

CHAPTER 1: INTRODUCTION

1.1 Introduction

The topics of mothering and motherhood are increasingly becoming of interest to a large body of researchers. Mothering has always been of interest to psychology due to its significance in the development of children, particularly that it is through mothering that people first form their identities and are able to locate themselves in society (Arendell, 2000). Universally, mothering is the work done by women, many societies therefore associate mothering with women only (Arendell, 2000). Studies on mothering have focused attention on a various topics including issues of maternal well-being, satisfaction, and maternal employment. When reviewing literature on motherhood in South Africa, very little exists exploring the individual experiences of mothers in South Africa. Even less literature exists that explores black South African women's experiences of motherhood and attachment. The few studies conducted on African motherhood have focused on stories of childbirth and HIV/AIDS, with little focus on the lived experiences of mothering and associated responsibilities (Freeman, 2004). This is despite suggestions from literature that there are differences in experiences of women due to factors such as race, culture and class.

According to Kruger (2003) "feminist researchers (including feminists psychologists) with their project to document experiences that had previously been ignored, forgotten, ridiculed, and devalued have in the last years set out to collect alternative voices of women, including voices on motherhood" (p. 198). Current research on mothering and motherhood have started to consider mothers' activities, understandings, and experiences indicating a much broader focus of earlier research on the quality of mothering and its effects on a child (Arendell, 2000). This study therefore aimed at exploring black South African women's experiences of and opinions about motherhood and attachment. The term motherhood is quite complex and can be experienced without pregnancy, however for the majority of mothers, pregnancy is an important part of the experience. While the many unique experiences of motherhood may share certain experiences, for the present study only mothers who had carried their children through pregnancy were included since there may be important differences in those mothers who had not done this that would increase the scope of the study. The focus of the discussion on motherhood in this study was that as experienced by new mothers from a postnatal clinic. The mothers interviewed for this study also had to be 'black' and 'African'. The researcher

acknowledges that these two terms in the post-apartheid South Africa, particularly the term black people can refer to all or most non-white groups including mixed race group, Asians and Indians. However, this study focused on those black people who speak Bantu languages such as Zulu, Sotho, Tswana, Xhosa, etcetera. Since the study is one of the few exploring the topic of motherhood among black South African women, a qualitative research methodology was utilised in order to allow for the researcher to obtain detailed personal accounts of the women's experiences.

The theoretical framework of the study was based on attachment and psychoanalytic theories. Within this theoretical framework the researcher aimed to understand motherhood and mothering experiences from the mother's point of view as well as from a cultural and social perspective. Eight new mothers from Johannesburg were recruited to participate in the study. These women were accessed through a post-natal clinic and on a voluntary basis. Since pregnancy was recent for these women, it seemed to be an important part of the experience of becoming a new mother for them, hence the focus on this in the interviews. Semi-structured interviews were used to collect data. These interviews focused on themes including the mothers' perceptions of their experience of motherhood, bonding and attachment as well as their experiences of cultural practices around motherhood. Because a psychoanalytic theoretical framework was used for the study, this needed to be integrated with the aims of qualitative research hence a psychoanalytic approach to qualitative data analysis used allowed for a more in-depth exploration of the data.

1.2 Research Aims

The aim of this research was to investigate black South African women's experiences of and their opinions on motherhood and attachment. More specifically, the research aimed to understand how contextual issues such as culture and socio-economic status influence mothering in black South African women. The study also aimed to explore how black South African women experience attachment to their infants and to investigate the applicability of attachment theory to the South African context. An indirect aim of this study was to provide an understanding of these women's experiences in order to allow for more culturally sensitive intervention when necessary, in order to prevent possible later mental health problems in their infants.

1.3 Research Rationale

While the topic of motherhood has received a lot of attention in western countries and among people of different races, little exists within the African context. Reviewing literature available on motherhood, it was surprising that research on African women's experiences has received very little interest because some researchers have suggested differences in experiences of women due to factors such as race, culture and class (Forcey, 1994; Miller, 2007). According to Arendell (2000) there might be certain activities shared by women worldwide but culture has an influence on how women experience these activities. The few studies conducted on African motherhood can be found in nursing and medical journals with the focus being on stories of childbirth and with little focus on experiences of mothering and associated responsibilities. HIV/AIDS has also drawn attention to the experience of African women as mothers (Freeman, 2004), however, there is still a dearth of literature on the experiences of these women with or without HIV/AIDS, particularly in South Africa.

It was also interesting to note that past studies conducted on motherhood had little focus on the women themselves and their subjective opinions on their experiences of motherhood. Hence, the present study focused on these gaps in the literature. Attachment theory is becoming increasingly popular in western countries, however, the applicability of attachment theory to an African context is still a subject of debate. According to Van Ijzendoorn, Bakermans-Kranenburg and Sagi-Schwartz (2006) the findings of attachment studies in several African countries and cultures have supported some of the basic tenets of attachment theory. According to Van Ijzendoorn et al. (2006): "Attachment appears to be a robust phenomenon, and attachment measures appear to be flexible enough to cover various culturally specific behaviours that constitute the universal patterns of attachment" (p. 121). Minde, Minde and Vogel (2006) investigated the attachment belief systems of 51 Northern Sotho mothers living in a South African township. The attachment patterns of the infants, aged 18 – 30 months, were assessed: 53% of these children were found to have an insecure attachment and it was found that this correlated with the number of other available supports to the mother e.g. church groups, neighbours, extended family; the reported relationship that the mother experienced with her own parents; and the degree of maternal depression.

Tomlinson, Cooper and Murray (2005) also studied attachment patterns of South African infants living in Khayelitsha and levels of maternal depression. This study found that 38% of infants were insecurely attached with 26% displaying disorganised attachment. The study

also found that 35% of mothers fit the criteria for post-partum depression, which is an unusually high proportion of post-partum depression when compared to Western samples, in which approximately 10% of mothers are found to develop post-partum depression (Van Ijzendoorn et al., 2006). While these studies highlight the importance of research in the area of attachment, they also emphasise the importance of the maternal role. This role has not been explored from a qualitative perspective within an African context, hence, this study aims to explore some of the factors involved in mother-infant attachment and the influence of culture from the mothers' perspectives.

CHAPTER 2: LITERATURE REVIEW

2.1 Defining motherhood

Over the past decade, the study of motherhood and mothering has been of great interest to researchers, particularly feminists and child development researchers. According to Walker (1995) the term motherhood has a number of different referents and layers. Walker (1995) further stated that motherhood can be looked at from three different dimensions namely, mothering work, the discourses of motherhood that takes into account the norms, values and ideas about ‘the good mother’, and motherhood as a social identity. In terms of social identity, Walker (1995) referred to the mother’s self-image, whether positively or negatively valued, which originates from being part of a social group/s. Kruger (2003) stated that depending on the context, different sets of expectations and conditions are associated with motherhood. Kruger (2003) further stated that what motherhood means and signifies is not universal. Walker (1995) stated that in South Africa, analysts have not yet given a clear definition or position in terms of what motherhood means.

In defining mothering, Forcey (1994) as cited in Arendell (2000) described mothering as a set of activities involved in fostering relationships and caring for people and that these activities are constructed within societies. Arendell (2000, p. 1192) stated that “Mothering is particularly significant because it is the main vehicle through which people first form their identities and learn their place in society”. Women are regarded as important in family structures as they hold families and their roots together (Wharton & Thorne, 1997). Some of the roles attached to motherhood include childbirth, physical care, emotional care and socialization (Walker, 1995). In terms of emotional care, the mother’s responsibility is not just looking after the child, but caring about the child. By socialization, Walker (2005) referred to the transmission of societal values to the next generations, including those of gender and kinship.

2.2 Discourses on motherhood

According to Arendell (2000; p. 1196) “motherhood is a font of personal fulfillment, growth and joy, on the one hand, and one of distress, depression and anxiety, on the other”. Arendell (2000) further clarifies that as much as child rearing can bring personal growth, it is a lot of work and can bring financial stress. According to Miller (2007), for many years research, particularly by feminist research, has focused on some of the unrealistic assumptions surrounding gendered discourses that shape women’s lives. Miller (2007, p. 338) further stated that “personal experiences of mothering and motherhood are largely framed in relation to two discernible or ‘official’ discourses: the ‘medical discourse and natural childbirth discourse’”. Both these discourses pay particular attention to the more positive accounts of birth and mothering and emphasize stereotypes of the ‘good mother’ (Miller, 2007). Research focusing on expectations and experiences of motherhood has paid particular attention to assumptions that are made regarding women’s caring capacities as natural and instinctive (Miller, 2007). Particularly for first time mothers, Miller (2007) noted that expectations are more likely to be shaped by the idea of nature and instincts as opposed to personal subjective experiences of mothering. Walker (1995) stated that the dominant discourse of motherhood today, particularly in white and middle-class women, “still defines ‘the Good Mother’ as someone who does care physically (as well as emotionally) for her children” (p. 424). In many black working-class communities however, women’s involvement in the day-to-day care of children may not be emphasized as much as their financial support as well as discipline (Walker, 1995).

According to Miller (2007), it has been argued that such assumptions about motherhood being ‘all positive’, instinctive and natural somehow does not take into account circumstances, power relations and interests that have made mothering a woman’s primary responsibility. According to Allen (1998) “socialisation, and cultural stereotypes relating to motherhood being only a positive experience influence feelings of failure and distress when expectations are not met”(p. 2). Miller (2007) stated that most women expect that they will be strong enough to cope with birth naturally without needing any medical interventions. Miller (2007) further explained that many women have later expressed shock at the pain they felt when giving birth and also at how their bodies were not able to cope. Depending on women’s expectations, the birthing process can be experienced as fairly traumatic. However, it has

been found that these assumptions and beliefs are in fact hard to resist for women becoming mothers and often women still come into motherhood with unrealistic expectations (Miller, 2007; Walker, 1995). Miller (2007) clarified that “certainly initially, it seems hard for women to make sense of their own feeling voice above that of the moral obligations that script journeys into new motherhood. Any attempt to further fragment and inflect the inflexible strands of powerful good mother discourses will require that collective voices be heard” (p. 356).

2.3 The value of children in African societies

According to Walker (1995) “the pre-colonial mother within Southern Africa was located in a society in which, the production of people (rather than things) was central and an enormous significance attached to women's fertility as a result” (p. 430). Most African cultures place great value on women who are able to bear and care for their children. Yenika-Agbaw (2008; p. 37) stated that in African societies “for a woman not to be perceived as ‘the dead end of human life’ she must produce an offspring”. Yenika-Agbaw (2008) further clarified that some relatives may be adamant that their brother/ son marries a ‘more fertile woman’ or even that their sister/daughter attempt to fall pregnant even if it entails having another man father the baby. According to Caldwell and Caldwell (1987) families in many African societies have always been afraid of dying without children, especially sons, therefore barrenness or even the mention of an intention to stop having children is detested.

Varga (2003) in her study on how gender roles influence sexual and reproductive health among South African adolescents, reported that research done during the 1980s indicated that in urban Zulu communities fertility was regarded as a very essential part of a woman. Walker (1995) shared findings in which African teenagers did not view their pregnancy as something shameful but rather as a confirmation of their womanhood. Other literature has suggested that with regards to identity, mothering carries more weight than either marital status or occupation (Arendell, 2000). Walker (1995) also stated that the value placed on children is so high that marriage is quite unimportant compared to the bearing of children in some situations.

According to Dyer (2007, p. 69) “the value of children is derived from the functions they serve and the needs they fulfil for both parents and society. Successful procreation is therefore usually valued both at a personal and a socio-cultural level”. Caldwell and Caldwell (1987) stated that as opposed to Western societies, African societies are constructed in such a way that high fertility and large surviving families gain more benefit economically and socially. High fertility has also been linked to ancestors being happy and low fertility and sickly or frequently dying children to ancestral disapproval (Caldwell & Caldwell, 1987).

From reviewing the literature, it is clear just how much value is placed on children in African societies. This, in turn creates a great deal of pressure for women to be able to bear children since for an African woman, it seems that having a child represents more than just being a mother, it also certifies her as a woman. That is, for most African women, motherhood is associated with their worth and identity. Walker (1995) stated that there is an assumption that motherhood lies at the center of women’s identity and that this identity is often linked to responsibilities such as nurturance, preservation and protection.

2.4 The choice of motherhood

According to Dyer (2007) the motives for parenthood are quite complex and elusive. They differ in terms of importance and intensity and can change over time. In most developed countries, being a parent is a choice for many women. Increasing numbers of women are opting not to have children at all or to delay childbearing (Papadimitriou, 2008). Arendell (2000) also states that in comparison to earlier decades, most women tend to now postpone childbearing. Different factors have been found to influence the decision regarding having children, for instance: growing up in caring families, having positive relationships with mothers, willingness to give up one’s career or level of education, both partners’ ages and having a stable relationship (Papadimitriou, 2008).

Some researchers have argued that if this trend for more and more women to delay childbearing or choosing not to have children continues, the population replacement rate might not be met as there will not be enough children (Papadimitriou, 2008). While this is a

problem facing developed countries, developing countries tend to have the opposite problem, with population levels steadily increasing (Brockerhoff, 1994, Caldwell & Caldwell, 1987). According to Walker (1995, p. 431), fertility, which he described as “the capacity to bear children and assume the social identity of motherhood continues to be very highly valued by women and to inform their choices around motherhood”. As stated earlier, in many African societies, a lot of value is placed on children as they are considered the ‘wealth of the family’. The belief for most Africans is that “as long as there are children, their communities will never disappear” (Yenika-Agbaw, 2008, p. 37). According to Walker (1995) being a woman, particularly an African woman, means bearing children. As such, African women who opt not to have children are denying their roles as mothers, their dignity, as well as rejecting their identities as women. It appears however that in African societies, decisions regarding reproduction are mainly left in the hands of the husbands. Caldwell and Caldwell (1987) stated that nearly all studies of African societies have reported the tremendous difficulty as well as rarity for spouses to discuss either sexual relations or family planning. It appears that while African women bear most responsibility in terms of caring for their children whether physically or emotionally, their involvement in making decisions regarding family planning is very limited if not non-existent (Caldwell & Caldwell (1987).

2.5 African women’s roles

Reviewing some of the literature on motherhood, it is interesting to note how women were viewed in the past and how some of these perceptions are still evident today. Women are regarded as caretakers: their main responsibilities are caring for their families and particularly raising their children (Arendell, 2000). Women are expected to commit the duration of their lives to taking care of the men and children. According to Kruger (2003, p. 198) “women are expected to find fulfillment in the ever-bountiful, ever-giving, self-sacrificing mother”. These traditional roles for women seem to be more prevalent in African societies. African mothers, especially older mothers are seen as very important to family life in today’s townships (Walker, 1995). However, the power women have within the family is often exaggerated in that the power women have falls within the limitations of male authority and it is not a threat to this authority (Walker, 1995). Many townships still regard the man as the head of the family, and as such black motherhood is constrained and shaped by the idea that man are breadwinners (Walker, 1995).

However, these more traditional roles for women appear to be changing due to migration and urbanization, with many mothers moving from the villages to cities with the hope of creating a better life for themselves and their children. Walker (1995) explains that these newly urbanized African women are fighting for new social identities. There is still a question though regarding whether rural mothers or parents who move from villages to cities actually improve their children's survival chances. A study done by Brockerhoff (1994) has shown that to some extent the lives of the children are improved because they have more access to health care facilities in cities as compared to villages. Mothers settling in crowded shantytowns, however, might be exposing their children to problems such as disease and separation from other caregivers such as grandmothers and other relatives (Brockerhoff, 1994). Migration and urbanization has seen more and more African women being forced to work and not be full-time mothers.

Despite these shifting roles, a majority of the parenthood and attachment literature still places greater responsibility for childrearing on the mother than the father. For instance, attachment theory has looked at how mothers as compared to the fathers treat their children and situate mothers as having a greater influence on how a child develops (Papadimitriou, 2008). As mentioned earlier, in many cultures women's main priority is considered to be their children and they are encouraged to stay at home while the husbands go to work (Kafka, 2008). Ideally, parenthood should be a responsibility that is shared between the father and mother. "It has been argued that it is important that both men and women share work and family responsibilities, not just because of equal rights, but because this is the only way both will have opportunities for mastery in their lives" (Papadimitriou, 2008; pg. 2). The other reason is that children are then able to spend some time with both parents which can be an important factor in their development. For most African societies, this is not always possible because of the disintegration of nuclear families, with the fathers being absent and mothers being forced to work in order to provide for their children (Brockerhoff, 1994).

This role stereotyping is also evident in some developed countries. In cases where both parents are employed, often only the woman has the right to maternity leave (Papadimitriou, 2008). This tends to be the case in most, if not all, African countries. To a certain extent this might be due to societal ideologies about women's responsibilities and motherhood in

general. As compared to a man, a woman, particularly an African woman's responsibility is family before anything else, including employment or her career (Yenika-Agbaw, 2008). According to Wharton and Thorne (1997), studies on intergenerational mobility have revealed some gender-specific patterns, particularly that children tend to choose careers or occupations that are similar to the parent of the same gender. Mother's occupations, for instance, have been found to have more evident effects on the daughter's choice of career than the father's occupation. Wharton and Thorne (1997) discuss in detail benefits of a good mother-daughter relationship. The relationship between a mother and her daughter has been identified as essential to the family structure. However, as much as mothers are important in their children's lives, literature suggests that fathers are equally important to a child's development (Papadimitriou, 2008).

According to Arendell (2000) the negative feelings that mothers have about parenting have received little attention from researchers. Arendell (2000, p. 1198) further stated that "despite much attention in recent years to the so-called "new, nurturing father" and some change on men's part, women still do most child rearing (and homemaking)". In his study, Arendell (2000) stated that many women have expressed anger toward their husbands who were reported to offer very little help to their wives. Divorced and unmarried fathers were reported to also be of very little help with parenting (Arendell, 2000).

