ARTICLES

Social support among black African women who have recently given birth: The narratives of postnatal women

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ABSTRACT
This article reports on a study that explored the role that social support from significant others such as parents, partners, friends and health professionals plays in mediating psychological issues during pregnancy, childbirth, and post natal among African black women in Emadadeni Township in Kwa Zulu Natal. The study was rooted in an interpretive, qualitative paradigm and a phenomenological research design was employed. Purposive sampling was used to select participants for the study who were aged from 18 to 25 years with a baby older than two weeks but less than six months. Semi-structured interviews were conducted in the mother tongue of the participants until the point of saturation where no new information arose from the six participants who were interviewed. Thematic analysis was used to extract recurrent themes across the participants. The results indicated that social support, especially from parents and partners, helped women to cope with the stress that is experienced during pregnancy, childbirth and post natal.

Keywords: cognitive schemas; phenomenology; postnatal depression; postnatal period; pregnancy; social support theory

Pregnancy is one of the most magical moments any woman can experience, but it could also be a traumatic experience (Bina, 2008). For some women it is the beginning of a period of stress and depression, more so when social support is limited or absent. The process of giving birth may present potentially challenging moments for vulnerable women (Bashiri & Spielvogel, 1999; Bina, 2008). According to Cox (1999), childbirth is a significant life event, particularly for women. Support from
the family is deemed to be vital to ensure the mother’s adaptation to her new role (Nakku, Nakasi, & Mirembe, 2006). A review of literature carried out by Reid and Meadows-Oliver (2007) found that fewer social supports were associated with increased rates of depressive symptoms, especially in adolescent mothers in the first year after giving birth.

**CONTEXTUALISING THE PROBLEM**

When young girls fall pregnant, questions are raised as to whether they are emotionally and cognitively ready for the pressures of motherhood. However, cognitions and emotions do not (only) live inside a person, they are also influenced by how one interacts with one’s social environment such as family, friends, intimate partner and the community at large. Therefore, this study explores what social support young women have in order to adjust to pregnancy, childbirth and child rearing. Social support from the family, friends and even professionals such as nurses and counselors, has been cited as protecting women from experiencing postnatal depression (Bashiri & Spielvogel, 1999; Bina, 2008; Chan, Levy, Chung, & Lee, 2002; Chandran, Tharyan, Muliyil, & Aham, 2002; Cox, 1999). In addition to exploring what social support young women have, this study also explores how young women *experience* the support. In a 1999 study, Cox demonstrated that the institution of the family plays an important role, particularly in communities that have strong African cultural influences. The current study is mainly interested in the interaction between women and their immediate family (parents, siblings, partner and friends) during pregnancy, childbirth and post-natal and how the interaction affects the latter’s emotional state and cognitive schemas. Limited inquiry has been carried out on the *experiences* of black African women during pregnancy, childbirth and post-natal, especially in townships.

**THEORETICAL FRAMEWORK**

**Social support theory**

The framework that informed this study is social support theory. This theory tries to explain how a relationship, be it good or bad, may influence the way in which people think, feel and behave (Cohen, Underwood, & Gottlieb, 2000). Social support theory provides a triadic perspective that focuses on the interplay between stress, coping, and social resources. The theory generates an understanding that stress, and how individuals manage and cope with stress, is mediated by factors in the relationships with significant others. Furthermore, the theory postulates that experiences and perceptions of stress, and how people eventually cope with it, is a social construction (Cohen et al., 2000). This emphasis on relationship dynamics suggests that support
contributes to health by protecting people from adverse effects of stress. Support, therefore, influences health by promoting self-esteem and self-regulation, even in the presence of stress (Cohen et al., 2000). In other words, if people have few conflicts, good companionship, and positive intimacy amongst themselves, then health will be promoted. As such, lack of such qualities in relationships and high levels of conflict will lead to decreased levels of health and wellbeing.

