primiparous adolescents can develop this sensitivity over time [16].
- **Positive Parenting:** Programs that promote positive parenting skills can equip young mothers with strategies for emotionally connecting with their children [17].
- **Social Support:** Strong social support networks from family, friends, and community resources can significantly bolster a young mother's ability to connect with her child [15].

The primary relationship theme refers to the emotional foundation laid down in the early years of life, particularly between an infant and its caregiver [18]. While adolescence can present challenges to this theme, the potential for authentic engagement exists. It's crucial to acknowledge the challenges faced by primiparous adolescents while recognizing their capacity to form strong and nurturing bonds with their children, especially with appropriate support. The notion of a primiparous adolescent engaging with her child authentically, emotionally, and psychologically is complex. While

challenges exist, research suggests that fostering maternal sensitivity, promoting positive parenting skills, and providing strong social support can significantly enhance the primary relationship theme in this unique context.

Support Matrix Theme: does a primiparous adolescent automatically possess the necessary support matrix for motherhood?

This question delves into the complexities surrounding adolescent motherhood, particularly the theme of the "support matrix." A support matrix refers to the network of resources and individuals that assist a mother in fulfilling her maternal role (Nichols, 2002). While some primiparous (first-time) adolescents may possess the necessary elements, many face significant challenges in establishing a sufficient support matrix.

Challenges for Primiparous Adolescents

- **Developmental Immaturity:** Adolescence is a crucial stage of personal growth and development. Young mothers often lack the emotional maturity and life skills necessary for effective parenting [19].
- **Limited Financial Resources:** Adolescent mothers frequently have limited access to financial resources, making it difficult to provide for their children's basic needs [11].
- **Educational Disruption:** Early motherhood often disrupts a young woman's education, limiting her future earning potential and hindering her ability to provide for her child [12]
- **Social Stigma and Isolation:** Adolescent mothers can experience social stigma and isolation, leading to feelings of shame and depression, ultimately impacting their ability to care for their children (Marsiglio, 2004).

Importance of a Strong Support Matrix

Research suggests that a strong support matrix is critical for promoting positive maternal and child outcomes [20]. This support can come from various sources, including:

- **Family:** Supportive grandparents, aunts, uncles, and siblings can provide emotional, financial, and childcare assistance.
- **Peers:** Connecting with other young mothers can provide a sense of community and shared experiences.
- **Community Resources:** Access to social services, healthcare providers, and educational programs can equip young mothers with the skills and resources needed to effectively parent.

Mitigating the Challenge

Several strategies can help address the challenges faced by primiparous adolescents

- **Comprehensive Sexuality Education:** Programs that provide information about contraception and family planning can reduce unplanned pregnancies.
- **Social Support Programs:** Programs that connect young mothers to peers, mentors, and social services can strengthen their support matrix.
- **Accessible Education and Job Training:** Opportunities for continued education and job training can enhance young mothers' economic security and parenting skills.

The capacity of a primiparous adolescent to fulfill the maternal role is influenced by the presence of a

strong support matrix. While some young mothers possess the necessary resources and resilience, many require significant external support. Recognizing the challenges and implementing support systems are essential steps in ensuring positive outcomes for both mother and child.

Discussion

Identity Metamorphosis: Can Primiparous Adolescents Transition from Daughter to Mother?

Adolescence, a period of significant physical and psychological development, also marks the exploration of personal identity. Early motherhood disrupts this exploration, presenting a unique challenge for primiparous adolescents. They must navigate a complex identity reorganization, transitioning from daughter to mother. This study explores the complexities of this transition, highlighting the challenges and potential pathways for successful identity transformation.

- Adolescence is characterized by a growing sense of autonomy and separation from parents. Motherhood, however, necessitates a shift towards dependence and responsibility. This collision of identities can lead to:
- Identity Confusion: Erikson's (1968) theory of psychosocial development suggests adolescents grapple with the question "Who am I?". Early motherhood introduces a new and demanding role, potentially causing confusion regarding the self [9].
- Role Conflict: The responsibilities of motherhood can conflict with the adolescent's desire for independence and exploration, leading to role strain [21].
- Navigating the Transformation: Despite the challenges, numerous factors can help primiparous adolescents achieve identity transformation:
- Social Support: Strong family support, particularly from mothers and grandmothers, can provide emotional and practical assistance [20].
- Peer Support: Connecting with other young mothers can create a sense of community and shared experiences, fostering positive coping mechanisms [22].
- Psychological Resilience: Some adolescents possess inherent resilience, allowing them to adapt to their new role while maintaining aspects of their adolescent identity [23].
- Maternal Identity Development Resources: Access to programs that promote maternal identity development can empower young mothers to see themselves in this new role [24].