2.6 Women and careers

There has been a lot of debate in the literature around whether or not mothers should go back to work or stay at home taking care of children. A study by Kafka (2008) has blamed problems with children on mothers, particularly those who made decisions to go back to work after giving birth. Kafka (2008) stated in a study on child delinquency that women were usually blamed for their children's misbehavior. Employment was regarded as one of the activities which diverted mothers' attention from their primary responsibility which is child care (Kafka, 2008). Other studies have since disputed that notion by showing that some women can combine work and mothering without any negative influences on the child. Papadimitriou (2008) argued that women are able to achieve both motherhood and a successful career, as long as they are willing to take some time off work when the children

are still young. Arendell (2000) stated that mothers who are employed experience less distress when compared to full-time mothers. Arendell (2000) further stated that mothers who feel a sense of control over their work lives, are able to afford high-quality care for their children and are supported by their partners tend to be benefitted more by working. “Overall, employment is conducive to mothers’ mental health and parenting gratification (Arendell, 2000, p. 1198).

Walker (1995) stated that during the 20th century in South Africa, motherhood was a central theme in women’s political organizations. Walker (1995) stated that women complained of not been recognized as being capable of taking on different roles such as that of a homemaker but also being recognized as citizens as many believed that in undertaking both duties, women will indisputably fail one. It appears that the respect and authority a woman is given comes to her by virtue of her role as a mother, which falls strictly within the household. According to Walker (1995) listening to men speak admiringly of the role their mothers play in their lives, one notices that the praises fall strictly within the boundaries of the roles assigned to women traditionally. This suggests that even though these men seem ready to acknowledge the power of women within the household, and in situations involving the nurturing or protection of other people there is often little respect for women’s power outside of the home.

2.7 Women’s experiences of pregnancy

Attachment theory has identified the relationship between mother and infant as critical in the development of a mentally healthy child and this is well documented in literature (Bowlby, 1969; Laxton-Kane & Slade, 2002; Ayers & Pickering, 2005). In the last 20 years however, there seems to have been increasing focus and recognition by research that this relationship begins before birth, thus the mother and foetus start forming a relationship whilst the mother is pregnant. This experience has been termed prenatal attachment and literature has shown that prenatal and postnatal attachments are linked just as attachment in early infancy has a bearing on the future development of the child (Bowlby, 1969). Some of the aspects of prenatal attachment include for the mother, seeking for a secure passage for herself and her baby, making sure that her significant others accept her child, as well as binding-in to the

foetus and giving of herself (Laxton-Kane & Slade, 2002). A model of adult attachment proposed by Codon (1993) as cited by Laxton-Kane and Slade (2002) which he applied to the maternal-foetal relationship posits the mother as seeking to know, to be with, to avoid separation or loss, to protect as well as to identify and gratify the needs of her foetus. Some of the factors identified as having an impact on prenatal attachment include gestational age, maternal age, high risk pregnancies, surrogacy, social support and psychological factors such as anxiety and depression (Laxton-Kane & Slade, 2002). Research into social support has suggested the quality of marriage as well as the support from the father/partner could affect prenatal attachment (Laxton-Kane & Slade, 2002). A study by Rokach (2004) examined loneliness of women who are pregnant and those who had just given birth and compared them to women who were neither pregnant nor new mothers and it was observed that the second half of pregnancy and the first few months after childbirth are commonly accompanied by important psychosocial suffering (Rokach, 2004). Evidence of dysphoria and lability has also been found in pregnant women. Increased emotional sensitivity and tearfulness have been commonly reported and these have been attributed to hormonal changes and fatigue (Clark, Skouteris, Wertheim, et al., 2009). Post-birth, mood lability including both dysphoria and many positive emotional experiences have also been described by women (Clark et al., 2009). Other research found that women who are anxious during pregnancy expected more negative events during birth such as negative emotions and pain and less positive events during birth such as less control and support (Ayers & Pickering, 2005).

Many countries recognise violence against pregnant women as a public health problem. Violence has been found to be a common occurrence among women attending prenatal clinics. A study by (Patricia, Antunes, Ines, et al., 2010) conducted in Brazil revealed a high prevalence of psychological violence during pregnancy. Unemployed women and those with many children reported a high prevalence of domestic violence. Depressive symptoms were also found to be common particularly among pregnant mothers with lower educational levels (Patricia et al., 2010). Overall Patricia et al. (2010) concluded that violence and adversity are closely linked and being exposed to a deprived environment might increase chances of pregnant women becoming victims of domestic violence and also to develop mental disorders (Patricia et al., 2010). While the aim of the present study was not to investigate the

prevalence of violence among participants of the study, it was important to hold it in mind given that this study was conducted in an area where most of the people are underprivileged.

Pregnancy leads women to undergo many transformations including body changes. As such body image in pregnancy has attracted research interest. Clark et al. (2009) presented findings of a study they conducted on women's body-related experiences and mood during pregnancy and the postpartum. The findings which supported previous research indicated that many women adjust quite well to the changes to their body during pregnancy. It was found that some of the factors contributing to this positive body attitude during pregnancy included "increased perceived functionality of the body, obtaining a new sense of meaning in life and hence prioritising needs of baby over needs of self, relaxing controls of body shape, perceptual experiences such as feeling their baby kick, receiving positive comments from others, and an increased sense of social connectedness" (Clark et al., 2009, p. 341). Some of the women also felt that because their pregnancy was visible to others, there had a valid reason to gain weight which also led to a positive body attitude. Clark et al. (2009) however found that during the postpartum period more women start being dissatisfied with their bodies as they no longer had an excuse to gain weight as in pregnancy. "The increased view of body functionality which assisted many women in coping with dramatic bodily changes during pregnancy no longer operated post-birth" (Clark et al., 2009, p. 341).

Very little has been written about pregnancies that are unwanted and are being rejected or denied by mothers. There is literature lacking that focuses particularly on subjective firsthand accounts of women who reject or do not want their pregnancies. Regardless of the fact that ambivalent feelings are a normal part of pregnancy, it appears that most women seem cautious to express ambivalence in their pregnancies (Lundquist, 2008). "Since acknowledging and working through ambivalent feelings is an important step when a woman is considering her reproductive options, the suppression, whether conscious or preconscious, of feelings deemed socially unacceptable may lead her to make decisions that are not in her own or her future child's best interest" (Lundquist, year, 2008, p. 151).

2.8 Postpartum depression

The experience of postpartum depression has been linked to problems with mother-infant attachment due to feelings of resentment toward their infant and a sense of detachment from him/her (Allen, 1998). One of the factors contributing to post-partum depression is traumatic child birth. Allen (1998) stated that experiencing traumatic birth affects the mother's relationship with the infant as well as other people, including partners. According to Allen (1998) some women experience posttraumatic stress after a traumatic birth experience, particularly if they lack social support from their families. Hart and McMahon (2006) state that women who develop anxiety and depression report having low self-confidence as mothers and tend to experience more difficulties adjusting to their new roles as mothers. These women were also reported to express more negative attitudes towards care-giving and their babies.

According to attachment theory (Bowlby, 1988) the interaction between the infant and the environment, particularly the parents, determines how the infant will develop. Bowlby (1988) clarified that infants whose parents are sensitive and able to respond to their needs develop to be healthy individuals, whereas those with insensitive parents who are unable to respond to their needs experience their parents as neglectful or rejecting and that this tends to have a negative impact on the child's mental health. Green and Goldwyn (2002) state that studies have shown an association between infants with disorganised pattern of attachment and maternal depression. This was also found within a South African context. Tomlinson et al. (2005) found a strong correlation between the presence of post-partum depression in the mother and insecure or disorganised attachment patterns in the infant. This supports the aim of the study, which is to explore African women's experiences of childbirth and motherhood, as their experiences of mothering and their mental health is important to the development of their infants.

2.9 Conclusion

From the literature reviewed, it is clear that African women's experiences of motherhood have not been sufficiently explored. The little that has been done has tended to focus on women's experiences relating to HIV/AIDS (Freeman, 2004). A lot of research exists in the

context of developed countries; however, it is clear that there are very strong cultural and socio-economic differences within the African culture which may influence the experience of motherhood and particularly attachment to infants. Given the above reasons, the proposed study hopes to contribute to the understanding of African women's experiences, specifically, on motherhood as well as to add to the existing literature on women's experiences of motherhood in general.

In most literature and discussions on mothering, the focus is on the children and what is best for them and what mothers should or should not do so that children are raised properly. Little focus has been on the mothers themselves. This, however, neglects the strain that motherhood can place on women, which can in turn, negatively affect other family relationships. Factors that contribute to this strain include socio-economic deprivation and/or being a single parent which is a common South African situation. According to Arendell (2000) limited or no access to economic resources negatively impacts on mothers adding to the several stressors and barriers to effective child-rearing. According to Kruger (2003) feminist theory has argued that focusing on the mother as a person with her own feelings and interests is important in fighting against the devaluation of women. According to Walker (1995) motherhood is an identity that can serve to empower women. Walker (1995) clarified that being a woman can be a burden but that the role of woman is also very powerful. Their fertility gives them power as mothers, that is, women can have substantial control over their children and also within their homes. While there are limitations in terms of using motherhood to challenge gender oppression, motherhood may still empower women.

Bassin, Honey and Kaplan (1994) as cited by Kruger (2003, p. 198) stated that "the mother's subjectivity, her ability to reflect on and speak of her experience has become an important ingredient in altering myths and changing social reality". The belief is that if women's experiences are expressed through their own stories of being mothers, it will be found that women have ambivalent feelings about being mothers. Arendell (2000) stated that motherhood, particularly modern mothering involves ongoing emotional work with mothers experiencing various emotions throughout the day and over time. This partly depends on the children's behaviour as well as the amount of space and time that the mother has for herself (Arendell, 2000). In terms of subjective experiences of women, however, Walker (1995)

argued that it is not easy to know whether what women say they want truly reflects what they want or is in service of what is expected of them by society. This was held in mind when listening to the stories of motherhood told by the participants of this study.

CHAPTER 3: PSYCHOANALYTIC AND ATTACHMENT THEORIES

3.1 Introduction

Attachment theory is a well-researched area that derives from psychoanalytic theory. Attachment theory is mainly concerned with early caregiving relationships and how these relationships impacts on a child's development (Watts, Cockcroft & Duncan, 2009). "The nature of the parent-child relationship during early childhood is believed to be one of the central causal factors in personality development and interpersonal functioning, as well as having implications for psychopathology" (Watts, Cockcroft & Duncan, 2009, p. 215). The importance of infant-caregiver attachment to the development of individuals was first identified by John Bowlby whose theory "postulates a universal human need to form close affectional bonds, which is a precondition in all mammals, including humans" (Fonagy, Target & Gergely, 2000, p. 103). According to Sadock and Sadock (2007, p. 144) attachment is defined as "the emotional tone between children and their care-givers and is evidenced by an infant's seeking and clinging to the caregiving person, usually the mother".

Bowlby (1988) alleged that for attachment to happen there should be a warm, intimate and continuous relationship between the mother and the baby in which they both experience pleasure and satisfaction. Attachment develops slowly and infants tend to prefer being with a certain person, who is perceived to be strong, sensible and able to lessen anxiety or distress. Infants tend to attach to one person but can form ties with other people such as the father or another caregiver (Sadock & Sadock, 2007). According to Papadimitriou (2008) the infant contributes actively to the attachment relationship with the primary caregiver by displaying innate attachment behaviors such as crying, smiling and grasping so as to maintain closeness with the attachment figure. The goal is for the infant to feel safe and secure. As the caregiver responds to the infant's needs, survival is improved. According to Bowlby, childhood experiences with caregivers are very important in personality development and for forming the foundation for the developing internal mental working models which are mental representations of the self and other people (Papadimitriou, 2008).

3.2 Attachment styles and mothering

Recent studies have suggested that there is a link between individuals' attachment styles and how they behave as a mother/attachment figure to their own children (Papadimitriou, 2008). Psychoanalytic theory and in particular, objects relations theory, have placed great emphasis on the significance of a woman's early relationship with her parents and more specifically, on the importance of her positive identification with her mother in her desire for motherhood (Papadimitriou, 2008). This theory highlighted the value of examining women's early relationship with their parents as well as how these early experiences might impact upon the desire to have children as well as their mothering styles (Papadimitriou, 2008). Literature has suggested that there can be a transmission of trauma across generations (Fraiberg, 1994; Green & Goldwyn, 2002; Siegel, 2001). This means that mothers' unresolved traumatic experiences during childhood can affect how they respond to their infants. In more severe cases, these children may develop a disorganized form of attachment. Siegel (2001) clarified that "this disorganized form of attachment has been proposed to be associated with the caregiver's frightened, frightening, or disoriented behaviour with the child" (p. 77). Bowlby (1988) stated that how mothers describe their relationship with their parents correlates with the pattern of attachment that their child has with them which implies that parents who have not resolved trauma or loss can display parental behaviours which create impossible, unresolvable and complicated situations for the child. Since the parent is the source of alarm, fear and terror for the child, he/she cannot turn to the parent for soothing which is important in attachment and mental development of the child (Siegel, 2001).

Mary Main has conducted research into adult attachment using the Adult Attachment Interview. In this interview adults are asked to describe childhood attachment relationship as well as their experiences of loss, rejection and separation. Mary Main discovered that secure adults' representations of their early attachment experiences were more coherent and flexible while insecure adults described such experiences in ways that were incoherent and contradictory (Bretherton, 1992). According to Main, Kaplan, and Cassidy (1985) mothers whose infants are securely attached are able to talk freely and in detail about their childhood and usually report having had a happy childhood. These mothers are able to acknowledge any unhappy events and not dwell on them. Mothers who have insecurely attached infants cannot talk freely about their childhood and may claim that they had a happy childhood without

giving any supporting details (Main, Kaplan, & Cassidy, 1985). They may maintain that they cannot remember anything about their childhood or may refer to episodes that do not support a happy childhood. It is important to note that there are mothers who can describe unhappy childhood but have a securely attached infant. These are mothers who despite having had an unhappy childhood are able to acknowledge positive aspects of their experiences and these mothers usually have come to terms with their experiences (Bowlby, 1988). Therefore, exploring whether a woman has had positive or negative childhood experiences is crucial in understanding a woman's experience as a mother to her own children since literature shows that these early childhood experiences can be repeated in adulthood and in the way a mother provides care to their own children (Fraiberg, 1994; Green & Goldwyn, 2002; Siegel, 2001). In the present study, the role that the mothers felt their own experience of being parented played in their experience with their baby was explored.

3.3 Attachment and childbirth

Childbirth experience can also affect mother-infant attachment. Bifulco, Figueiredo, Guedeney, Gorman, Hayes et al. (2004) stated that the experience of traumatic childbirth has been linked to depression which in turn affects attachment between the mother and infant. According to Bifulco et al. (2004, p. 35) there is "an association of insecure attachment style with both antenatal and postnatal depression. Allen (1998) also suggested that experiencing traumatic birth particularly affects the mother's relationship with the infant. When conducting interviews for the present study, the interviewer listened to the mother's experiences of childbirth and how they may have impacted on their relationship with the infant.

3.4 Attachment and Winnicott's developmental theory

Earlier psychoanalysts, as mentioned above believed that there are innate biological factors involved in the facilitation of the process of attachment between a mother and her child. While the theories also consider the impact of environmental factors on the mother-infant attachment, these theories to a certain degree are limited in the sense that they do not take into account cultural and psychological factors that impact upon why women want to become mothers as well as how they experience being mothers (Papadimitriou, 2008). Literature has suggested that culture to a degree dictates many aspects of motherhood in turn greatly

impacting on a woman's experience of being a mother (Collins, 1997; Swartz, 1998). Hence, when researching women's experiences of motherhood, her cultural context always needs to be considered. According to Papadimitriou (2008, p.16) "the interaction of both biological and social factors influenced a woman's motivation to motherhood". It has been argued that choices about motherhood are affected by social learning and personal history as well as instincts and biology (Papadimitriou, 2008).

Hence, in thinking about a theoretical framework for the study, the author had to consider a theory that would aid in understanding women's experiences of being mothers, not only from a biological perspective but also from a social and cultural perspective owing to the title of the study. This study also required a theory that would help understand attachment from a mother's point of view and one that would allow for the focus to be on the mother and her experience and how this experience has had an impact on her relationship with her infant. Certain psychoanalytic theorists such as Donald Winnicott have stressed the importance of the mother-child relationship and have considered how environmental factors impact on this relationship by examining how the environment facilitates or impinges not only on the infant's development but also on the mother hence impacting on how she mothers her infant (Watts, 2009, as cited in Watts et al., 2009). Winnicott's theory has been chosen particularly to assist in understanding the experience of the mother and not only the infant. Thus a combination of Bowlby and Winnicott's theories were chosen in order to best understand these mother's experiences of motherhood as well as attachment to their babies. Bowlby and Winnicott's theories both "focus on the development of the self, view self and object representations as intertwined and having a mutual influence on each other, and describe defences organized to safeguard self structures" (Bain, Gericke & Harvey, 2010, p. 241). The two theories also share the belief that the infant has an innate potential that together with necessary environmental provisions facilitate the process of the infant becoming a person (Watts, 2009, as cited in Watts et al., 2009).

A fundamental concept of Winnicott's is that of holding which refers to the quality of the mother's provision of care to her infant (Winnicott, 1963). Winnicott believed that without holding the infant's innate potential for development will not be facilitated (Watts, 2009, as cited in Watts et al., 2009). Winnicott believed that the quality of the infant's being relies

greatly upon her mother's holding capacities. For Winnicott (1960; 1963) the foundation of holding is empathy as opposed to understanding, explaining that education or intelligence is irrelevant when it comes to mothering. According to Winnicott, "good mothering is about a mother's capacity to feel her way appropriately into her child's experience" (Watts, 2009, as cited in Watts et al., 2009, p. 142). He classified holding into three stages namely absolute dependence, relative dependence and approaching independence. These stages basically track the infant's process from being totally dependent on the mother without any control over what is done right or wrong to where the infant is able to survive without actual care (Winnicott, 1963). "These three stages of holding are supported by the infant's growing cognitive capacities" (Watts, 2009, as cited in Watts et al., 2009, p. 142). The infant relies on the memories of care given by the mother as such failure of maternal care impacts negatively on what the infant introjects of the mother's care as well as the infant's confidence in the environment (Watts, 2009, as cited in Watts et al., 2009).