According to Cohen et al. (2000) and Nakku et al. (2006), the social support model postulates that support acts as a buffer, meaning that it reduces the effects of a stressful life event on health through either supportive actions of others or the belief that support is available. Supportive actions enhance coping performance, while the belief that support is available leads to appraising the situation as less stressful, even if it is potentially harmful.

**METHOD**

The study was qualitative in nature and used a phenomenological research design that is deeply rooted in an interpretive paradigm. The assumptions of the interpretive paradigm according to Terre Blanche, Durrheim, and Painter (2006) are that the researcher is subjective and empathetic because the participants are sharing their subjective experiences and perceptions. The researcher does not enter the field as an expert; on the contrary, he or she is guided by the participants and he or she builds rapport with them. Terre Blanche et al. (2006) posit that an interpretive researcher believes that the reality to be studied consists of people’s subjective experiences of the external world. The perceptions of the participants will form part of their world and these perceptions need to be respected and acknowledged.

The design of the study was exploratory, descriptive and contextual in nature. According to Creswell (2003), this type of inquiry aims at achieving the best, informed results. The study was conducted at a post natal clinic, in a context with which the participants were familiar, and explored how social support during pregnancy, childbirth, and post-natally affects women’s emotional state and cognitions.

**Participant selection and sampling**

The study was conducted in Madadeni, a semi-urban township situated in Newcastle, KwaZulu Natal (KZN). I recruited research participants from women who were visiting a post natal clinic. Permission for the study was requested and granted from the KZN Department of Health ethics committee. Purposive sampling was used to select participants for this inquiry. At times it is not easy to find participants who are willing to participate in a study, especially when it is emotional in nature and when the researcher is of the opposite sex (as I am), and for this reason, random sampling was not attempted. In addition, Mouton (2006) is of the opinion that using purposive
sampling can be advantageous as it provides access to information rich cases.

The participants were black African women who were visiting a postnatal clinic. In total, I interviewed six participants. Their ages ranged from 18 to 25 years because I was cognisant of the legal age of consent in order to be interviewed. All of these women had a baby that was older than two weeks but younger than six weeks. Women who have babies within that range are required to attend a postnatal clinic. Sampling to redundancy was employed in that I felt that after interviewing six participants no new themes, issues and information arose from new interviews.

**Data collection**

Semi-structured interviews were conducted by using an interview guideline developed by myself. The interviews allowed for flexibility and became a structured conversation between myself and the participants. The questions were open-ended, allowing the participants to answer in depth. The interview guideline was mainly to guide me to enquire about similar issues for all the participants, without unduly limiting individual variation. All the interviews lasted approximately one hour.

**Ethical considerations**

The interviews were conducted in the mother tongue of the participants, which is isiZulu. Before each interview was conducted, I reminded the participants that participation was voluntary. They were free to answer the questions with which they felt comfortable and did not need to answer those with which they felt uncomfortable. The value of confidentiality was discussed with each participant. I assured them that the discussions would be used for research purposes only and that their names were not necessary. They were informed that results may be published in academic journals, but that their names would not be published. The participants signed a consent form indicating that they understood these conditions and agreed to participate in the study. I used a voice recorder during the interviews with each participant for later analysis. Permission to record the interview was negotiated with each participant. All the participants agreed to be recorded. Discussions were held with personnel in the Clinical Psychology Unit at Madadeni Hospital who indicated their willingness to receive and deal with referrals of participants who may be susceptible to post-natal depression or who may seek further psychological help. None of the participants required such referral.

**Data analysis**

All six interviews were recorded and transcribed in order to facilitate structured and detailed thematic analysis. I engaged in a transcription process which helped me to have a clearer understanding of participants’ experiences and understanding of the nature of social support during pregnancy, childbirth, and post-natal experiences and
how these experiences shape their emotions and thought patterns. I was afforded the privilege of hearing the participants’ stories, recording them, transcribing and identifying recurrent themes. The advantage of using thematic analysis is that the whole process of reading and re-reading allows researchers to immerse themselves in the text in order to find themes that will be helpful in genuinely understanding the phenomenon (Weber, 1990).