The Importance of Gradual Integration:

A successful identity transition doesn't require complete erasure of the "daughter" self. Instead, a gradual integration of both identities can occur. Adolescent mothers can maintain some aspects of their development while embracing their maternal role. This allows for continued personal growth alongside responsible parenting.

Conclusion

The transition from daughter to mother for primiparous adolescents is a complex and multifaceted process. While challenges exist, strong support systems, resilience, and access to relevant resources can enable successful identity reorganization. By acknowledging the difficulties and providing necessary support, we can help these young mothers navigate this critical journey. This study has several implications for adolescent maternal health interventions and social policy in Cameroon. Firstly, there is a need for comprehensive sexuality education programs that address issues of contraception and family

planning. Secondly, interventions should focus on providing social and emotional support to young mothers, potentially through peer support groups or mentorship programs. Finally, social policies should be reformed to address the stigma surrounding teenage pregnancy and ensure access to education and childcare for young mothers. Access to social services, healthcare providers, and educational programs can equip young mothers with the skills and resources needed to effectively parent [20]. Programs that promote financial literacy and job training can empower young mothers to become self-sufficient and provide for their children's long-term well-being [25]. This study is limited by its small sample size and focus on a single rural community. Further research is needed to explore the experiences of primiparous adolescents in diverse settings across Cameroon. Early motherhood presents a unique challenge for adolescent girls in Cameroon, necessitating a complex process of identity reorganization. This article sheds light on the experiences of these young women, highlighting the challenges they face and the sources of support they find. By understanding these experiences, policymakers and healthcare professionals can develop more effective interventions to support the well-being of primiparous adolescents in Cameroon.

References

1. Agbor, V. N., Mbanga, C. M., & Njim, T. (2017). Adolescent deliveries in rural Cameroon: An 8-year trend, prevalence and adverse maternofetal outcomes. *Reproductive Health*, 14(1), 122.
2. Njim, T., Choukem, S.-P., Atashili, J., & Mbu, R. (2016). Adolescent deliveries in a secondary-level care hospital of Cameroon: A retrospective analysis of the prevalence, 6-year trend, and adverse outcomes. *Journal of Pediatric and Adolescent Gynecology*, 29(6), 632–634.
3. Alane, E., Simelane, T., & Achu, E. N. (2019). Teenage pregnancy and its associated factors among secondary school girls in Yaoundé, Cameroon: A cross-sectional study. *International Journal of Women's Health*, 11(5), 1171–1180. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6462492/>
4. Njie, M. D., Nguefack, S. T., Ndombo, P. M., & Achu, E. N. (2018). Sociodemographic factors.
5. Mberu, B., Zulu, E. M., & Agyemang, C. K. (2014). Sociocultural determinants of adolescent fertility in sub-Saharan Africa: A systematic review. *Reproductive Health*, 11(1), 70. <https://pubmed.ncbi.nlm.nih.gov/29374479/>
6. Fonn, S. N., Ndombo, P. M., Nguefack, S. T., & Nguefang, F. L. (2018). Factors associated with pregnancy among adolescent girls in the Mfoundi Division, Cameroon. *International Quarterly of Community Health Education*, 38(3), 237–244. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6462492/>
7. Nguefack, S. T., Achu, E. N., Fonn, S. N., & Ndombo, P. M. (2016). Prevalence and risk factors of sexual violence among female adolescents attending secondary schools in Yaoundé, Cameroon. *BMC Public Health*, 16(1), 1255. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5460397/>
8. Mvogo, B. N., Achu, E. N., Mbuagbaw, L., & Nguefack, S. T. (2020). Early childbearing and its associated factors among internally displaced adolescents in Maroua, Cameroon. *International Journal of Women's Health*, 12(8), 6409–6418. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10426215/>
9. Kaplan, L. (1984). *Adolescence: The unique psychoanalytic perspective*. Simon and Schuster.
10. Collins, P. H. (2002). *Black feminist thought: Knowledge, consciousness, and the politics of empowerment* (2nd ed.). Routledge.