Winnicott's notion of primary maternal preoccupation is also critical in allowing the mother to be able to do all that is required for her to be a mother (Watts, 2009, as cited in Watts et al., 2009; Winnicott, 1956). Primary maternal preoccupation occurs toward the end of a woman's pregnancy as well as a few weeks after the child is born. This state is innate and natural whereby the mother is completely focused on her child and it requires that the mother is psychologically fit to allow herself to be completely in tune with her infant, otherwise she only enforces impingements upon her infant (Watts, 2009, as cited in Watts et al., 2009; Winnicott, 1956). "The mother is able to feel her way into the body-needs and later the ego-needs of her infant" (Watts, 2009, as cited in Watts et al., 2009, p. 143). According to Winnicott, during the period of primary maternal preoccupation, the mother needs containment from her environment (Watts, 2009, as cited in Watts et al., 2009). The father plays an important role in providing this containment as well as safety for the mother and this allows for the mother to become devoted to and fused with the infant (Watts, 2009, as cited in Watts et al., 2009). A lack of environmental support can result in stress for the mother which can then compromise her mothering (Watts, 2009, as cited in Watts et al., 2009). Social support after traumatic birth has been found to be important as women feel supported and as such are able to deal with the depression more effectively and improve attachment with the infant (Allen, 1998; Bifulco, et al., 2004; Green & Goldwyn, 2002). Winnicott believed that a

potentially good-enough mother can fail in her mothering role without containment and support from the father (Watts, 2009, as cited in Watts et al., 2009).

3.5 Cultural applicability of these theories

As mentioned earlier, psychoanalytic and attachment theories suggest that attachment has a biological basis hence it would seem that it is applicable to all individuals. These theories are however limited in the way they incorporate culture into understanding attachment and mothering experiences. There is emphasis on the mother-infant relationship and importance of social support, however, literature has shown that economic and social conditions of some communities and families often make it difficult for parents to provide all the necessary environmental provisions for the development of their infants (Watts, 2009, as cited in Watts et al., 2009). This can be seen particularly in African societies where often the father is absent from home either due to disintegration of nuclear families, poverty or death. Frost and Van der Walt (2010) stated that due to changes in economies, many family structures and responsibilities have also changed. It would seem therefore that mothers in African societies may struggle to get support from a father, hence impacting on the quality of mothering given to their children. At the same time, it should be considered that in many African societies, extended families are usually available as support for the mother (Frost & Van der Walt, 2010).

Mary Ainsworth who was exposed to Bowlby's ideas set the foundation for the study of individual differences in infant-mother attachment relationships through conducting field studies in Uganda and Baltimore. These studies confirmed the existence of attachment behaviours in 28 mother-infant pairs. Based on the initial observations in Uganda and subsequent studies in Baltimore, Ainsworth concluded that there are individual patterns of attachment that develop between infants and their mothers during the early years of life (Ainsworth & Bowlby, 1991). She identified secure, avoidant and ambivalent mother-infant attachment relationships (Minde, Minde & Vogel, 2006). Although a majority of these attachment styles are marked by feelings of comfort and safety, some are quite tense or conflicted, and Ainsworth found evidence suggesting that these relationships were related to the level of responsiveness that mothers showed toward their infants during these earliest

months of life (Minde, Minde & Vogel, 2006; Benson & Haith, 2009; Ainsworth & Bowlby, 1991). In one study she found that infants who were more likely to develop secure attachments had mothers who responded more quickly to their cries. Ainsworth used the strange situation as a measuring tool and since her discoveries, many studies using the strange situation have been conducted worldwide showing that about 2 thirds of the populations are securely attached (Minde, Minde & Vogel, 2006). “It has also been widely established that insecure mother-infant attachment patterns are significantly related to maternal depression and anxiety as well as past physical and/or emotional abuse” (Minde, Minde & Vogel, 2006, p. 546). Recently however, literature has highlighted cultural relativity of at least 3 core assumptions of attachment theory and these include sensitivity, competence and the concept of a safe base which seems to be viewed differently in various parts of the world. Minde, Minde and Vogel (2006) concluded that the methods used to assess attachment have been largely based on observations of mother-infant interactions and these methodologies have limitations to them. “Considering the diversity of children’s experiences, it seems logical that even the purely behavioral assessment of attachment in children would benefit from recognition of specific culturally based experiences of both the children and parents involved” (Minde, Minde & Vogel, 2006, p. 547).

Minde, Minde and Vogel (2006) in their study, found that assessing attachment in children through maternal interviews that explore the internal representations of the mothers may require developing scoring systems that are culturally sensitive. Minde and colleagues suggested that some ways in which mothers narrate their stories, such as when a mother is asked to reflect on her child, are culturally determined. “The caregiver’s richness in her perception and intensity of involvement with her child, her openness to change her own behaviour based on the feedback from the infant, acceptance of the child, and the responses to her infant’s degree of difficulty, must be assessed with a good understanding of local cultural norms” (Minde, Minde & Vogel, 2006, p. 553-554). It appears that there is interplay of biology, social and cultural factors that need to be taken into account for these psychoanalytic and attachment theories to be applicable to the South African context.

3.6 Conclusion

Infants who are securely attached to their mothers feel safe and secure when their mothers are present and those that are not securely attached feel confused, unsure, or hostile in their mother's absence. Literature has shown that children with insecure types of attachment are more at risk of mental health problems (Green & Goldwyn, 2002; Fonagy, Target & Gergely, 2000). "It has also been widely established that insecure mother-child attachment patterns are significantly associated with maternal depression and anxiety as well as past physical and/or emotional abuse" (Minde, Minde & Vogel, 2006, p. 546). Mothers who are not supported during their pregnancy as well as after birth and who do not enjoy their experience as mothers are not able to give the best care to the infant (Watts, 2009, as cited in Watts et al., 2009; Winnicott, 1956; 1960; 1963). For this reason, it is important to be able to intervene in culturally relevant ways so as to be able to address mental health issues in African mothers and to prevent possible mental health problems in their children. This can be done through studying and understanding experiences of African women with regards to motherhood and attachment.

CHAPTER 4: METHODOLOGY

4.1 Introduction

This section includes: discussion of the research paradigm, details of the research questions, information regarding the sample and participants, an outline of the procedure involved in data collection and data analysis, interviewer reflexivity and a discussion of ethical issues.

4.2 Research paradigm

The current study investigated black South African mother's experiences and opinions about motherhood and attachment. To date, literature yields very few studies exploring black African women's experiences of motherhood and attachment. Many of the studies on this topic have been conducted with women of other cultures and races and many of the studies on black mothers are in relation to HIV/AIDS (Freeman, 2004). This study, which will be one of the few exploring the topic, is a qualitative investigation, which allowed the researcher to obtain detailed, complex and unique personal accounts of the participants' experiences.

When critiquing social science research methodology, feminists have argued that objectivity and quantitative methodology are often blind to women's issues and tends to favour men's interests (Ezzy, 2002). Early feminist methodology argued for the value of qualitative methods in response to this bias by quantitative methods and "accordingly, the early feminist methodology texts all celebrated qualitative methods as best suited to the project of hearing women's accounts of their experiences" (Ezzy, 2002, p. 45). According to Ezzy (2002), qualitative methods are helpful in understanding and expressing the interests of the minority. In trying to be closer to the experiences of research participants, qualitative methods are less likely to assume the meaning and significance of the experiences of women or any other group of research participants (Ezzy, 2002). Qualitative research assumes that individuals create their own meanings and the role of the researcher involves figuring out how people make sense of the things that they do from their perspective (Ezzy, 2002).

A qualitative study is usually conducted with the purpose of discovering concepts and relationships from raw data (Terre Blanche, Durrheim & Painter, 2006). The qualitative approach focuses on open-ended discovery, through the use of in-depth interviews without hypothesis testing. With a qualitative study, nonmathematical data is gathered and interpreted, for instance, the nature or quality of participants' subjective experiences, feelings, or beliefs about a certain phenomena (Terre Blanche, Durrheim & Painter, 2006). Qualitative research is descriptive and aims to identify and define a situation. It is based on comprehensive knowledge and is not restricted in terms of what can be explored (Maykut & Morehouse, 1994).

The fact that a psychoanalytic theoretical framework was used for the study means that some thought needed to be given to the integration of the theoretical framework and the aims of qualitative research. The psychoanalytic approach taken by the researcher influenced both the data collection and data analysis: the way the interviews were conducted, the way in which the researcher heard the mother's stories and the way in which the data was interpreted. Interpretation is very much a part of psychoanalysis, with the focus being on searching for and creating meaning. Through the process of interpretation our understanding of things is challenged, developed and modified. "The act of interpretation involves a cyclical movement of moving forwards and backwards, experience-near and experience-distance, between empathic understanding and interpretation" (Wozniak, 2009, p.48). Wozniak (2009) further states that interpretation in psychoanalysis "involves interviewing; moving away; transcribing; analyzing and then moving back to engage" (p. 49). It requires that the researcher allows herself to closely observe the cognitive and emotional responses of participants and then pick up on any unconscious processes, inconsistencies and contradictions (Wozniak, 2009). According to Maykut and Morehouse (1994) a skilled interviewer has to have a deep and genuine interest in understanding the participants' experience. A psychoanalytic approach to qualitative data analysis therefore allows for the researcher to explore other aspects of the data that may not be fairly obvious such as reflecting on the interaction between the researcher and participant. Throughout the research process the researcher attempted to strike a balance between reporting the women's stories from their perspective and interpreting the information through a psychoanalytic lens.

The researcher was interested in hearing participants' narratives about their mothering experiences, and how these have been impacted upon by culture and socioeconomic factors as well as their experience of attachment to their babies. The purpose of the qualitative approach was to provide rich and detailed information, based on interviews with 8 women, which would add to the literature that serves to build a better understanding of black South African women's experiences and opinions regarding motherhood and attachment.

4.3 Research Questions

- 1) What are these black South African mothers' perceptions of their experience of motherhood?
- 2) What are their perceptions regarding their experience of bonding and attachment?
- 3) What are the mothers' perceptions of their experiences of the cultural practices around motherhood in black South African culture?

4.4 Participants

The first inclusion criterion was motherhood. All participants had to be mothers. The second inclusion criterion was willingness. Participants were recruited on a voluntary basis. Informed consent was gained from participants. Participants were informed that participation in the study was voluntary and that their information would be treated confidentially. The purpose of the study was explained to the participants as well as the possible advantages and disadvantages to participating. Participants were also informed as to how their interviews would be used, how confidentiality would be ensured and how the final information would be used.

The third inclusion criterion was race. Due to the study's aim to explore the experience of black South African women, only black women who are South African were interviewed. Language was also considered in this study and due to the fact that the researcher could only speak and understand English, arrangements were made for a translator to be used, if

necessary. However, no translator was used since all the women who volunteered to be interviewed were able to speak and understand English.

Only severely cognitively impaired or currently psychotic mothers were to be excluded from the study due to the fact that these mothers' communication would most likely have been impaired, making interviewing difficult and possibly distressing for the participant. Due to the fact that only severe cognitive impairment and severe psychotic disorders, where the mother was currently acutely psychotic were to be excluded, it was likely that the researcher would have been able to determine if the mother was severely cognitively impaired or psychotic through a brief conversation and observation of the mother's behavior, using her clinical judgment. Mothers with other psychiatric conditions, such as post-natal depression, or mothers with mild cognitive impairment would not be excluded from the study as in these cases, communication was likely to still be possible. Care was to be taken by the researcher in the event that any mother who did volunteer, but who was psychotic or severely cognitively impaired, to still take time to speak briefly to these mothers, so that they do not feel dismissed. In addition, in cases where the researcher identified a mother who needed psychiatric or psychological intervention, details regarding how to access these services were provided for these mothers and with the mother's permission, to anyone who may have accompanied them to the clinic.

According to Terre Blanche, Durrheim and Painter (2006) qualitative and exploratory research usually draws smaller samples because the main concern is detailed and in-depth analysis, as opposed to statistical accuracy. The participants for this study were recruited from the Post-natal Clinic at Rahima Moosa Mother and Child Hospital in Johannesburg. Rahima Moosa Mother and Child Hospital (RMMCH) located at Coronationville in Johannesburg. During the apartheid years, it was a 'coloured' hospital treating only mixed race South Africans; the hospital started treating whites and blacks in 1994 (Bain et al., 2010). According to Bain et al. (2010) the hospital is surrounded by an economically poorer community with high levels of crime, substance abuse and domestic violence being recorded in the area. More than 10 000 births occur annually at RMMCH creating a very busy neonatal unit, post-natal, a premature unit, and a Kangaroo Mother Care program. The nature and aims of the study were discussed with the Chief Executive Officer (CEO) of Rahima Moosa

Mother and Child Hospital in order to obtain written permission to conduct the study (see Appendix A).

Below is a brief summary of the eight participants interviewed for this study and how they presented during the interviews. Pseudonyms have been used in order to protect the identity of these mothers.

Rona, a 21 year old Sotho mother of twins (aged 2½ months) had visited the hospital on the day of the interview since her one twin had been ill since birth. The child had suffered meningitis and was due for surgery the following week. These twins were her first pregnancy. During the interview, she appeared quite sad and anxious. At times, she was observed to be fighting back tears as she spoke about how her boyfriend had initially asked her to abort the children. While he seemed to have become more supportive after the birth of the children, it appeared that he is rarely available to assist with the day-to-day care of the children and give Rona much needed emotional support and space to rest. Rona lives with her mother who supports her and her children financially. Rona herself was unemployed at the time of the interview. Despite her mother being so supportive, Rona seemed to struggle to care for both her children, particularly with one being ill and needing to be in hospital often.

Shirley, is a 25 year old Tswana mother of one child aged 6 months. Her pregnancy was unplanned and at the time of the interview, Shirley had broken up with her boyfriend. Shirley's child had been quite ill the previous week which seemed to have left her feeling quite fearful of losing her baby. Shirley had initially brought her child to hospital but felt that her baby was not getting better, hence she had then taken her to a traditional doctor who treated the child with traditional medicine for a condition called 'phogwana'. On the day of the interview she was bringing the child for a 'check-up'. Shirley was unemployed at the time of the interview and relied on her grandmother's pension to care for herself and her baby. She lost her mother at a young age and was raised by her grandmother. Shirley reported pregnancy to have been a stressful time for her because of her strained relationship and infidelity by her boyfriend who currently is not supportive or available to assist with care for the baby. Shirley had considered abortion during her pregnancy but admitted that this was a way for her to get her boyfriend's attention, that he may be more interested in her and their

unborn baby. Shirley was also quite ill during her pregnancy, with symptoms that seemed consistent with anxiety and depression.

Rita was a 28 year old Zulu mother of one child, aged 4 years old. She was not married but was in a long term stable relationship with the father of her child and they live together. Her pregnancy was unplanned but she and her partner were reportedly both happy to have a child. Rita seemed to take pride in her role of mother and was almost dreamy at times when speaking of her love for her child. Rita was unemployed at the time of the interview and relies on her boyfriend for financial support. Her boyfriend is reportedly supportive emotionally as well, however, his job requires that he is away from home a lot, which is something that Rita has come to accept, as she realized that they need him to work and provide for the family with Rita caring for their child. Rita lost her own mother when she was 10 years old and her grandmother had passed away before she was born. She described her childhood as unstable and was raised by different relatives.

Winnie was a 32 year old Zulu mother of 2 children aged 2 years and 7 years. Her children were born from 2 different fathers. She was not married at the time of the interview but was living with the father of her youngest child. She described her first pregnancy as having been difficult due to a lack of support from her partner and at the time she was unemployed. Currently she is employed and although her partner is unemployed, he does 'piece jobs'. She reports her second pregnancy to have been easier because she knew what to expect and had a supportive partner. Winnie seemed quite informed about some of the cultural practices surrounding pregnancy and was very open and willing to share what she knew. She also seemed very proud of her title as mother of 2 children and spoke with so much excitement and love for her children.

Liz was a 25 year old mother of one child aged 4 years. She is Zulu. She was unemployed at the time of the interview but had just completed a BA degree at a local university. Her boyfriend had also just completed his BA degree at the same university and was employed temporarily. Liz relied on her mother for financial support. Her pregnancy was unplanned and her child was born prematurely and had been quite sickly as a baby. Liz described being

shocked and confused at finding out about her pregnancy particularly because she felt she and her partner were both young and not ready to have a baby. At the time, Liz was also living with her parents and worried about disappointing them. She reported that seeing how supportive and excited her boyfriend was helped her to adjust into the pregnancy. Liz however mentioned that it was difficult for her to bond with her child because she was premature. Her child was raised for the most part by her mother and as such, she felt that she saw her child more as a brother as opposed to her own child, something around which she expressed both relief and regret.

Mandy was a 29 year old Xhosa mother of one child aged 15 months. She seemed somewhat guarded in the beginning of the interview but quickly warmed up to the researcher and became more open. She had brought her child to the hospital on the day of the interview as the child had a fever. She was employed as a lay counselor at the time of the interview and her boyfriend was a soldier. Mandy reported living with her 3 siblings who were dependent on her for financial support, so when she found out about her unplanned pregnancy she immediately worried about the added responsibility of caring for a child and whether or not she was ready to be a mother. At 17 years of age, Mandy had fallen pregnant and had an abortion since she was too afraid to tell her parents, thus finding out about her recent pregnancy had brought back memories of her previous pregnancy and caused her a great deal of anxiety and guilt. At the same time Mandy was relieved when she fell pregnant again as she thought that God would punish her and that she would never have children. Mandy reported that overall, pregnancy was an exciting time for her and for her boyfriend.

Connie was a 26 year old mother of a 2 year old child. She was married and Zulu. Connie and her husband were both employed and financially stable at the time of the interview. Her pregnancy was planned and she and her husband had been trying to fall pregnant for about a year before she finally fell pregnant. She had been worried that she could not have children and reported that not being able to fall pregnant had started to put a strain on her relationship with her husband. Connie reported that she and her husband used to have arguments when she got her period. Connie feared her husband would leave her if she was not able to give him children. She also reported feeling pressure from her family and society to have children. She

reported being excited when she first found out about being pregnant, however, this was quickly replaced by fear that something would go wrong.