I also used member checking, which involved identifying themes, and then going back to the participants to ask them whether this was a true reflection of their stories. Although the participants generally agreed with the analysis, they did in some cases contribute different perspectives and additional material, and the analysis was accordingly amended.

The analysis was performed by making use of the original transcriptions in isiZulu. The illustrative extracts presented below were translated to English by me.

FINDINGS AND DISCUSSION

As previously mentioned, the main aim of this study was to explore how social support shapes women’s emotions and cognitions during pregnancy, childbirth, and post-natally. It was vital to explore how the behaviour and feelings of significant others during this period in turn shape these women’s emotions and cognitions. Psychology as a discipline has always been concerned with individuals’ emotions, behaviour, and cognition, as well as with how these are shaped. Studies have indicated that negative emotions, behaviour and cognitions may lead to maladaptive behaviour (Robertson, Celasun, & Stewart, 2003).

Initial reactions

After breaking the ice with the participants, I started to explore the initial reaction of each participant when she discovered that she was pregnant. One participant reported feeling happy in the early stages of her pregnancy. One participant reported feeling happy in the early stages of her pregnancy. She said:

*I felt happy during my pregnancy. My family and friends supported me, but mostly my partner: I felt that we were in this together.*

However, the remaining five participants all had a much more negative experience. Some of them indicated that they were shocked and scared because they had to tell their parents. One young woman said: *I was so scared, I kept thinking about what my parents will say!* Another participant said: *I was very scared because I knew for sure that my parents would beat me up.*

Most participants spoke about their reaction after telling significant others such as their parents, a partner or a friend. This means that their reaction was not only in response to the pregnancy per se, but also in response to how these significant others behaved towards them. Five participants felt negative emotions and had negative
cognitions. but only one reported these negative emotions and cognitions before informing her parents about pregnancy. She was very scared and confessed that she thought of abortion but did not have the guts to do it. This finding suggests that in considering the phenomenon of depression related to pregnancy, clinicians and researchers should pay particular attention to the process of disclosure to significant others. It appears that negative emotions related to pregnancy are at least partially the result of interactions with, and directed at, significant others.

When looking at the following extracts this becomes more apparent. One participant said: I was always deep in thought; why is my family neglecting me? Another participant complained that her parents would no longer pay for her university education. Some participants were hurt because their partners neglected them. Interestingly, typically these partners neglected them for a few months but eventually ‘came around’. One partner flatly refused to take responsibility. He told his girlfriend that the baby was not his. One woman spoke as follows about her relationship with her partner after telling him about the pregnancy:

He cared for the first two months of my pregnancy and he started to drift away. He continued with his childish behaviour for five months. By then I had decided that I will raise the child on my own and when he finally decided to come to his senses, I would have told my child that he died before you (the child) were born.

There were some participants who felt disappointed in and neglected by their parents. One woman said:

I was disappointed at my dad, he used to give me enough grocery and pocket money because I was not living with him but after he discovered about my pregnancy, he restricted financial support, he used to fetch me at school but not anymore.

Thus, in most cases, these women’s initial reaction to pregnancy was not positive. The question is how did they get through this period?

**Reaction of significant others in hearing about the pregnancy**

All the participants reported negative reactions from their parents. According to the participants, it was because the parents felt that it was not yet time for them to become pregnant. One participant stated: My mom was very disappointed with me because I was still in matric; she had wanted me to finish school and find employment before getting pregnant. There were differences in the emotions expressed by the mothers and fathers of the participants. The latter usually expressed strong negative emotions such as anger, disappointment and shock. One participant did not speak with her father for the first four months of the pregnancy, and stated: It was a weird feeling, I was staying with him under one roof but he gave me a cold shoulder for four months.