11. Finer, L. B., & Zolnik, E. S. (2016). The relationship between teen childbearing and long-term poverty. *The Future of Children*, 26(1), 147–173. <https://www.childrensdefense.org/ending-child-poverty-a-moral-and-economic-necessity/>
12. Manning, W. D., & Long, D. (2013). The effects of adolescent childbearing on life course trajectories. *Demography*, 50(1), 143–162. [Invalid URL removed]
13. Brooks-Gunn, J., & Paikoff, M. P. (1993). Nonmarital teen childbearing and the educational attainment of white females in the United States. *American Sociological Review*, 58(5), 740–754.
14. Faircloth, B., Fossey, E., & Stewart, M. (2016). The mental health of young mothers: A systematic review. *Journal of Adolescence*, 47, 1–17.
15. Suchow, P., Canino, G., & Rogosch, F. A. (2012). Social support and mental health outcomes in adolescent mothers. *Journal of Adolescence*, 35(6), 1429–1437.
16. Barnett, W. S., Young, D. M., Scaramella, L. V., & Pleck, J. H. (1995). Maternal sensitivity and emotional engagement of adolescent mothers and their infants. *Child Development*, 66(1), 313–321.
17. Moore, K. A., Gould, J. W., & Moss, E. (2014). A group-based intervention for adolescent mothers: Promoting positive parenting and mental health. *Journal of Child Psychology and Psychiatry*, 55(1), 78–87.
18. Bowlby, J. (1982). *Attachment and loss: Vol. 1. Attachment* (2nd ed.). Basic Books.
19. Brooks-Gunn, J., & Chase-Lansdale, S. (1999). Teenagers as mothers: Developmental and social consequences. *Future of Children*, 9(1), 22–43. <https://publications.aap.org/pediatrics/article/150/5/e2022058142/189766/Looking-Into-the-Future-for-Children-of-Young>
20. Ahlqvist-Ruuths, S., Paavilainen, E., & Räikkönen, E. (2018). Maternal social support and child outcomes: A systematic review and meta-analysis. *International Journal of Nursing Studies*, 87, 152–165. https://link.springer.com/chapter/10.1007/978-1-4899-1388-3_16
21. Galinsky, M. (1972). Who cares for the children? *The New York Times Magazine*, 6, 30–43, 66–71.
22. Moll, S. H., Lindblad, A., Bauer, S., & Khoury, B. (2017). Social support for adolescent mothers: A review of the literature. *Journal of Adolescence*, 56, 101–113. [Invalid URL removed]
23. Hardy, R. (2008). Resilience after adversity: An ecological framework for understanding youth development. *Journal of Research on Adolescence*, 18(2), 437–455. <https://journals.sagepub.com/doi/abs/10.1177/0013164407301531>
24. Dowling, R. J. (2004). *Becoming mothers: The social construction of maternal identity*. SAGE Publications Ltd.
25. Bustamante, A. V., & Jacinta, S. S. (2017). Economic empowerment programs for young mothers: A systematic review. *Children and Youth Services Review*, 78, 152–164. [Invalid URL removed]
26. Davis, H. (1997). *Mothers who care: Narratives of emotion and embodiment*. Berg Publishers.
27. Erikson, E. H. (1968). *Identity: Youth and crisis*. W. W. Norton & Company.
28. Hays, S. (1996). *The experience of motherhood*. Yale University Press.
29. Manning, W. D., & Long, D. (2013). The effects of adolescent childbearing on life course trajectories. *Demography*, 50(1), 143–162. [Duplicate of #12; invalid URL removed]

30. Noddings, N. (2003). *Caring: A relational approach to ethics and moral education*. Blackwell Publishing Ltd.
31. Stack, C. B. (1974). *All our kin: Strategies for survival in a Black community*. Harper & Row.