Nelly was a 26 year old Zulu mother of a 4 year old child. She lived with her mother at the time of the interview and worked for an event planning company. Her boyfriend was also employed and financially supportive. Her pregnancy was unplanned and it was a shock to Nelly who reported consistent use of contraception. She worried about her mother and boyfriend's reactions to the pregnancy and when they were both happy, she reported feeling relieved and found it easier to accept the pregnancy. While pregnancy was hard for Nelly, who did not like morning sickness and the changes her body underwent to accommodate her child, she felt that having her child at the end was more rewarding. Her pregnancy seemed to also have brought her and her boyfriend closer together, which was something that Nelly was also happy about.

4.5 Data Collection

In qualitative research the researcher is regarded as the tool of observation (Terre Blanche, Durrheim & Painter, 2006). "Data are collected either by interviews or by observing and recording human behavior in contexts of interaction" (Terre Blanche, Durrheim & Painter, 2006; pg. 51). For the present study, in-depth, semi-structured interviews were used in the data collection phase of research. Semi-structured interviews allowed the researcher to explore participants' experiences and opinions of motherhood and attachment to their infants more fully due to the fact that they allowed participants the freedom to express as a whole, their subjective and unique experiences (Terre Blanche, Durrheim & Painter, 2006). This method of data collection was also suitable for the exploratory nature and aims of the study as conducting interviews allowed for a more natural form of interacting with people as compared to asking participants to fill out a questionnaire (Terre Blanche, Durrheim & Painter, 2006).

On entering the ward, there was a large table set near the entrance where nurses took patient's vital signs. This table was almost blocking the way into the ward and this together with the number of nursing staff working in the ward on the day, made the ward seem overcrowded. I

introduced myself to the staff of the clinic, showed them the letter of permission and informed them as to the nature of the research. The participants of the study were recruited from the post-natal clinic waiting room. After introducing myself to the matron, I was shown to the office where the interviews were to be conducted. This was a very large office with a small desk and 2 chairs. There were many other pieces of furniture in the room, a sink and a telephone. After setting up the room for the interview, I walked across to the waiting area. On entering this area, I was taken aback by how full the room was. The room was a reasonable size but appeared cramped and small. Despite there being so many mothers with their babies I was struck by the silence and how everyone seemed so preoccupied. The people in the room were mostly women and children sitting on benches. I then addressed the group of mothers waiting in the queue and informed them about my research and invited them to participate. At this point, the mothers were informed that participation was voluntary and that they could choose to not be interviewed or end the interview at any time. Mothers who agreed to be interviewed were shown to the office one by one. Their place in the queue was noted and the researcher asked the mothers on either side of the volunteering mother to keep her place in the queue. I then informed the nursing staff as to the mother's place in the queue and requested that if she missed her turn due to being interviewed that the nurse would see her directly after her interview. Alternatively, if a mother volunteered to be interviewed, who was near the front of the queue I waited for the mother to be seen by the nurse and interviewed her directly after her consultation. The duration of the interview depended on the participant. The interviews lasted between 1-1½ hours. The interviews were conducted over a period of 4 days with 2 mothers being interviewed on each day.

An interview schedule consisting of a few relevant themes to be covered during the interview was decided upon beforehand in order to ensure important themes were not forgotten during the interview. Open-ended questions based on these themes as well as on themes brought by the participants were used during the interview. The interview schedule was developed based mainly on review of relevant literature. In addition to the researcher's own thoughts and interests about the topic of motherhood, questions were developed based on gaps in the literature by focusing on topics that were felt to be understudied/under-explored (Morse, in Seale, Gobo, Gubrium & Silverman, 2004). The themes that were explored with all participants included:

- their thoughts and feelings on bonding and attachment between mothers and their babies
- their own experience of bonding with their baby

- the role they feel their own experience of being parented played in their experience with their baby
- the role that they feel culture played in their experiences of bonding with their children
- how they feel their experiences are influenced by culturally prescribed gender roles (see Appendix D for the Research Questionnaire)

The interviews conducted conformed to the characteristics of a qualitative research interview as outlined by Briggs, 1986; Denzin, 1989; Douglas, 1985; Mishier, 1986; Spradley, 1979 (in Neuman, 1997):

- the beginning and end of the interview are not clear
- the questions and the order in which they are asked are tailored to the participant and the situation
- the interviewer shows interest in responses and encourages elaboration
- it is like a friendly conversational exchange, but with slightly more direction from the interviewer
- it is interspersed with jokes, asides, stories, diversions and anecdotes, which are recorded
- open-ended questions are used and probes are frequent
- the interviewer and participant jointly control the pace and direction of the interview
- the social context of the interview is noted and seen as important for interpreting the meaning of responses
- the interviewer adjusts to the participant's norms and language usage

After gaining permission from the participants, the interviews were recorded and later transcribed and analysed (see Appendixes B and C for consent forms). According to Terre Blanche, Durrheim and Painter (2006) while many people might not mind the recording, it is important for the researcher to get consent first. According to Rapley, in Seale et al. (2004) tape recorders might increase the participant's anxiety and affect openness and honesty. Recording the interviews however, allowed the researcher to keep a full record of the

interview without being distracted by having to write detailed notes during the interview. It must be noted however that it was difficult to maintain an interview space that was free of interruptions. The nursing staff came into the interview room a few times to either make phone calls or collect work material. It must be acknowledged that this may have had an impact on the participant's sense of safety in terms of trusting that their responses would be kept confidential. Some of the mothers did not have anyone to leave their children with, so they came into the interview room with their children. Thus, with some of the mothers, the interviews were interrupted for either soothing a crying child or feeding.

The researcher began the interviews by explaining to the participants the purpose of the research. The researcher prompted participants with open ended questions. "What" rather than "why" questions were used in order to elicit narratives and participants' individual experiences. The researcher was careful to probe for whatever emerged and followed the participants' lead. When the researcher felt that an unclear or vague answer had been given, thorough follow up questions were used for clarification or to gain additional information. After having conducted and transcribed the first two interviews, the researcher consulted with her supervisor in order to refine her interviewing style. During this consultation, the researcher and her supervisor read through the transcripts thoroughly and identified what other questions needed to be asked, areas that the researcher needed to follow-up on or ask for clarification and more detail. This consultation also helped the researcher to realize the importance of always following up on questions without assuming that she knew what the mothers were talking about. We also reflected on researcher's experience of the two interviews.

4.6 Data Analysis

An interpretive thematic analysis was used to identify important themes playing a role in the participants' experiences. The data analysis involved a number of identifiable steps (Terre Blanche, Durrheim & Painter, 2006):

- *Familiarization and immersion*

This step involved the researcher reading over the transcripts many times, making notes, drawing diagrams and brainstorming in order to familiarise herself with the information

- *Inducing themes*

In this stage, the researcher identified important themes from the data.

- *Coding*

Coding entailed marking different sections of the data as being related to one or more of the themes. Data was then grouped into categories based on similarities and differences.

- *Elaboration*

In this stage, the coding system was revised in order to capture any insights or themes that were not captured before.

- *Interpreting and checking*

This is where data was interpreted. A psychoanalytic theoretical lens was used to make sense of the data once initial themes had been identified. The researcher carefully went through the interpretation and identified any weak points. According to Terre Blanche, Durrheim and Painter (2006) consulting other people who have insight into the topic can help with checking the interpretation. This was done with the researcher's supervisor.

4.7 Generalizability of the study

Qualitative research does not aim at generalising the findings but rather to gain an understanding of people's experiences in different contexts (Terre Blanche, Durrheim & Painter, 2006). Therefore, the aim of the current study was not to generalise the findings to the whole population, but to explore motherhood within the contexts of the African women who were interviewed. The findings are only generalised to the participants of the study.

4.8 Ethical considerations

During the study the researcher became aware that motherhood is a fairly sensitive topic amongst African mothers since African cultural prescriptions regarding motherhood seem to

make it difficult to share any feelings of ambivalence. Hence, the researcher ensured confidentiality through altering the names of the interviewees. Names and any other identifying information are excluded from published results. Participants were informed that all audio recordings would be accessed by the interviewer only and transcripts by the interviewer and her supervisor only. Tapes and transcripts were stored in a locked cupboard and will be destroyed on publication of the findings.

Participation in the study was voluntary and mothers were informed that they may choose not to answer any questions or withdraw from the study at any time without personal consequence. Informed consent was gained from the participants before the interview and the recording and they were asked to sign a consent form indicating that they agreed with the conditions of the study (see appendix B) and a consent form indicating that they agreed to be audio taped (see appendix C). If at any time during the interview, the participant appeared distressed by the conversation, the interviewer used her judgement and checked on the participant. If deemed necessary, participants were offered counselling with a psychologist, which is available at the Rahima Moosa Hospital Psychology Department. Only one of the mothers seemed distressed during the interview. She seemed to struggle with anxiety, appeared depressed and struggling to care for her baby. The mother was informed about and offered counselling with one of the psychologists at Rahima Moosa Hospital Psychology Department.

4.9 Reflexivity

According to Delamont in Seale et al. (2004) “reflexivity is the most important characteristic of field work, and of analysis” (p. 226). The researcher needs to exercise reflexivity through all stages of the research, including data collection and final writing up (Delamont in Seale et al., 2004). The researcher needs to be mindful of her/his own opinions, assumptions and prejudices since if not examined these can be unconsciously projected onto the research process (Kelly in Terre Blanche & Durrheim, 1999). Reflexivity requires that the researcher acknowledges that through the process of research, his/her subjectivity will undoubtedly be engaged (Delamont in Seale et al., 2004). The following paragraphs are a brief account of

aspects of the researcher's background, deemed to be relevant to the study, and her experiences of conducting the study. It is a first-person account.

Having lost my mother at a young age, I have always been curious of how others experienced having mothers and wondered what I was missing from not having my own mother. I did not realize, however, in the beginning of this research how significant an area of research this would become for me. Through self reflection, initially, part of the curiosity and drive for studying this area of research was hoping that through understanding other's experiences, I would be able to connect to what I did not come to experience with my own mother. I did however experience some anxiety as I wondered how I might be affected by the discoveries I made. I knew that I wanted to be a mother someday but at the beginning of this research it was only a distant thought.

I found out I was pregnant when I started collecting data for this research. While connecting me to my research topic in an even more profound sense, this did intensify my feelings around it. Exposure to psychology, in particular developmental theories, had started to cause me some anxiety, thinking that when I started having children, their mental health would be in my hands. It often made me feel so young, ill-equipped and unknowledgeable about mothering. My anxieties heightened as I listened to these women narrate their experiences of pregnancy, birth and mothering. Through the analysis of these interviews I realized that while conducting interviews, much of what these women spoke about evoked mixed feelings inside of me, excitement about being a mother but also fear and anxiety about all the difficulties I might face in the process. I found myself more attuned when these women narrated the 'good' of pregnancy and mothering and struggling to engage through their descriptions of the birth process as well as other difficulties of pregnancy and mothering. Through reviewing my interviews it became clear that my tendency was to ask questions about how these women had managed to overcome difficulties in their pregnancies, perhaps as a way to gather some tools to help me through my own journey of my pregnancy. Being thoughtful about my own motives and feelings about the information in the interviews and through consultation with my supervisor during the analysis phase, I separated my experience from the experiences of these mothers and I hope that I have managed to capture these women's stories as close to their lived experience as possible.

CHAPTER 5: RESULTS

The present study investigated black South African women's experiences of and opinions about attachment and motherhood. The study employed a qualitative research approach where eight semi-structured interviews were conducted to collect data for the study. Seven themes with subthemes were identified as having a role in the participants' experiences of motherhood and attachment. These themes include: readiness, pregnancy and childbirth, uncertainty vs. hope (transition), support, bonding, cultural beliefs and comparison between own upbringing and raising their children.

5.1 Readiness

The aim of this study was to investigate the experiences of motherhood of the women interviewed. This included all or most of those experiences that would either lead mothers to enjoying their experience of mothering or cause them a great deal of distress hence the mother not enjoying her experience of motherhood. For all the women who were interviewed, readiness seemed to influence their experience of motherhood. Depending on several factors surrounding their readiness for pregnancy, the women interviewed either enjoyed or did not enjoy their experiences of motherhood, bonding and attachment to their babies.

5.1.1 “...I was a bit afraid at the beginning because I was young”: Readiness to be a mother

Some of the mothers who were interviewed did not feel ready for motherhood because of their age. Some of them felt that they were too young and found it difficult to adjust and transition into motherhood. Nelly reported: “I mean I felt like I was at the, I mean I was what like 22 years old and I felt like I was old enough to have a boyfriend but I know that parents always see their children as too young to have a boyfriend, so I understand but I also felt ready, not for a baby but to have a boyfriend”. For Mandy, falling pregnant at a very young age was anxiety provoking because she also worried about others' reactions to her being pregnant at a young age. She reported: “I got pregnant when I was young, I think 16, I was about to turn 17 and then I was too scared to tell anyone so I had an abortion”. This statement

reflected how being pregnant at a young age could be so difficult that it felt better to end the pregnancy than to let other people know. Winnie also reported: "...I was a bit afraid at the beginning because I was young and my mother and father, especially my father, he was very strict so I was afraid that he will chase me from home...". This statement reflected anxiety and fear for some women of losing support from their families and partners should their families not accept their pregnancies. Winnie's statement also seemed to reflect that for some mothers, there was fear of being punished by their parents for being pregnant at a young age. Some of the mothers seemed to have an increased sensitivity to others' reactions, particularly the younger mothers and particularly when the pregnancy was unplanned. Liz commented: "...being pregnant...sometimes people would stare at me because I am small so sometimes people say I look a lot younger than my age so people used to stare at me and it was embarrassing especially at school". The statement seemed to reflect that for some of the mothers, their own opinions, guilt and embarrassment about being pregnant at a young age, resulted in them being more aware of others' reactions. This statement also suggested that having such guilt led some of the mothers to think that others judged them.

5.1.2 "...it was not planned so at first I did not want to believe it": Planned vs. unplanned babies

Whether the pregnancy was planned or unplanned also seemed to play a role in how the women experienced pregnancy and motherhood. For instance, Rona who had an unplanned pregnancy found it difficult to bond with her children. She reported:

...ok, honestly, I'm really, really trying my best because I mean they really I don't know how to say it but sometimes I do get frustrated a lot because bonding with them is very difficult for me but now because of the people around me, they make it a bit easier for me, but whenever I feel like I shouldn't have had children then I'll do something to distract me from going into the depression 'cos honestly I do fall into a depression if I feel like I'm going that way I'll do something to distract me...

This statement reflected how for some mothers having an unplanned pregnancy seemed to cause regret and feelings of frustration for the mother, hence, difficulties in bonding with the child. The statement also reflected the importance of support for the mother as well as the need for her to have some space for herself so that she does not become overwhelmed and vulnerable to stress. The mothers who reported having had an unplanned pregnancy also spoke about mixed feelings and how having an unplanned pregnancy made it difficult for them to adjust emotionally. For instance, Liz reported: “I know in my head that he is my child but somehow it doesn’t feel like that. I think that I was not ready when I got pregnant so that’s why it’s difficult for me to see him as my child and my mother took over after he was born and I didn’t get to be a mother to him”. For some mothers whose pregnancies were unplanned, making space for their babies emotionally was difficult because they did not feel ready to transition into motherhood.

However, despite the pregnancy being unplanned, some of the mothers understood their ability to adapt to motherhood as being biologically driven. For instance, Rita reported:

...I have always known that I wanted to have a baby, it was not about my friends or boyfriend or family but I think as a woman there is that time when you feel like you need to have a baby... and if I did not have a child I don’t know, I just have never thought of it but I think that I would have been sad or disappointed...

For some of the mothers an unplanned pregnancy was easily accepted. The following statement by Rita suggested that it may have been because for some mothers, having a child is thought of as very important, hence, it does not matter if it was planned or not. Rita commented: “I was very happy and I took it as a blessing and also for the fact that there was nothing wrong with me...you know... that I could have children, these things are not, I mean you can’t be sure about it...”. Although an unplanned pregnancy can lead to overwhelming feelings for some mothers, for others it is a relief to know that they can bear children.

Even the mother whose pregnancy was planned reported distress related to trying to fall pregnant. This was the case for Connie:

...We had been trying for some time to have a baby like I said and when I got pregnant I was not expecting it. To me, given, I had given up; I thought that I would never have children. so I was very surprised you know, you expect something and then you give up and then it comes, you still get excited but it takes time to believe and somehow I worried for some time that something will happen...

Some mothers expressed anxiety about potentially not being able to bear children. There was a sense of disappointment when they did not fall pregnant and also that not being able to fall pregnant led to despair or a sense of hopelessness. Connie later commented: "...it was depressing; you know sometimes I would think about it and it felt bad. I don't know but I just used to cry about it". Trying to get pregnant also seemed to have caused a strain in the relationship between Connie and her partner. Connie reported:

...there were times when I will think that maybe this time it has happened and then I will go to the toilet and when I get there and I see that I am having my period, aaah, and sometimes I will buy the test, for pregnancy and then it is just one line. We used to have arguments sometimes with my husband when I get my period. I think it was out of the stress 'cos he also wanted a baby, he is 30 now, yah turning 31 and he wanted a baby like me...

Connie's struggle to fall pregnant led to disappointment and frustration and this caused arguments. Having an older partner seemed to put some pressure on her to fall pregnant and when she did not get pregnant, this caused some anxiety and stress. Connie later commented: "...sometimes I used to think that he will leave me, my husband, and there is a woman I know who was left by her husband because she did not have children and it's not nice and I thought that people will also call me names". A sense of anxiety was present around the idea that not being able to fall pregnant might lead to her losing her partner and marriage. An anxiety related to being labelled or considered in a certain way if they did not fall pregnant was also present.