The mothers typically exhibited less overt anger than the fathers, but tended to cry and withdraw. One participant narrated it as follows: We used to be close, now she
hardly speaks to me and it breaks my heart, I feel as if I failed her. This behaviour of
the participants and others were worrisome because they started blaming themselves
for how their parents felt about pregnancy. One young woman told me that she felt
extremely guilty for her pregnancy and she could not bear spending time with her
parents. She said: When I was pregnant, I stayed in my room for most of the time;
I could hear the laughter in the lounge but was too embarrassed to join in. It is
evident that most parents have strong negative feelings against their children when
they discover that they are pregnant. Pregnancy out of wedlock in such communities
is perceived as a taboo and the situation is aggravated if one’s family is poor and the
father of the child neglects the mother (Cox, 1999). Again, the question is how do
these pregnant women get through this period?

Partner reaction

It became clear from the interviews that the reaction of the partner of a woman who
is pregnant or who has recently given birth plays a major role in predicting how she
will cope during this period. One participant said: It is sad not to be supported by
your family during pregnancy, childbirth and postnatal, but to be neglected by your
partner is even more sad and painful. Four of the women who were interviewed
experienced negative reactions from their partners. One reaction of the partners was
to feel scared. When I probed further on the reasons why the partners were feeling
scared, a range of reasons were given. One woman narrated:

My boyfriend was scared when he learnt about my pregnancy, he was scared because he
did not know how he’ll tell his parents, you know, my boyfriend is not working and his
parents will be mad at him for having impregnated me.

According to these women, this feeling of being scared is what led to some
negative behaviour by their partners. Some partners tried to run away from their
responsibilities by drifting away and completely denying paternity. One woman
said: It was very painful for me when my boyfriend denied that he was the father of
my child, he said there is no way he could be the father.

Another young woman narrated:

When I told him about pregnancy, he drifted away. He told me not to visit him anymore.
When I was hospitalised, he did not even bother to visit me at the hospital or even call
me.

Unfortunately for some women, the pregnancy led to the end of a relationship.
One woman told her story as follows:

We fought a lot during pregnancy, which led to us splitting. He is no longer in my life
and does not even know this child . . . He behaved strangely and told me that this baby
is not his and was not apologetic about it but I am still waiting for him to come back
and apologise.
How do these women feel after being neglected by their partners? The woman who reported that her boyfriend denied being the father of a child showed a strong character and was always hopeful that he will come around and also felt that the support she received from her family, especially her grandmother, was helpful. This is her story:

*I was deeply hurt, but what consoled me was the fact that I knew that this baby is his and I hope he will come around one day and admit that it is his child because these things happen and are normal, for people to deny responsibility, but hopefully he will change. My family gave me support, they were very supportive.*

Some women were fortunate and received support from their partners. The partners were happy when told them about the pregnancy. One woman said: *My partner was very happy when I told him about the pregnancy, I guess he expected it.*

It became evident during the interviews that how women cope with their pregnancy, childbirth and post natal period, has a lot to do with their partners’ behaviour. The more caring the partner, the better the women cope with stressors experienced during this period.

**Post-natal reaction of significant others**

The participants reported that some relationship dynamics between them and significant others *improved* after giving birth. In particular, the relationship between new mothers and their parents improved. According to the participants, the reason for a change of heart from their parents was because the parents accepted that there is nothing that they can do. The new baby is born, so they might as well accept it and move on. One woman said: *My parents finally came around; they accepted the fact that I have a baby now.* However, not all parents became fully supportive. One interviewee felt disappointed at her dad:

*Even though my dad accepted pregnancy and the baby, he restricted financial support. I am still dependent on my dad but pregnancy changed everything, he decided to stop giving me his money.*

According to the participants, their mothers were generally more forgiving than their fathers. This is evident in the behaviour of the former. Some women said that their mothers became more supportive of them and their babies. One participant said: *My mother calls me every day and asks about my wellbeing and that of my child.* According to another: *My mother loves me and my child. Ever since I gave birth, my mother is happy.* The support from parents, especially mothers, plays an important role in helping new mothers to adapt to the new role of being a parent.
Interaction at the clinic

The women whom I interviewed had attended the ante-natal clinic and were exposed to a variety of health care practitioners, especially nurses. They also had an opportunity to spend time with other pregnant women. As this study explored the role of social support, it was important for me to understand and explore how nurses and other pregnant women interact during pregnancy. Evident from the interviews was the support among the pregnant women. One woman said:

As we wait for nurses, we as pregnant women chat about difficulties we encounter with regard to pregnancy, our parents and partners. Some women are more experienced than others; they offer advice and support to those who are experiencing difficulties. I remember one time when my boyfriend hurt me, it was other pregnant women who encouraged and gave me support.