5.1.3“...but we both know that we can’t take care of him”: Wanted vs. not wanted

Some of the mothers interviewed commented on thoughts that they had when they first learnt that they were pregnant and these thoughts were related to whether or not they wanted the baby. For some of the mothers, having an unplanned pregnancy led to thoughts of abortion. Liz commented: “So we talked trying to find out how it happened and then he said that it’s fine although he also wanted us to consider other options like getting an abortion because to tell the truth none of us were ready to have a child”. Having an unplanned pregnancy caused a dilemma for some of the mothers and their partners about what to do, whether they wanted to keep the baby or not depending on different circumstances, including readiness. For some of the mothers, whether or not the baby was wanted seemed to depend on their ability to take care of the baby. Liz commented: “my boyfriend, he loves our baby and wants him around but we both know that we can’t take care of him so he is fine with him being with my mother”. Some mothers felt that it was more important for the baby to be with someone who would be able to take care of the child, even if this meant she could not be with her baby. Some of the mothers interviewed did want their baby but could not stay with the baby due to a lack of resources.

Some of the mothers expressed joy, wanting to keep their baby even though the pregnancy was unplanned. Rita reported:

...there were times when we would just talk about getting married and having children and we both knew that we wanted to that someday even though we did not have a time like say 2009 or whenever or like ok let’s do it now..... so yah, when we had a baby we were happy like it was not like, oh my god, what are we going to do? I’m pregnant. It was just hey we are going to have a baby and he was happy and I was happy...

For some mothers having had discussions about what would happen if the woman got pregnant with their partners seemed to make it easier for the mother and her partner to accept the pregnancy and want to keep the baby, even though the pregnancy was not planned. Some

of the mothers, however, wanting to keep their babies seemed to be influenced by their partners reactions; whether or not the partner wants to keep the baby. Shirley reported: “there was a time when I would even think about abortion, and when I am angry on the phone I would tell him that I’m going to do it thinking that he will say don’t do it but he will just tell me that it is also my child and he will just say you are lying or ah... just things that you can see that someone is not interested ‘mo wena’”. This statement reflected how frustrating it was for some mothers if the partner seemed not to want the baby or was unsupportive. This frustration seemed to have resulted in some mothers not wanting the baby.

Some mothers reported moments of frustration, irritation and overwhelming feelings of sadness around their babies. Rona, whose partner wanted her to have an abortion, reported: “...there are times when I just feel down, like sad and sometimes irritated and I want to be alone. I just feel like I don’t want to be with anyone, even the children”. However, she still wanted to have her baby regardless of her partner’s thoughts and feelings. Rona reported: “...at first the father did want me to have an abortion but I was against it, so, I know, I guess it was the main reason for me being in denial because I knew if I went down asking, everybody was going to say no you can’t have a baby”. It appeared that thoughts that other people might disapprove of the pregnancy led to the mother having difficulty acknowledging the pregnancy herself.

5.1.4 “...it’s not to say that I regret them or I don’t regret them, but honestly I don’t regret them”: Ambivalence

Most of the mothers were ambivalent about being mothers. For instance, Nelly reported: “It is fine, I don’t have a problem with being a mother so, I love my child very much so it is good....no, like it is just fine because maybe sometimes it will be hard like I said but I don’t have a problem with it, I don’t say that maybe I don’t want to be a mother”. This reflected a struggle for some mothers in accepting that they are mothers, perhaps because they did not feel ready for motherhood. This statement further showed how for some mothers it is difficult to acknowledge that they did not want to be mothers. Rona also seemed to be struggling to accept motherhood and her children. Rona reported: “I am really proud of them; I do love them..... I don’t know, I just have to get used to the fact that they are here, ok, I am used to it

it's just that, it's not to say that I regret them or I don't regret them, but honestly I don't regret them but ummm... like I said if it could have been a different situation for me then I would have taken it". Some mothers did regret having children but appeared to have difficulties admitting this. The following statement captures Rona's despair: "...it's like I have a split personality, I have to split myself up". It appears that for some mothers, motherhood felt strange and it seems as though they felt forced to accept the responsibility of motherhood.

5.1.5 "Money is important and if you don't have enough it becomes difficult to focus on the baby": Financial readiness

Most of the mothers interviewed felt that being financially ready was important in raising a baby. Shirley reported: "I don't have enough money to take care of the baby and my grandmother, she just gets a grant but it is also not enough so it is difficult because sometimes I want to buy things for the baby and I can't do that, but I am looking for a job now and maybe things will be better". For some mothers not having enough money to take care of the baby made them feel inadequate. For many of the mothers asking for financial assistance was uncomfortable. Nelly reported: "...because I was thinking about it a lot, that what is my child going to wear and eat and even me I can't be happy because I can't give her everything I have to ask from my mother everything". Not being able to provide for their children financially and having to rely on others was exhausting mentally because the mother spent most of her time thinking of ways to provide for her child without enough money. Winnie commented: "Everything is money, especially when it comes to the baby because you need a lot of things for the children, clothes, napkins, toys, food, toiletries, everything, so money is important and if you don't have enough it becomes difficult to focus on the baby you just think what are we going to eat, what is she wearing to school things like that". This statement reflected that for some mothers, not being able to provide their babies with the basic material things resulted in the mother not being able to provide for the children emotionally.

Some of the mothers, however, seemed to find some relief in knowing that they can rely on others for financial support. Rona reported:

...sometimes it is a bit hectic I won't lie about it 'cos I mean it is very expensive to raise a child, let alone two children because ok, at the moment I can help them cos ok from my side my mother is helping me and from that side, from the father's side he is like fine and stuff 'cos I can always ask him or my mother but as soon as I go back to work then I think that I will be fine...

Although Rona felt some relief at getting financial help from others, there was still a need and hope to be financially independent. The statement also suggested that having more children required even more money from the mother in order for her to be able to take care of her children. For some mothers, having more children depends partly on financial stability. Rona commented: "...definitely not, so it will only be us three, but if I could have another one, if there is a another chance I would consider it but for now two is fine for me, maybe if I'm more financially stronger or if I can afford to have another child I would". With this statement, Rona seemed to be stressing the importance of being financially stable in motherhood. For Mandy, however, financial stability was important in raising her baby, but more important than financial stability is love. Mandy commented: "No money can make me not love my child or not enjoy motherhood. Whether there is money or not motherhood is great but yes sometimes you want to spoil the baby or yourself and when you don't have money to do that it can be hard but I think that love is more important than money". This statement reflected that for some mothers, it felt more important to be emotionally present for her baby regardless of the mother's financial position. This however, did not seem to disregard the importance of being able to provide financially.

5.1.6 "There was also that feeling like I have disappointed them": Guilt and regret

Some of the mothers interviewed, whose pregnancies were unplanned, reported having had feelings of guilt and regret. Some of these mothers blamed themselves for the unplanned pregnancy. Nelly reported: "I was using a condom and when you use a condom you don't think that you will get pregnant and then, ja, I was thinking also that maybe I was careless you know, because I was asking myself how it can happen when I use condom always". The statement reflected how some women felt guilty that they were perhaps not as responsible as they should have been. Liz blamed herself for her baby's premature birth. Liz commented:

“...it was hard, I mean, no one wants to go through something like that but I didn’t plan the pregnancy so next time I will be more careful”. This statement reflected how some of the mothers felt that they deserved whatever bad things happened to them and their babies because they felt it was their fault that they did not plan the pregnancy. Some of the mothers expressed regret at not listening to other people’s advice. Nelly reported:

I think, you know that sometimes it was, not very hard but you get tired and you, when my mother is not there and I don’t know what to do, maybe the baby is crying too much and I don’t know what to do, that is when I will feel regret and say that maybe I should have listened to my mother first...because as a child even that time my mother was always telling me that I should be very careful and wait until I am older to have a boyfriend and yah, I didn’t listen obviously...

It seems that some of the mothers felt that they were being punished for not listening to advice. Shirley, who it seems, had an unsupportive partner, also expressed feeling regret for not listening to others’ advice. Shirley commented: “...that was a mistake; it’s just that sometimes when you love someone you are like a fool because you don’t want to think that the person is not a good person even when your friends and even family tell you that”. The above statement reflected how feelings of guilt and regret seemed to influence how the mother felt about herself ‘like a fool’. For some mothers, the regret was related to not following religious believes. Rona reported:

...actually I do consider them a lot now, before it was not a big deal to me because I was not ready to have a child back then but then now when I think of it, it actually, there is a way it saves you and it can also, ok me as a young person on my own, not having children I could have done a lot more than what I can do now..... in my situation if I’d followed rules and principles of my religion maybe I wouldn’t be in the situation that I’m in. I’m not regretting my children; I’m saying that if I could have done things differently I would have...

The statement also reflected regret related to a loss of opportunities to do the things that the mother had hoped to achieve. Some mothers felt that they refused advice which could have helped them.

Because of the guilt that some of the mothers felt, it seemed difficult for them to trust the support they got from others. Liz reported: "...it was such a relief but you know, especially with my parents there was also that feeling like I have disappointed them and because they are my parents they feel somehow forced to be supportive but I was very relieved". This statement reflected that some mothers found it difficult to trust support because they did not feel that they deserved it. The statement also reflected that some mothers felt that the support they were getting was not genuine; people felt they had to be supportive because it was what they thought was required of them. Nelly also reported feeling uncomfortable asking for help because of the guilt she was feeling. Nelly reported: "...it is ok because she is my mother but sometimes it's like that I am asking too much because sometimes I'll be afraid to ask and I will just keep quiet....like me and my child we were a burden". It seems from this statement that for some of the mothers, the difficulty in trusting support was because they felt that their need for help was burdensome on others.

5.2 Pregnancy and childbirth

As mentioned earlier, while motherhood can occur without pregnancy, in the interviews with the participants of this study, the process of pregnancy formed a big part of their experiences of motherhood. These mothers' experiences of pregnancy and birth seemed to influence how they experienced motherhood as a whole. For some mothers pregnancy and childbirth was enjoyable while others experienced it as very traumatic. For many mothers, the experience of pregnancy also influenced the bonding process as well as attachment to their babies. The process of pregnancy appeared to begin from the first moment the mother found out about the pregnancy.

5.2.1 “I was confused at first”: Reactions to pregnancy upon finding out

Finding out that she was pregnant, whether planned or unplanned seemed to stir up a number of emotions in the women who were interviewed. For most of the mothers interviewed, there were mixed feelings when they first found out about the pregnancy. Rona reported:

...ok, when I first found out I was pregnant, ok I didn't know I was pregnant because I was still getting my period at the time. I only found out when I was like four going on five months 'cos I was getting very small, so that was the time I found out. I was excited but scared at the same time 'cos I didn't know what my mother was gonna do about it and if the father was gonna accept it. I knew it was gonna be hard but at the same time was excited also so it was like I'm gonna have something that belongs to me...yes, very mixed emotions but it was quite nice, the feeling of it was nice...

Rona's statement reflected how confusing it was for some of the mothers when first finding out about their pregnancy. It appeared that pregnancy evoked several different emotions at the same time and that this was overwhelming. Her statement is similar to what most of the women interviewed experienced. Although there was excitement about the pregnancy, there were also fears and anxieties relating to the process. Most of the mothers reported starting to worry immediately about their readiness to have a child, about other people's reactions to the pregnancy, particularly their partners, and whether or not they would have support during the process. Some mothers started to think about the state of their relationships and what a baby would mean for their relationships, whether with their partners or other family members. Shirley reported:

...when I was pregnant, I don't know. Being pregnant, at that time I was a bit stressed. I was happy first and then a lot of things happened so I started feeling bad and it was a bit hard but now I am fine. Ok...ummm... I was stressed at that time about my relationship with my boyfriend that it was not going well so yah.... ummm.... Yah... I was not expecting to be pregnant but I loved my boyfriend and I

was thinking that he will be happy about the baby and at first he was fine with it. So that is why I was happy...

Shirley's statement highlighted the importance of the father or partner's reaction to the pregnancy. How fathers or partners reacted to the pregnancy seemed to determine for some mothers how they felt about the pregnancy. Some mothers seemed to worry in anticipation of their partner's reaction. Liz reported:

...hmmm... like I said, it was not planned so at first I did not want to believe it. I, ummm... I was shocked because we had been using protection and I was not sure how it happened, didn't expect it and I was confused at first and then you know if you have been using protection with someone, I started getting scared that he will say that he is not the father so I didn't tell him straight away...

For some mothers being unsure of their partners' reactions caused a lot of anxiety and left them feeling uncertain and keeping the pregnancy a secret. However, even when the pregnancy was planned, finding out she was pregnant seemed to still result in mixed emotions. Connie reported:

...I don't know, you know we had been trying for some time to have a baby like I said and when I got pregnant I was not expecting it. To me, given, I had given up. I thought that I would never have children. so I was very surprised you know, you expect something and then you give up and then it comes, you still get excited but it takes time to believe and somehow I worried for some time that something will happen...

Many of the mothers reported anxieties and fears related to the uncertainty of pregnancy and motherhood. For some mothers, motherhood was not a certainty and not falling pregnant within a certain period led to fears that it was never going to happen for them. When it

happened, however, there appeared to be fear that something might happen to spoil it. This fear will be discussed in more detail later in the chapter. For some of the women their anxieties were around their readiness to have a child in terms of their financial stability, the stability within their relationships or even with regards to their age. However, for others the anxiety they felt revolved around whether they were ready to carry out the responsibilities associated with motherhood. This was the case with Mandy who reported:

...very difficult.... ummm... not because I was scared that I will be, I mean I have a job, a boyfriend, I trusted and my own place, I was no longer a child, like old enough to make a decision about it and not worry about my parents, so I think in terms of being able to support the baby and raise the baby I didn't have a problem but it was like, not scared but I don't know like was I prepared to be a mom... ummm... because I mean I already had my brothers and sisters to look after and I don't think that it was going to be difficult but this was going to be my baby and my responsibility...

Mandy's statement reflected that for some mothers, having a baby meant negotiating their current responsibilities and letting go of some of them in order to be ready to be accountable for someone else's life. This appeared to be quite difficult for a lot of the mothers, as it meant a huge adjustment in their lives. It also appeared to reflect the need for the mother to make necessary adjustments in order to create mental space to think for and about the child.

5.2.2 “After giving birth you can still have pain and you need to take care of yourself”: Pregnancy as an assault and transition for body

Pregnancy and the birth of a baby for most of the women was seen as a blessing and as special. However, it appeared the process of pregnancy was quite demanding from the mothers as it called for changes not just in the mothers' lives but also in their bodies and depending on how ready the mother was for pregnancy, the process seemed to feel more or less uncomfortable. For most of the women interviewed, it was clear that the process of pregnancy was difficult and was experienced as an assault to their bodies. Most of the women felt that their bodies needed to adjust to the pregnancy. Winnie reported:

...when you are pregnant your body changes too much, you get big and tired and I don't know but it just becomes different and sometimes the stomach even after giving birth it doesn't go back so you have to tie it with something, maybe a cloth so that it goes back especially when you have more children so, and after giving birth the body is tired so you need to rub it...

This statement reflected not only that the body changes but that the changes can feel too much for the mother, such that there is a need to heal after the baby's birth and help her body recover. Some of the mothers felt like they had lost control of their bodies and that their bodies had to accommodate and get used to being pregnant. Nelly reported:

...mostly at the beginning and then at the end because at first the body I think has to get used to having, like being pregnant so you have morning sickness which is not good at all like smelling everything and vomiting. At the end like, even during the middle months sometimes, you get tired and you, with me the vomiting stopped late, I think even at 5 months I was still vomiting sometimes. It's just, like the last months the baby turns a lot and sometimes it is painful and you go to the toilet the whole day...

For some mothers this discomfort carried on even after birth and some of the mothers highlighted the importance of the mother getting enough rest after the pregnancy and allowing the body time to heal. Shirley reported: "...mmm, after giving birth you can still have pain and you need to take care of yourself". Taking care of themselves seemed to entail a need for support since a lack of support and rest for the mother during this time caused distress. For instance, Rona reported: "It's been frustrating and hard for me because I never got to rest after giving birth, I have been in hospital every day since and it's been hard...". The following statement by Nelly echoed that need for support: "... like from the labour pains to giving birth and then the stitches after that. Because when you, you can't walk properly and even sit. But also the pains were too much, and you can't do anything. Uuuuh... that was very, very painful...". These comments seemed to reflect a sense of helplessness for

the women going through the pain of pregnancy and birth. Most of the women described a need for support after birth.

5.2.3 “The labour pains and then pushing when you don’t have any more strength”: Birth

The process of birth for these mothers was experienced as painful. Shirley reported: “...I went into labour, I had pains and it was painful to push because you only push when the pain comes and when it stops you can’t just push so it was hard...”. Shirley’s statement is similar to what most of the mothers interviewed experienced. Many of the women spoke about experiencing pain during birth and a sense of helplessness as it felt like there was nothing they could do to stop the pain. For Mandy: “...it felt like the pain was just going on and on without stopping so it even feels like it was longer than that...”. Connie reported:

...ummm... you know when you are growing up people say that giving birth is very painful and it was. When I was pregnant I used to think about it and just asking myself how it is going to be like and when it was close I used to feel afraid like if I will be able to survive the pain. I mean the contractions were very painful but you know like giving birth it was also painful but sometimes when I try to remember how it was like, I don’t know, I can’t say that it was painful or what, I can’t remember because once the baby was born the pain went away...

This comment reflected that for some women there was anticipatory fear and anxiety about the birth process. The mothers wondered what it was going to feel like, particularly conscious about things they had heard about the birth process. Liz’s experience was similar to Connie’s. She reported: “It was the most painful experience. I can’t describe the pain to you but it was painful. The labour pains and then pushing when you don’t have any more strength”. With this statement Liz introduced something that most of the mothers experienced which is that birth was also experienced as demanding strength from the mother. These mothers reported that birth required them to have more strength than they felt they had. Rita reported: “By the time it came for me to like push, I was very tired, they gave me the injection for pain and I did not feel much pain but I was very tired and I could not push the baby, but she finally

came out and I don't know maybe I'm forgetting some things, but I just know that I was very tired".

For most of the mothers, birth was very tiring. Mandy had a similar experience to the other mothers. She reported: "...childbirth, I don't remember a lot because I almost passed out. I didn't have any power to push anymore and they gave me some... I don't know if it was glucose or what so that I can have energy because I was just pushing and pushing and the baby was not coming out. It was also very painful so it was not a nice experience". For Mandy, birth was a very uncomfortable process, not just because of the pain but also because birth was embarrassing for her. She reported: "I think that for me my other problem was that I have never been comfortable opening my legs for people to see me down there you know, like it was embarrassing at first especially with more than one person but once the pain got very serious I forgot about it...". This reflected that the process of birth was experienced as quite intrusive by some mothers.

For some of the women support during the birth process was very important. Some of the women interviewed reported feeling alone and unsupported during the process, particularly mothers who gave birth in government hospitals. Shirley felt unsupported during the process. She reported: "...my grandmother was not there because she was sick, well so I went with my sister but she went back home because they did not allow people to come in and the nurses they did not care, they just say push and when you say you are tired they just say push, if you don't push your baby will die and you will blame yourself for it". What Shirley appeared to be pointing out here is that it is not only the support of family that was important during the process, it was also important that the nurses or the people who are with the mother during the process be supportive as this can either increase or reduce the mother's anxiety. For some mothers their experience of birth influenced their decision to have more children or not. Rona reported:

...ok, from me, from my side I'm done with kids , it is like no way I will do it again but I don't know it was a very weird feeling, like the actual giving birth, it was a weird feeling but I don't know, it was something I don't want to experience again,

this is my first twins and my last twins 'cos I was actually aiming for one child anyway but everybody is telling me that twins is a blessing so I guess it that it's my first twins and my last twins...

For Rona, the process felt strange and it is something that she does not want to experience again. Rona's decision may also have been influenced by her getting more than she was prepared for, twins instead of the one child she was expecting. Some of the mothers reported a feeling of relief when they heard their baby's first cry as this meant that the hard work and the pain were over. Winnie reported: "...sometimes you get the pain from today and you give birth tomorrow so by that time you are tired plus the pain. You just feel better when you hear the baby crying because you know that it is finished even though there is still pain from the stitches...".

For the mothers who were pregnant with their first child, pregnancy and childbirth were experienced as very anxiety provoking as they did not know what to expect. Shirley reported: "...because it was my first time and I was a bit scared so yah...I know that people don't come in when you are delivering but it is, ok I was scared, and it is scary when you don't know what is going to happen...". Shirley's statement also reflects the need to have someone to support her throughout the process. Nelly had a similar experience and she reached out to her mother and boyfriend as she felt that she did not know what to do. She reported: "I told my mother and my, my boyfriend and after that, because I didn't, I wasn't sure about what I should do so I talked to my mother about it and also the nurse at the clinic and I registered for check-ups".

It seemed that the pain felt different depending on whether it was the mothers first or second birth. Only one mother (Winnie) out of all the mothers interviewed had two children. She reported: "...I was having pain the whole night and to push the baby is also hard work especially the first one, the second one I did not push too much, I pushed just a bit but it was still painful...". It seemed that for Winnie, the second child's birth did not demand as much strength when compared to the first one and perhaps because of experience or knowing what to expect, the pain felt more tolerable. Some mothers reported having a feeling of excitement

once the baby was born. Rona reported: "...But you know what after the baby was born I just got out of bed and wanted to go home. The way I was tired I thought that I will sleep for the whole day but I just walked out of the bed afterwards...".

5.3 Uncertainty vs. Hope

As mentioned previously in this chapter, pregnancy appeared to bring not only joy to those expecting, but also a great deal of anxiety and fear. For some of the women pregnancy was an uncertain process, and their pregnancies came with many challenges. While most women reported challenges that were physical and related to health, either their own health or the baby's health, it seemed that such anxieties can greatly influence a mother's experience of motherhood as a whole in turn impacting on bonding and attachment.

5.3.1 "...um like maybe not normal": Uncertainty of pregnancy

For many mothers, being pregnant entailed managing anxieties related to the baby's health. Some of the anxieties that the women experienced related to the uncertainty of pregnancy: whether the pregnancy would continue, whether the baby would be normal and whether the couple would manage once the baby was born. Connie reported: "I think I came to the clinic and the nurse said that I was pregnant, so even though it was still a problem for me to believe it, I was able to prove that it was true I was pregnant. But I still was thinking that the baby will die or be a... what, how do you say this, um like maybe not normal". This reflected that for some women there was a fear of disappointment, in that they might get something different from what they initially expected. Some of the mothers reported that it was God who controlled whether or not they fell pregnant. Rita reported: "...yah, I do believe that some things are up to God like having children, ok, unless maybe you are sick or when you know some people can have abortions and then not be able to have children again...". The statement seemed to suggest as well that for some women certain illnesses can also affect a woman's fertility.

For some of the mothers, although the process of pregnancy was uncertain, there was hope that all would be well. This was the case for Liz who at the beginning of the pregnancy had

considered abortion partly because of her anxieties related to not knowing what lay ahead. She reported: "...we ended up deciding not to do it, I think it was more me because I don't believe in abortion, so I sort of convinced him that, you know, we'll be fine even though I was not sure as well." The statement also reflected the need that the mother felt for her and her partner to trust that they would manage to get through the process.

5.3.2 "...they didn't know what was wrong with him": Concerns about the health of the baby

Once born, an unhealthy baby also seemed to influence the women's experiences of motherhood as a whole. None of the mothers wanted to see their child go through any kind of suffering and if it happened, it appeared to cause distress and suffering for the mother as well. Shirley reported:

... when he started getting sick I took him to the hospital and they didn't know what was wrong with him and he was not eating or even drinking water so they gave him, they put water using the thing like tubes, the drips... yes it was...people were calling me on the phone to ask me how the baby is and ah, ah... after some time I did not answer the phone because I was just crying and it was hard to talk to people...

For some mothers, seeing their babies sick felt overwhelming. Helplessness was also frequently reported when mothers felt that they did not know what to do to help their babies. Having a sick baby also seemed to influence the mother's feelings toward her baby. For some mothers having a sick baby led to feelings of disappointment and fear. Liz reported: "...because the baby was premature, he looked very small and like, you know those babies who starve, I was a little scared of the baby but they took him away after he was born and put him in an incubator so I didn't have time to be with him." For this particular mother, it also seemed that there was some relief having the baby taken away and it seemed that it felt quite confusing for the mother not to feel what she expected to feel when she first saw her baby. Liz later commented: "...it wasn't nice. When you give birth, I mean it's supposed to be a happy moment and when you don't feel excited it is worrying." Liz's statement showed how socialization and stereotypes about motherhood being only a positive experience can be distressing for the mother if she does not feel what she thinks she is expected to feel.

For some mothers a sick baby meant even less space for the mother to think about her own life and to look after herself. Rona stated: "...just after she was born they said that she had meningitis, she has water on the brain and she will be going for surgery next week...I am very worried about her. It's been frustrating and hard for me because I never got to rest after giving birth, I have been in hospital every day since and it's been hard". This reflected how frustrating and perhaps overwhelming it felt for the mother to have to look after herself as well as her sick baby. It also showed that having a sick baby was not something that any of the mothers expected, hence there was no preparing for the experience. Support seemed to be important for all the mothers regardless of their baby's health status. It was, however, crucial for a mother with a sick baby to have support as this seemed to help contain the mother and also give her space to think about herself. For Liz, her mother's support was very helpful. She reported: "...yah, mmm... it has been a challenge, I mean with my mother around it was fine but ummm... I don't know, it's just that sometimes I didn't know what to do, the baby was too small and looked like he wasn't gonna make it and I just felt, I don't know...". It was clear from the interviews that without support some of the mothers felt lost and confused about what to do.

5.3.3 "If anything happened to me then the baby will die": Concerns about the mother's health affecting the baby

The mothers' concerns were not only about the health of their babies, but also about their own health. It appeared that becoming ill for a pregnant woman was anxiety provoking as some of the mothers felt that their illness would affect the baby. Shirley reported: "I don't know what the problem was, my body was painful and I had diarrhoea, no appetite and sometimes headache". This reflected how confusing it was for some mothers not knowing what was happening to their bodies when pregnant and also what this might mean for their unborn babies. This anxiety for some mothers lasted throughout the pregnancy and there was constant worrying about how their illness might affect their unborn babies. This was particularly pronounced for some mothers with chronic illnesses. For instance Liz stated: "...it was a bit scary when I got the attack [asthma] when I was pregnant because I was worried about the baby, that if I can't breathe then the baby is also not getting air or if anything happened to me then the baby will die". Some of the mothers who were interviewed

worried about the possibility of having an illness that they were unaware of and how if it was not checked out could affect the baby. Mandy, for instance worried about the possibility of having contracted HIV.

She commented:

...yah but I was happy. I was thinking that I am 28 years old and it is fine, it was the right time. The only thing I was worried was that me and my boyfriend we, he used to like going for HIV test and me I always said that if he is ok then I am ok but I knew that when I get pregnant I was going to do it for my child not matter how scared I am so it was the only thing I worried about and I did it, I was fine so yah...

Some mothers were willing to do whatever was necessary so that their children were born healthy even if it meant facing their fears relating to knowing that they have a chronic illness. This might be related to how some mothers reported feeling guilty if they suspected that their own health has had an effect on their baby's health. Liz reported: "...like I said, my baby was born prematurely, I think that it was because of my asthma because when the baby started growing, the asthma became worse and at first the doctor had said that I should stop the asthma medication because it can also cause some problems for the baby but it made me sick, I had one asthma attack when I was pregnant". Some of the mothers blamed themselves for their baby's illness which seemed to cause feelings of guilt.

5.3.4 "I am not supposed to feel angry like sometimes I will feel very angry and then I feel bad": Having a baby as an experience of loss

Although some of the mothers were willing to sacrifice part or even most of their own needs for their babies, some of the mothers struggled with the fact that motherhood meant a loss of time for themselves as well as the loss of opportunities. For some of the mothers, the loss relating to having a child extended to financial freedom. Having a child for some of the mothers meant that they could not spend money as they wished; that they had to think about their children's needs not just in the present but also in the future. Winnie commented:

...Being a parent can be very hard because everything is about the children when you go to buy something, you think my children, when you spend money you think of them and you ask yourself what you are doing for the children and when you save money it is for the children's future so that tomorrow the children can be able to live a better life...

Some mothers felt that her own needs had to come second to those of her child and that she would need to prioritise her child's future. For some of the mothers this felt as though they were being deprived of something, that they could not do things for themselves because they had to think of the children. Because the children took up so much of the mothers' time, some of the mothers felt that they had lost opportunities to carry on with their lives and fulfil their dreams. This was the case for Rona who commented: "...there is still a lot of things that I didn't do that I still want to do. I don't know somehow, I still feel like they are gonna keep me behind but it's not their fault, I don't know if I can then I will still do them but I don't know, but we will see how it goes". For some of the mothers it felt like they might not have those opportunities again to pursue their dreams and so blamed their children for that. Rona further commented: "I mean, I still really want to live my life, so things I've always wanted and getting married is not just about you, it will now be the children and husband all the time and my life will not exist anymore". This suggested that for Rona, the birth of her child felt like the end of her life as she did not yet feel ready to make space for someone else in her life. This appeared to be particular to Rona who did not feel ready to be a mother because she felt that she was too young to have had babies. She reported: "I don't even know, ummm... like going back to school to do some course, find a better job and just to grow up a bit more before having children". Sometimes this sense of having lost opportunities and dreams led to resentment of the children by some mothers. Nelly commented:

...like I said before, the first 3 months where I have to sit in the house were very hard because I wanted to see people and go out because I was not allowed to do that. Sometimes I didn't want to touch the baby and you know sometimes you feel that if the baby was not there then you can do anything you want to do ...it, I feel bad

sometimes even when I think about it because it is my child I can't, I am not supposed to feel angry like sometimes I will feel very angry and then I feel bad ya, it was not nice...

However, this statement also appeared to reflect that in addition to feelings of resentment, blaming the children brought about guilt feelings for the mother. For some mothers having children meant that they would now always have to decide whose needs to put first between their own and those of their children. For the other mothers, however, it felt like they always lost. Rona commented:

...sometimes I really don't feel like a mother. I don't, I mean I'd be looking at my friends and I'd be like ok fine, ok now and then I love going out , I love socialising and I even told them that it is really difficult 'cos I wanna go out and then they'll be like you are a mother so you have to be at home. It's like I can't put myself first anymore, I have to put my children first and then me, so...

This reflected a wish held by some mothers that they did not have children, which might also suggest some regret at having had a baby.

5.3.5 “... hard, like great moments”: Hard work versus the enjoyment of motherhood

For some mothers it was apparent that while motherhood had been very enjoyable it was also hard work. Rona commented:

...it's a challenge, it's a challenge because when you sleep and you think they are both asleep then one of them will wake up and then you go back to sleep and the other one will wake up but it's nice, it's a very nice feeling, I guess I like challenges and it's making me enjoy it but it does get to me like aaah, I can't handle it, but like there is my mother and my sister...

For most of the mothers, being a mother meant that they would not have enough rest and that motherhood was hard work. The statement also reflected how despairing it was for some of the mothers to work so hard and not have any rest and it points to the need for support which will be discussed later in this chapter. Rona's despair was captured by the following statement: "...hardly any [rest], 'cos during the day I would like wash the dirty clothes, like from the previous day for the next day so when I do get the sleeping chance they will like be on me again, so it's the rest part is very minimal, I hardly get rest at all". This statement also reflected how because of the hard work, it can be hard for a mother to enjoy being with her children.

For Mandy, motherhood was both a fulfilling and difficult experience. Mandy commented: "... hard, like great moments, I think everyone, ok every woman should experience that but it is not easy at all. It depends on the individual but I think there were both good and bad moments". Mandy's comment also reflected an appreciation for how individual circumstances might influence the experience of motherhood. Shirley related her experience of motherhood as enjoyable but also full of challenges. Shirley commented:

...it's been fine. I have had difficulties but also I have liked it. Like I said, there were problems between me and my boyfriend after I got pregnant. Let me say that they have been there before and I just ignored it.... like he started ummm... like, he was cheating on me. He used to do that before but... I just stayed with him. My friends used to ask me why I didn't break up with him and I don't know, when you have been with someone for a long time it becomes hard to break up with them just like that, so yah...

Shirley's experience seemed to have been influenced by her strained relationship with her baby's father, as this made it even harder for her to enjoy being a mother as it meant working hard at being emotionally present for herself and her child. Even when the pregnancy was planned, motherhood was still hard work for some mothers as Connie related in the following statement:

...Being a mother has been hard work but I have, I mean I love it, I have enjoyed it very much. I think it is because we planned our baby and we had tried for some time so when the baby came I was very happy and I think so far I have enjoyed it. but you know sometimes it does not feel like you are a mother, like I don't know how to explain it, it still feels like me and when I go home I become more like a child and I am also like a child when I am with my husband so until maybe when I come home and my baby is like screaming to me like mommy that's when I will be like oh yah I am a mother but most of the times I still feel like me...

What Connie appeared to be pointing out was that in hindsight she felt that it was impossible to be fully prepared for the demands of motherhood. Her statement reflected that sometimes the choice to have a baby for some mothers is made without being sure or knowing what they are getting into and somehow there is an expectation that one will feel different once they are a mother. Some of the mothers, however, felt that there was need to work hard in order for the whole experience to feel worthwhile. Mandy commented:

... it was nice. First I was happy the birth thing is over then I was smiling and laughing because when you see the baby you now see what you have been building for the past nine months and, it's like you ask yourself, why was I complaining because to have something like that at the end obviously you were supposed to work...

This reflected the feeling that some of the mothers had about motherhood being something that one should deserve. For some mothers this meant that if they felt that they did not put enough work into being mothering, then they did not deserve to be mothers. Liz who left her child to be raised by her mother commented: "...yah, because I really want to give him what I was given, I think that maybe that's why I feel that he is better off with my mother because at the moment I don't feel like I can do that for him". For some mothers not being able to put in the required hard work evoked guilt feelings, so some of the mothers sacrificed being with their children because they feel they did not deserve to look after their children.

5.3.6 “...you look at the child so you say, you are happy”: Motherhood as an experience of creation

Some of the mothers described motherhood as special as they felt they had the power to create something, to create a person. Rita commented: “...yah. It was nice, like I was having a baby and to me it was something big even though I didn’t like decide that I was going to have the baby at that moment but it was just me and this person growing inside me and I was just happy”. She later added: “...yah... it’s my baby, you know like someone who was growing inside my body. I made sure that she was growing up by knowing what to eat, what to do. It’s like if I did not take care of myself then she would not be here”. The above statements seemed to capture Rita’s sense of pride and reflected the sense that motherhood was empowering in that it gave them a sense of control over their babies’ well-being. For Nelly, the experience was empowering in that only she could experience what it felt like to have a child growing inside of her while her partner could not. She commented:

...I think the good part is mostly at the end when you look back now and say, maybe you look at the child so you say, you are happy, you know. And also I used to see how my boyfriend looked at me and touch my stomach, like he can’t experience that and I can, so it was nice that way, I felt sorry for him sometimes but the experience of like you feel the baby move and every step when he is growing inside you are with him so it is nice...

Nelly’s statement also suggested that for some of the mothers, motherhood gave a sense of purpose or importance. It also reflected that for her, motherhood brought closeness into her relationship.

5.3.7 “It’s a lifetime thing”: The permanence of motherhood

The fact that being a mother is permanent brought some anxieties that related to these mothers’ readiness for that kind of responsibility for the rest of their lives. The following comment by Rona showed that for some mothers accepting that they are pregnant was hard as it is something that cannot be changed easily. Rona commented: “...it’s a lifetime thing, so I

was preparing myself for it, ok I didn't, ok, at first I was in denial that I was pregnant but after a while when I started like showing then I became used to it then, I started accepting the fact that I was pregnant". For some mothers there was pressure to accept the pregnancy and the fact that she was going to be a mother. This appeared to be difficult particularly for those mothers who did not feel ready to sacrifice or let go of some of their needs and life before becoming pregnant. Rona later commented: "...yah... and you know sometimes I just have this feeling like I need to go out, I need to do something to get out and for me just to go out it's like, it helps me to forget that I have problems and stuff like that but then you can't go out because they will always be there whether you like it or not... you don't, so". This statement captured a sense of despair felt by Rona and suggested that some mothers felt forced to accept that their children will always be there and that this meant that the mother had to try and find space for her child in her life as well as in her mind. This seemed to be difficult to do if the mother was not ready as it was the case with Rona who commented: "...it's like I have a split personality, I have to split myself up". This statement also showed how the changes that were happening in the mother's life could be reflected in the changes happening intrapsychically in the mother as well.