Another woman agreed:

One woman asked me whether this was my first child, I said yes and she started offering me advice on what to do when I feel sick. She also gave me insight on how I’ll know when it’s time.

It is evident from these extracts that as these women share a similar experience, they develop positive feelings towards one another and for those who feel neglected and rejected; they find solace and strength from other pregnant women. Also, the support goes beyond feelings – for those who are inexperienced, this is a learning platform because more experienced women share their practical experience and knowledge regarding maternal issues.

Some women reported having received support from nurses. One young woman had a unique story to tell and according to her it made a world of difference in her life. When she found out about her pregnancy, she felt confused and stressed because she did not have money to support her child. She narrated:

After giving birth, I returned home on my own. The nurses at the hospital gave me new clothes for the baby. Two packets of Pampers and a lot of clothes . . . They cared for me and one nurse offered me a job to work at her house.

According to the women I interviewed, there are also some nurses who mistreat women during pregnancy, childbirth and postnatal. This maltreatment has a negative impact on these women. One woman said:

After giving birth, my child was diagnosed with jaundice. The doctors kept blaming me for the child’s condition, one doctor said I was not fit to be a mother and that hurt me.

One woman complained about the night shift nurses:

These nurses are rude to us; they neglect us, and are lazy. All they know is sleeping. If we call them and ask for help, they do not come. Maybe it is because nobody is monitoring them at night as compared to day shift nurses.
Emotions, cognitions and mental health

The complex constellation of social support (or lack thereof) described above had a clear impact on the emotions, cognitions and general mental health of the women who were interviewed for this study. Most of these women felt negative emotions after giving birth; by and large these emotions appeared to originate from external factors, specifically the opinions and actions of significant others.

In addition to feeling hurt by family members and friends, some women also experienced emotional injury from health professionals. In one instance, doctors and nurses kept blaming a mother for the ill health of her child, saying that she was too young to have a baby. She internalised what the doctors and nurses told her, which had a negative impact on her self esteem. She said:

*I am not alright, I feel sad to have this baby because I am still young and I have disappointed my parents.*

Another woman felt angry after giving birth because her parents made it clear that they will give priority to her child. She narrated:

*I am angry because I will no longer get everything I want. Before this pregnancy, my parents bought me everything I wanted but when they found out about my pregnancy, they told me that the money they used on my needs will be used to take care of the child.*

Yet another woman reflected that during the first two weeks after giving birth, she cried a lot and felt neglected. She said:

*I broke up with my boyfriend during pregnancy; my parents were so angry and disappointed in me. After giving birth to my child, I felt so neglected and cried a lot because my parents did not care about me and my boyfriend had left me. I feel so lonely.*

Fortunately, it was not doom and gloom for all participants. One woman looked back at the time of her pregnancy and compared it to her present post natal period. She reported negative feelings during pregnancy but now she said: *Now I am alright and have no problem with my child.* Another woman reported feeling happy and content because her boyfriend was supportive.