5.4 The importance of support

The importance of support for mothers both in pregnancy and after birth has been widely documented in literature. For this research, support was important to investigate particularly given the population group selected as they are a minority and underprivileged. Black Africans and cultures are also usually family oriented (Frost & Van der Walt, 2010) hence a lack of support from their families would most likely have a great impact of their experiences of motherhood. In addition, the ability to care for a child financially or have support from family or the baby's father was also expected to have a great impact on how a mother experiences motherhood given the population group interviewed for this study.

5.4.1 "I could see that she was disappointed but she didn't say it": The reactions of others as support

How other people reacted to the pregnancy seemed to have been a concern for most mothers when they first found out about the pregnancy. It seemed that this was a concern as it

determined for some mothers whether or not they would get the support that they needed. Rona reported: "I was excited but scared at the same time 'cos I didn't know what my mother was gonna do about it and if the father was gonna accept it". For some mothers there was fear of being abandoned by the partner and family which meant that they would not have the support they needed. The anxiety about the family and partner's reactions seemed to take away from the mother's excitement about being pregnant.

For some mothers the anxiety seemed to be related to her perception that people would not understand why she got pregnant. Liz commented: "I don't know, my parents I knew that they were going to go mad, especially my mother and my friends, mmm... I wasn't sure how they were going to react but very sure it was going to be an issue". Although they were unsure of others reactions, they seemed to have been thoughts that others would react negatively. This perception could be related to the mother's own ambivalent feelings about becoming pregnant. Winnie commented: "I was a bit afraid at the beginning because also I was young and my mother and my father, specially my father, he was very strict so I was afraid that he will chase me from home. But after I went to tell my aunt and she told my mother and my father, they were not very happy at first but they did not chase me from home". She feared losing the support of family should the family react negatively to the news about the pregnancy. The statement also seemed to reflect that the mothers' own feelings of guilt and feeling like a disappointment to the family made some mothers anxious about others' reactions. Liz reported: "I had not told my parents so still being unsure of their reaction made me a bit anxious. I did tell them after some time, although I told my aunt, she is a few years older than me, to speak to my mother. My mother then came and asked me about it and I told her the truth. I could see that she was disappointed but she didn't say it". Some mothers felt guilty that they had disappointed their parents and this guilt made it harder for some mothers to trust the support they got from their family.

For some mothers, however, informing their family about the pregnancy, although anxiety provoking, brought some relief when the family accepted her and the pregnancy. Nelly reported:

...yes it did help just saying it myself, like telling them that I was pregnant it did help me because and also because I was thinking about what they were going to say and they were not very angry but my mother she was a bit sad because I was not working during that time but she was also happy because at home I was the only child because she only has one child and she was happy about having another child, grandchild...

Some of the mothers were anxious about their own mothers' reactions and although there was relief that her own mother was happy, there was still guilt and a sense that she had done something that caused her own mother sadness.

5.4.2 “It is important is that your mother or grandmother should be around after birth to stay with you”: The importance of support from family and older women

Most of the mothers felt that support during and after pregnancy was very important. For some mothers support was important in relieving stress. Winnie commented: “...my mother was helping and my aunt also so it was better, I think that even my first born she was grown up mostly by my mother, I started staying with her last year”. This statement reflected an acknowledgement by some mothers that they needed help and that having the support from family was a relief to the mother. For some mothers it was important to have the support of older women particularly once the child was born. Shirley reported: “...what I think it is important is that your mother or grandmother should be around after birth to stay with you, like ‘go baya botswele’, when the baby is still very small, the mother is a ‘motswele’ and at the time you are not allowed to touch anything especially you can’t cook for others”. This reflected that for some mothers it was very important to have, not just any kind of support, but support from experienced older women who would know what the baby and the mother need. This will be discussed in more detail later on in the chapter.

Shirley later commented: “When a woman has just given birth, she has to take care of herself, you will be healing...”. Support was also important for the mother so that she could have time to take care of herself. Liz’s statement supported Shirley’s statement above: “...everyone at home likes him because he is the only baby so a lot of the times there are

other people to look after him so I don't really need to be there all the time". Having support helped them to feel like they could still carry on with their lives and do things that they wished to do without worrying about the baby. For some mothers, having support gave them relief, especially for Rona who felt overwhelmed by taking care of twins. Rona commented: "I wish I could be with both of them for the same amount of time but I can't now so at least she is getting someone to look after her while I'm with this one. This statement echoed the need for support as sometimes some mothers felt that they were not able to be available to their children as much as they wanted to and while this seemed to be distressing for some mothers, the fact that they had support helped them to feel less distressed.

5.4.3 "My husband was there, it was nice": The importance of support from the father

For some of the mothers who were interviewed, their partner's reaction seemed to influence their own feelings and their experience of pregnancy. Connie reported:

...well I love my baby so much I have wanted him for a long time and even though I preferred having a girl I was happy when he came, I mean it did not make a difference to me that it was a boy and you know man always want boys so my husband was very happy and I was also happy. I think that the other thing is that we checked whether it was a boy or a girl before he came so by the time we had the baby I was used to it...

Some mothers were happy for as long as the partner was happy. It seemed that for some mothers, having a happy partner made it easier for the mother to adjust to situations that she would otherwise have not been able to or when she would have preferred a different situation. For Shirley, finding out that she was pregnant brought hope that her relationship with her partner was going to improve. Shirley commented: "I was not expecting to be pregnant but I loved my boyfriend and I was thinking that he will be happy about the baby and at first he was fine with it. So that is why I was happy". Some mothers expected that the partner would be happy about the pregnancy and this also brought hope for increased closeness in the relationship. This seemed to influence the mother's reactions and feelings in a positive way. Connie who had her husband around during birth commented: "...And I think one thing that made things better but it did not help much with the pain, is that my husband was there, it

was nice". Having their partner with them during the process of birth made some of the mothers less anxious and made them feel better even though it did not take away the pain.

For some mothers finding out about the pregnancy caused confusing emotions such that she was unsure of how to react or how her partner would react. Mandy reported:

...like I said nothing, it was like things disappeared like everything stopped and I could not think. But after some time I jumped and looked for my phone, I was shaking and then I called my boyfriend first and he answered the phone so I was listening to him saying hello but I didn't know what to say to him, it was like I forgot what I wanted to say and then I said 'can you come home to, I want to show you something and then he said ok he will come after work. So I waited but I called him again and told him that I was pregnant and then he said that I was lying to him, I told him it's true he can come home and see the test so he came and I showed him and he started smiling and we laughed and then I cried and then...

Knowing that their partner would be supportive helped some of the mothers to identify how they felt about the pregnancy, perhaps because it helped reduce their anxiety. For Liz, having common friends with her partner was helpful to her as she was able to talk to them about her feelings regarding her partner's reaction. Liz reported:

...it was hard but I told my friends first. I think I just thought that if they are my friends they would understand and yah, they were shocked but did support me which helped me tell my boyfriend because they also knew him and we used to hang out with my friends together with him so yah, they were telling me oh, no he'll be fine with it. I didn't believe them, I did hope they were right though, so I told him that I was pregnant and he just kept quiet for some time and then he asked me how, I told him I also don't know and I was shocked by it.

Having the partner's friend's support and assurance about his reaction gave the mother some relief and confidence that the partner would be supportive, this, however, did not take away all the anxiety. Some mothers reported that it felt good to also have their partner be emotionally supportive during the process of pregnancy. Liz reported: "... when I was with my boyfriend because he started getting excited about it so he would spend more time with me, touch my belly and pamper me so it was nice". For other mothers, it seemed that it was more important for the partner to be financially supportive. Rita commented: "...he has always been there, I mean we are still together, not married yet but we live in the same house. He works a lot which means that I do most of the work but when he does get time he spends it at home with our daughter". Some mothers had to choose between emotional support and financial support by the partner, with the latter taking precedence. It seemed, however, that for these mothers, what little time the partner spent at home was highly appreciated. Although they wanted the partner to be around, they had to compromise in order for the partner to be able to provide financially for her and her baby. Rita reported: "I do understand that he has to work to provide for us and there are times when I know, when we want him at home but he can't be there and that's when I feel like he has to be home more but I do understand why he can't be at home or attend something". The statement reflected a need for the partner to be around more and how hard it was for the mother to have to sacrifice this in order for her partner to provide financially. Rita later commented: "I think my boyfriend makes enough to take care of both of us but when I had our daughter I had to take a break from my job and after that I did not go back, I looked for a job that I could do like just half day so that I can be with the baby. I used to work on the weekends but now I can't because there will be no one to be with the baby at home". Some of the mothers also had to choose between being present for their child emotionally and providing financially, as such many of the mothers had to reach a compromise and make arrangements, either allowing the partner to provide financially while the mother takes care of the child's emotional needs, or having grandmother provide emotionally while the mother provides financially.

For some mothers stability in a relationship was regarded as important when having more children and marriage seemed to be regarded as an important display of this commitment. Rita reported:

I mean I do want to have more children and this one has grown up now but I, now I want to get married first, like we have been staying together and it's like we are married but we are not and I think that we have to get married first and then have more children.... yes... I mean now he can just leave and I can also leave if something happens between us but when we are married it's better and just the children to give them something stable.

Some mothers considered marriage as a kind of support as it provides security and stability for the children and the mother. The statement also suggested that marriage, for some mothers, meant that there is commitment by both parents to the relationship and the children.

5.4.4 “I start thinking about my mother and I know that she was a good mother”: Mother’s own mother as support

The support of the mother’s own mother was reported to be important by some mothers during pregnancy, birth and after birth. Grandmothers seemed to be considered a source of knowledge with regards to learning how to take care of the new baby. Liz reported: “I don’t know, things got better once he was out of the hospital and I was at home with my mother. She did everything from bathing to waking up when he cries, I only fed him because I had to do a lot of catching up with my school work”. This statement reflected the relief felt by some mothers that they had help from their own mothers to take care of the baby. The statement also suggested that having their own mothers around to provide support allowed the mother time and space to be somewhere else. For some mothers, not having support from their own mother seemed to have been stressful. Shirley reported: “...sometimes I do think about it, especially about my mother because sometimes I want to talk to someone or I want help and my grandmother can’t help me and I start thinking about my mother and I know that she was a good mother but I can’t ask for help from her”. This statement reflected that not having own mother to help for some mothers was hard because she could not learn from her how to be a good mother.

5.4.5 “She will call me Winnie, and not mama”: Envy versus gratitude - grandmother as mother

Some mothers reported that although they found the support from others to be very helpful, it sometimes felt as though others were trying to take over being mother, and that this felt very difficult for the mother. Rita reported:

I think culturally babies are taken care of by many people and sometimes it is good but mother and baby need to spend time together without other people. You know they say that, ummm... I'm not sure I remember it well, something like 'it takes the whole village to raise a baby' but what about that special bond with the baby, it's just to confuse the baby. I have seen some children who call their mom, grandmother and aunties, even sisters, mom and you can see that the child does not know who the real mother is and I don't want that for my child.

Some mothers felt that the support was sometimes too much and that there was not enough time for the mother to spend time on her own with her child to allow for bonding. The statement also reflected that some mothers found bonding to be very important for the child as well and also that the child needs to know his/her mother. Winnie, whose child was raised by her own mother reported: "... sometimes it was hard but it was my mother but it was still hard sometimes when she refuse to come with me and she will say she wants mama, my mother but I will just say no I am your mother because she will call me Winnie, and not mama". Some mothers felt envious that their babies attached to others more than they did to them and it seems that this was distressing for the mother.

For some mothers, support was felt to be necessary only just after giving birth, in order for the mother to learn how to take care of her child. Rita commented: "...it's good to have support because having a small baby is hard work but not too much support, were people are always there saying do this and that". Some mothers actually felt like they were being controlled by others who it seems were trying to offer some support. For some mothers the 'taking over' by others seemed to bring some relief. Liz commented: "...it's not a nice thing

to experience but I have accepted that he is better off cared for by my mother than me”. This statement reflected that although some mothers were relieved that they had support and someone else was taking care of their child, it was still difficult. Not feeling capable of taking care of the baby lead to resignation by some mothers and a sense that she has lost a chance to be a mother and bond with her child. For some mothers feeling incapable of providing for own child and having to rely on others seemed to cause feelings of envy. Liz reported: I’m very lucky that my mother took over and she is taking care of everything so a lot of the times I don’t worry that my baby does not have things but there are times when I feel like getting him something and I can’t, so those moments I, it hurts but thanks to my mother my child has everything. Some mothers were grateful to those supporting her and her baby, however, it was hard for some mothers not to be able to support herself and her child.

Some of the mothers reported that sometimes the support was so overwhelming that they at some point they had to ignore it in order to ensure that the baby was being taken care of the way the mother herself wanted. Rita reported: “It was about what my baby’s needs were. And you know family members and friends would tell me how to hold and feed my baby to bathing her I didn’t consider their ideas at all, I was guided by what I thought that the baby was comfortable with. Because people don’t understand that people are different and even babies so I wanted to do what was ok for my baby”. Some mothers felt that they knew what was best for the baby, hence it seems that they did not need that much support. The statement also reflected that some mothers felt like they were not being given space to express themselves in the baby’s life. It seemed as well that whether it felt for the mother like people were taking over was dependent on the amount of support that the mother wanted.

5.4.6 “Even when I got sick he did not come to see me”: Lack of support

A lack of support was reported as very stressful by some mothers. One mother Shirley, in particular, reported her experience of pregnancy and motherhood as difficult because of a lack of support from others. Shirley reported:

...he doesn't call to check on the baby and I just think that he is with the girl and I have to take care of the baby alone and now the baby is sick he doesn't care because I told him and he always says that he will come but he never comes and sometimes I think that I am stupid because I know that he is lying but I still, like when he says something, that he will do something, I get happy and think that he will do it and then he doesn't and I start crying. And my friends ask me where he is and how he is and I say, he is fine because if I tell them the truth they will start saying things like, we told you to leave him before and I don't want them to say that.

This statement reflected some shame and guilt by this mother in that she expresses not deserving any support for not listening to her friends' advice. The statement also reflected that some mothers felt alone and at times that they could not handle all the pressures and responsibilities of motherhood. The statement below captured Shirley's sense of despair. Shirley who was considering abortion at the time reported: "I'm not saying that I was going to do it but I was thinking that he was going to be more interested". This statement showed how desperate for support this mother was that she resorted to extreme means of getting it. Shirley later commented: "...even when I got sick he did not come to see me". This statement reflected that without support some mothers felt uncared for and abandoned even when they needed to be cared for.

5.5 Bonding

The present study aimed at investigating women's experiences of bonding due to its link to attachment. As established by previous research, bonding or a lack of it can greatly impact on the mental health of a child (Hart & McMahon, 2006). In particular, how women experience bonding and how bonding and attachment are measured require cultural sensitivity in order to intervene effectively.

5.5.1 "Even that time there is the love that you have for the child even before you see her": Bonding as starting in pregnancy

Some of the mothers reported that for them bonding was a process that started during pregnancy. Connie reported:

I don't think that there are, there is one way to say that this is how you should bond with your child, I mean I started bonding with my baby just after I knew I was pregnant. I was always, I always wanted to protect my stomach and just making sure that I have all the information I need to know about being pregnant and what the child is going through. So I mean when my baby was born I just made sure that I take care of him, feed him and I don't know just talking to him and just getting time to be with him and play.

For some mothers bonding meant learning about what the baby needed even during pregnancy, also taking care of the baby and attending to all his needs including feeding and playing. The following statement by Liz supported the above statement by Connie regarding bonding starting in pregnancy. Liz commented: "I think that a mother needs to bond with the baby, especially from the beginning because it becomes difficult once the baby is born and there is still no bond". For some mothers bonding was difficult if the mother did not have a connection with her baby during pregnancy. For others, bonding meant loving unconditionally. Winnie reported: "...it is supposed to be close with your children and for me bonding started when I was pregnant because even that time there is the love that you have for the child even before you see her. So you just love and take care of the child the way that you think is right to take care of the child". This statement suggested that for some mothers, bonding started in pregnancy by loving the baby without knowing the baby. Most of the mothers, however, experienced bonding as love and closeness.

5.5.2 "A baby is supposed to know that her mother will look after her better": Bonding as loving or as an emotional connection

For some of the mothers, bonding was described as loving or an emotional connection. Liz commented: "...it's feeling or loving your baby like you know having that feeling that this is my baby and I can't wait to have the baby, not when you start feeling like people are staring at me, like I'm being left behind, my friends, school work has stopped because of the baby.

You have to feel love for the baby regardless of what else is happening or what you are missing out on". This statement seemed to reflect that perhaps bonding is linked to the mother's readiness for pregnancy and whether or not the mother finds the pregnancy as an obstacle in pursuing her life goals. It appeared that circumstances determined whether the mother is given space to fall in love with her baby or it left her feeling anxious and ambivalent. Rona, who had one of her twins fall ill and need to be in hospital a lot, felt like she was not able to bond with both twins. Rona reported: "I wouldn't say that because at the moment this one is always sick so I end up being with her all the time and there is not enough time for the other one. I think she will bond more with my mother because she is with her most of the time". Bonding with twins was more difficult and required more time and support and having a sick baby worried the mother more due to the fact that the healthy child was not given the same attention, which the mother worried may impact negatively on bonding.

For some mothers bonding involved a physical and emotional reaction. Mandy commented: "...bonding like feeling love for the baby. Like wanting to, like being happy when you looking at the baby. Sometimes I have this feeling like when I look at the baby, my heart becomes painful like I want to cry because of the love I feel for the baby". For some mothers there was a physical and emotional response from seeing the baby and it seemed that for some mothers the feelings that were evoked were quite powerful. Rita commented: "I was just, I think I cried, I mean when I was pregnant I used to imagine how she was going to look and I would even have dreams about it and when she came she looked so much like how I imagined her in one of the dreams and it was scary but I was just so emotional like finally my child, my baby". Some of the mothers fantasized about how their baby would look when he was born and that this made some mothers very emotional when seeing the baby for the first time.