It was interesting to notice the thoughts of the participants after they had given birth. In spite of difficulties they encountered during pregnancy, they generally reported positive thoughts postnatally. Some of these positive thoughts were: *I will take care of my child even if my partner does not. The love and support that I receive from people keeps me stronger and I am happy because I had a successful childbirth, people are supportive regardless of the baby and my status.*

Difficulties women face post natally

Difficulties women face post-natally can be categorised into physical needs and emotional needs. It was interesting to notice that when the women were asked whether they had personally experienced these difficulties, most of them said that
they had not, but nevertheless went on to talk about an array of significant difficulties they experienced after the birth of their child. The most profound difficulty was a sense of failing to provide for the baby. One participant said: *Failing to provide food and clothes for the baby and living on handouts are the most painful difficulties I have encountered.* Another woman spoke candidly about the difficulty of *adjusting to the new role of being a mother and having to wake up at night to care for the baby.* One woman asserted that:

*Unemployment is the root cause of all the difficulties post natal women face. If you are unemployed, it is impossible to look after your child. Some partners disrespect their unemployed partners, they look down on you.*

Many of the difficulties described were essentially emotional in nature, especially in relation to significant others. As seen earlier, the male partner is central in helping a woman to cope with the difficulties that she may encounter during pregnancy, childbirth and postnatally. One woman said: *The most difficult part is a boyfriend who is not supporting you and the baby, or worse, to be left by your boyfriend.* Another woman said: *Receiving a cold shoulder from your family is one of the difficulties I have seen my friends going through.* One woman had this to say:

*Eish, for me I think it is when parents say harsh words to their children, like . . . when a parent is angry towards a child and says such words as . . . you must go and stay with your boyfriend who impregnated you . . . it is not us who impregnated you.*

**Suggestions for health care practitioners**

Most participants were not happy with the treatment they received from health care practitioners during pregnancy, childbirth and postnatally. They were of the opinion that it is the health care practitioners’ duty to take care of and support women, since they are paid to do so. Many sub-themes that emerged centred on negative behaviour by health care practitioners. It was suggested that: *they must offer advice to new mothers about how to care for their children.* One woman had this to say:

*The nurses are rude, they are lazy, shout and neglect us, there was a woman who was sleeping next to me, she kept telling the nurses that it was time but they told her that she knows nothing, it is them who will tell her when it’s time. She went to labour on her own!*

Some women asked for patriotism from the health care practitioners. One woman exclaimed: *I wonder how these people became nurses and doctors; they do not care about us!* Sometimes there are women who receive preferential treatment because they are friends or acquaintances of nurses. One woman observed:

*The nurses do not treat patients equally. One finds that there is someone who is known at the clinic by the staff and they give her preferential treatment over other patients, maybe you have been there for a long time and the staff ignores you and helps that other person whom they know.*
CONCLUSION

From the above, it is evident that pregnancy, childbirth and the time immediately after giving birth is an emotionally stressful period for most women. During this period, the women depend on support from family, friends, partners and health care professionals to counteract negative emotions and subsequent negative behaviour that may result in lack of social support from significant others. A simplified view of this process is depicted in Figure 1.

Figure1. The social support process

Figure 1 illustrates how social support helps women who have recently given birth to cope with the stress of giving birth. Giving birth is a stressful experience but social support (in this instance from the partner) helps such women to cope with the stress, which ultimately leads to adaptive behaviour. Lack of social support may lead women to engage in maladaptive behaviour such as depression and avoidance.

The fact that social support mediates stress and depression in this manner is not controversial and has been extensively documented in the literature. However, less is known about the detailed mechanisms and interactions involved in the process and how it may play out in different contexts. The present study, furnished some insight into the details of how social support functions in a particular South African context. Some of the key, and in some cases somewhat surprising, findings were the following: Contrary to expectation, pre-natal stress and depression appeared to
be more significant in these women’s lives than post-natal depression and appeared to be related to the process of disclosure rather than the pregnancy per se. To the extent that post-natal stressors were present, they were strongly related to financial issues. As expected, social support from parents and partners was important, but of equal importance was support (or the lack thereof) from medical personnel and peer support provided by other pregnant women.

**BIOGRAPHICAL NOTE**

Khonzi Mbatha is a postgraduate student assistant in the Department of Psychology at Unisa. His research interests include mental health, especially mood and anxiety disorders, psychology and sexuality, public health, community psychology and social psychology.

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