For some of the mothers bonding was not just about the mother loving her baby, it also about the baby loving the mother. Nelly commented: "I think that I bond with my baby fine because she knows me and she can cry for me when I go somewhere and I also love her". This statement reflected that for some mothers, bonding was said to have occurred when the baby knows the mother and wants to be with the mother. For some mothers bonding was also seen as the baby being dependent on the mother. Nelly reported: "And the baby has to know you

and know that you can do everything for her like she can trust you because a baby is supposed to know that her mother will look after her better than other people so she has to trust the mother”. This statement reflected that for some mothers bonding also required that there is trust between the mother and the baby.

5.5.3 “Because babies don’t talk and they don’t hear”: Dependency - thinking for the baby

Some of the mothers described bonding as the baby’s dependency on the mother to take care of the baby. Winnie reported:

I have realised that when you are a parent, the life and the health of your children is on your shoulders. When the baby is small and she is sick she can’t say that I’m sick so you have to think for the baby and make decisions about what is good for her. You have to think what is the baby feeling so that you can talk for the baby like when the baby is sick with ‘phogwana’, some people don’t like traditional medicine but if you want to save the baby you just try what your elders say or what you think is the best thing for the baby and you end up enjoying being a mother because you know that she depends on you and you also come closer with the baby.

This statement reflected that for some mothers, this dependency on them meant that the mother had to be in touch with what her baby needed all the time. It also meant that the mother had to make the best decisions for her child and this brought about closeness in the mother’s relationship with her baby especially if she met her baby’s needs. Mandy’ statement below supported Winnie’s statement: “also being there for the baby, like taking care of the baby, smiling and laughing and playing with the baby because babies don’t talk and they don’t hear so you have to do things like that so that they are happy and then they can know that this person is taking care of me when I cry they can give me food or something that they want”. This statement echoed that some mothers felt that it was very important for the mother to meet her baby’s needs because the baby is dependent on the mother for happiness.

5.5.4 “...it is being close to the baby and you can see that the baby knows the mother”: Bonding as togetherness and closeness

For some mothers, being separated from her baby was very difficult. Liz reported: “I did feel like that sometimes and I think that with the baby being in hospital after he was born it made it worse for me, especially that he didn’t look like a normal baby until weeks later so I feel like I missed out on the whole bonding thing and it didn’t get better afterwards”. This statement reflected that separation can affect bonding negatively. For some mothers, bonding was also affected by disappointment that came with having a sick baby. Liz later reported: “...but then after a while, I wanted to be with him and to touch him but he had to be in the incubator for at least a week I could only touch him with my finger and it was hard to see him in there”. For some mothers there was a need for closeness and to physically touch the baby and this was very difficult if there was separation. Some mothers reported missing their babies when separated from them as a sign of bonding. Nelly reported: “...it is being close to the baby and you can see that the baby knows the mother and the mother also you love the baby and you feel close. Maybe if you go you feel that you miss the baby”. This statement again reflected that for some mothers, closeness and love were regarded as important for bonding.

Some of the mothers also expressed a feeling of possessiveness when talking about their babies. Winnie commented: “my children are the only people in the world except my mother who I am sure that they love me so I love them the same way also. I can’t explain exactly but it’s just like your things, they belong to you so I love them because they are mine”. For some mothers, the thought that they had created a person who was always going to love and be there for the mother was quite comforting.

5.5.5 “I wanted to look at the baby all the time”: The importance of preoccupation

Also regarded as important to bonding by some of the mothers interviewed was a preoccupation with the baby. Liz reported: “I think the little time I spent with the baby was good because I would never have spent any time with him. Thinking about it I think that’s the whole purpose of staying in the house as well because it gives you time to bond with the child without thinking I have to cook or clean or do what”. This statement reflected that for some

mothers spending time with her baby without any distractions was good for bonding. Some mothers expressed selfishness when it came to spending time with their baby. Mandy reported: “I wanted to look at the baby all the time, I will even be jealous when people want to touch the baby...”. This statement suggested that there might be an instinct to want to spent time with her baby, which was needed for bonding.

5.6 Cultural beliefs

A major aim of the present study was to investigate how culture influences black mothers’ experiences of motherhood and attachment. Again, it was important to provide an understanding of these women’s experiences of motherhood in relation to cultural norms and beliefs in order to allow for more culturally sensitive interventions when necessary, so as to assist in the prevention of possible later mental health problems in infants.

5.6.1 “They say that the father of the baby but also all men should not come near the baby”: Men left out of process

A concern for some of the women interviewed was that some of the cultural beliefs and practices did not allow their men or partners to be involved in the process of pregnancy and for a few months after the baby was born. Nelly reported: “...because you have a life and you are not used to staying in the house for a long time and also because your boyfriend also is not allowed so you can’t see him for 3 months”. It was important for some of the mothers to have the father of the baby present from the beginning of their child’s life. The statement also suggested that the time period that was set for the mother not to go out or see her partner was felt as being too long by some mothers and it seemed that it also felt for some mothers like their own lives had to pause for the three months. For some mothers, it was the lack of understanding the reasons behind the beliefs that made them consider the practice to be unfair. Connie reported:

....So I was supposed to be away from my husband because I can’t do anything for him. Also for the baby, they say that the father of the baby but also all men should not come near the baby because you know men that they can do things when the wife is

pregnant so they say that if the man is doing that then it can damage the baby, I am not sure how but that is what they say...

It seemed from this statement that African culture recognises the likelihood of infidelity and possible harm to the infant by the father when the woman is pregnant. The statement also reflected that some mothers just gave in to the beliefs and practices without understanding the reasons for the beliefs and practices. Some of the mothers felt that this practice was unfair, especially to men who wanted to be part of the process of pregnancy and their child's birth. Rita commented: "...and I always wonder why the father should not be there because he is also the parent and people don't realize that man also want to be there. Maybe those days like for our parents and grandparents it worked but not now and it should be like a choice for us". This statement seemed to reflect that some of the women felt that they should have been given a choice regarding whether or not they wanted the father to be part of the process. Some mothers felt that things are different now from the way they were in their parents and grandparents' generations, hence, they should have been allowed to make decisions about what they wanted. It seemed from the statement that some of the cultural beliefs do not encourage and support bonding between the father and the baby.

Connie also found this practice to be unfair to men who wanted to be involved in the process of pregnancy and childbirth. Connie reported: "...but that's not fair because for me my husband wanted to see the baby and to be there during, when I am giving birth but that is what the elders believe". Connie found it difficult not to have the husband's support when giving birth and her statement suggests that when it came to cultural practices, young women felt that they had no say; they had to follow what the elders said.

Some of the mothers, however, seemed recognised the importance of having elders around particularly after birth. Winnie reported:

I'm not sure but I think when you are married you are staying together so the husband can be around and help you with things at home but still usually the mother or aunt or mother-in-law will come and help so the man does not do a lot. But in pregnancy and

even after the baby is born the older women are very important because they have children so they stay with you and taken care of you also, not just the baby especially if it is the first child because the second child you know how to take care of her.

This suggested that married mothers are at an advantage in having their partners around during the process than unmarried mothers. The statement also reflected that for some mothers, having older women around was important for the mother to learn how to take care of her child as well as for the mother to be taken care of. Some of the mothers interviewed felt this support from older women to be more important for first time mothers who did not know what to do. Connie commented: “I think that when you are, the baby is about to come, that your mother or someone who has children, an older person with experience should be around to help and teach you especially when it is the first baby like me...”. This statement suggested that in African culture, older women have a more important role to play than the father or partner in supporting the mother during pregnancy, birth and after birth.

5.6.2 “I think she has taught me a lot of the things”: Practices transmitted from generation to generation

Some of the mothers interviewed felt that it was important for the cultural beliefs and practices to be transmitted from generation to generation. Mandy reported: “...it feels good especially when the old women praise you and knowing them also then telling others or teaching others about them because even though I don’t like them culture is very important and you can’t say that nothing will happen because sometimes if you don’t bad things can happen”. This statement seemed to reflect concern for the infant from witchcraft. The statement also reflected how learning the beliefs and practices successfully gave some of the mothers a sense of pride and perhaps mastery and it seemed that it felt good for some young mothers to be able to pass them on to others. Some of the mothers reported learning the practices through being raised by their grandparents. Shirley reported:

I was raised by my grandmother and I think she has taught me a lot of the things and I have seen that they work so I do believe some of them but these days they do not work much and we just mix with what the nurses say. Like for my child, if I just said I

will not give traditional medicine maybe he will not be here today so I agree with them even though some I don't like... like staying in the house for three months and not doing anything...

Although some mothers felt it was important to pass on the beliefs and practices from generation to generation, some chose not to follow the cultural beliefs and practices and felt that things were now different from the way they were with past generations. Shirley later reported: "And for giving birth, my grandmother said that my mother was born at home, they didn't go to the clinic but these days they are not many people to trust to give birth at home and also there are many diseases so at least at the hospital the nurses know what they are doing and they use gloves". Although some mothers might have wanted some traditions to be passed on there was safety to think about, especially because of diseases and that people could not be trusted as compared to the past.

5.6.3 "...culture also allows bonding": Culture supports mother's being with the baby

Some of the mothers interviewed felt that following some of the cultural practices helped mothers to bond with their babies. Winnie reported: "I think so because culturally, a woman is supposed to take her baby or hold the baby more than anyone and I think it is because of giving chance so that they can bond with the baby so culture also allows bonding". This statement suggested that some cultural beliefs facilitated bonding between the mother and her baby. While some of the mothers felt that the custom that a mother should stay in the house was too long and that they it kept them from being with their partners, others felt that this period was important for the mother and her baby to bond. Liz reported: "...some I think were even helpful. Thinking about it I think that's the whole purpose of staying in the house as well because it gives you time to bond with the child without thinking I have to cook or clean or do what". For some mothers staying in the house was important for the mother to be able to focus on bonding with her baby without worrying about her other responsibilities.

5.6.4 “So there is that thing about being careful in pregnancy and not exposing yourself to your enemies”: Babies and mothers regarded as vulnerable and unsafe culturally

According to some of the women interviewed, culturally, children are regarded as vulnerable to diseases and bad luck. Connie reported: “...they say about three months also that the baby stays inside the house for three months. I think that they say that the baby, maybe the baby should not mix with other people who can bring, you know, like they are bad people and some who have bad luck so they can make the baby sick”. In terms of cultural beliefs babies are considered unsafe and needing protection from ‘bad’ people who can bring illness to them. While some mothers distanced themselves from these beliefs and practices perhaps because they did not believe them, other mothers felt they should follow the customs ‘just in case’. Some mothers also reported that these ‘bad’ people should not be allowed to hold the baby as this is how they pass on illness to the baby. Shirley commented: “...some people are bad inside their hearts or that they are not good people, sometimes people come to see you and when they leave the baby gets sick, I think even like ‘phogwana’ it comes when people like that have visited and touched the baby...”. This statement reflected that ‘bad’ people were a source of anxiety for some mothers.

Some mothers reported that pregnant mothers are also regarded as vulnerable. Winnie reported: “...because when you are pregnant you can get affected easy by other people so you have to stay at home and not go to where they are a lot of people, just, you never know what the other person is planning for you, some people don’t want you to have children and they can bewitch you so you have to avoid going everywhere”. This statement reflected that during pregnancy, some mothers had anxieties related to being bewitched or bad luck being wished upon them. The statement also suggested that some of the women found it difficult to trust others. A few of the mothers interviewed reported that it was important for the mother to be vigilant during pregnancy and after birth. Liz reported:

...and just things about not mixing with people when pregnant or immediately after birth, all because, you know Africans believe in bad luck, being bewitched so there is that thing about being careful in pregnancy and not exposing yourself to your enemies because like if you are always around people, you don’t know what their intentions are so first three months you stuck in the house and not everyone is allowed to see you...

This statement suggested that it was preferred that the mother stay away from as many people as possible in order to avoid being bewitched. Some mothers reported that at the end of the three months isolation, the baby was believed to be safe and taken out of the house. Mandy reported: "...at the end when the three months is over, there is a celebration, like they say that it is taking the baby out of the house and people bring presents and you just eat a lot of food and sing and dance". From this statement, it seemed like at the end of the three months isolation period, there was a celebration for the baby's survival and a belief that the baby was out of danger.

Some mothers, however, reported that babies are able to sense and prevent witches or bad luck from affecting both the mother and the baby. Liz reported: "...there is a belief that a baby is very powerful, like when there is a baby at home then witches can't come in because babies will sense that and the baby will cry the whole night. It's just like when someone has died and you don't know yet, the baby will be like restless then you know that something is wrong". This statement reflected that in terms of cultural beliefs babies may be regarded as connected to the spirits and able to sense witches.

5.6.5 "...they bury it so that, to protect the baby from witches": Importance of the umbilical cord

The umbilical cord was reported by some mothers to be a tool for witches. Mandy reported: "...they bury it so that, to protect the baby from witches because I don't know but some witches use it and they can kill the baby". This statement reflected that in African beliefs, the umbilical cord needs to be handled carefully in order to prevent it being found by witches. The umbilical cord was also reported to be used by witches to delay the baby's birth which could lead to death of the baby and the mother. Liz reported: "...apparently the umbilical cord can also be used while you are still pregnant to tie the baby to the womb, like those women who get pregnant for over nine months, yah... if people don't want you to have a child they can use it to prevent you from giving birth in time then the baby or even the mother can end up dying". This statement suggested that some mothers might have had some anxiety of losing the baby during pregnancy and birth.

In conclusion, it seemed from the interviews with some mothers that there is some waning of African beliefs and practices among young mothers. One of the mothers interviewed reported that exposure to western culture has changed her views about her own culture. Connie reported: "...here you also learn other things and people in other cultures don't do this but their babies are just fine, so my views have changed a bit, yah, I do believe them but I decided to do what is best for me and my husband". This statement reflected that some mothers compared their own cultural beliefs with western culture and this seems to have led to doubts regarding the reliability of their own culture's beliefs and practices. This statement also suggested that some mothers found western cultural beliefs to be more appealing than African cultural beliefs.

Some of the mothers reported not believing completely in the cultural practices and yet they followed them. Liz reported: "It's just that when it comes to culture things you can't be sure like sometimes you can think that it does not mean anything and then something happens to you or your baby so I don't see myself as a traditional, cultural person but when there are rituals or something to do with culture at home I do what I'm asked to do because you never know". It seemed from this statement that although some mothers reported not believing in the cultural practices, there might have been some part of them that doubted their decision or stand regarding the practices; as a result they followed them in order to be protected should the beliefs and practices be true.

One mother reported feeling forced to follow the cultural practices by her family. Mandy reported: "I don't like them, it's just that the old women don't take no for an answer and they will say hey if you don't do this then if your baby gets sick or even you don't come to us and then there is no choice but to do them". This statement suggested that some women followed the traditional practices only because they felt threatened by the family that something bad was going to happen if they did not follow the practices. Mandy later commented: "I mean a lot of people will say I don't need you, what, what but tomorrow when something happens to you or the baby where will you go". This statement reflected that for some mothers, following the traditional practices was done in order to please their families so that they can get support should they need it in future.

One mother reported believing in the traditional practices but not following them. Connie reported: "...it has been challenging going against the cultural beliefs, like sometimes I would think that what if what they say will happen if you don't do it happens to our baby, I will then blame myself". This statement reflected that not following the practices caused a lot of anxiety to some mothers, particularly for those who believed in the practices.

5.7 Comparison between own upbringing and raising their children

The present study sought to investigate the mothers' perceptions regarding their experiences of motherhood, bonding and attachment and a mother's own upbringing has been reported to be crucial particularly in the way she raises her children and attachment (Adelson and Shapiro, 1994; Chase-Lansdale, Brooks-Gunn & Zamsky, 1994; Papadimitriou, 2008).

5.7.1 "It's like taking what you preferred and ignoring what you felt could have been done differently": Mothers wanting different things for their own children

Most of the mothers interviewed reported wanting things to be different for their children. Connie reported: "I mean my parents did their best with 8 children but it still was hard so I just told myself that when I grow up to have my own children and family I will have everything first then have a child. This statement reflected that for some mothers, wanting things to be different started with wanting their baby to be planned and for the mother to be better prepared to take care of her child. Some of the mothers reported wanting to give their children more than what their parents gave them. Winnie commented: "I think for me I was grown up well by my parents, we were poor but my parents loved me and this makes me want to also love my children and grow them up the same way. I just want my children to do better than me so I will give them all that I can even if they were born outside marriage. From this statement, it seemed that some mothers did not necessarily want their children's upbringing to be different from theirs; they rather wanted to do better and give more than they were given. In order to raise their children differently, some of the mothers had to look back into their own childhood. Rita reported:

...I just remember that my mother tried her best she raised us herself without any help from her mother 'cos she had passed away when we were born like she had passed away when I became a mother. Anyway I wanted my child and I have to be different like for the time that I knew my mother she was not selfish when it came to us but she was very strict which I try not to be with my child. It's like taking what you preferred and ignoring what you felt could have been done differently and trying to do it differently with your own baby...

Some of the mothers seemed to evaluate their own upbringing and to identify areas where they can do better for their children. This however, did not seem to devalue what their parents did for them or how they were raised; most of the mothers seemed to appreciate what their parents did for them. Nelly reported: "I think that if, like me, my mother is a good mother so it gives me motivation and to encourage me to be good to my child also". This statement reflected that some mothers even admired how their mothers raised them and wanted to be like their mothers. Some of the mothers reported that the way they were raised provided a lot of basis for them for raising their children as they learnt a lot of things from their own mothers. Shirley reported: "I think that my mother has taught me important things like that, she was always there for us, me and my sister, she worked and made sure that we had food and clothes and we went to school like other children and I think that's what I want for my baby, that he can have everything he needs, right now it is still difficult to give him because I don't work". For some mothers not being able to raise their children the way they had been raised was hard. This is discussed later in the chapter.

For some mothers, wanting things to be different for their children seemed to have been due to their own difficulties from childhood. Rita reported:

...my childhood was not very good, like I said my mother died when I was young, I was about 10 years old and my grandmother had died before I was born. So I was taken care of by different people and it was not nice, I want my child to have a stable home. It has not like reminded, reminded me of my childhood because I knew that it was because my mother died and I am here for my child and also the father...

Thinking of the difficulties they had during their childhood led to them wanting their children to be raised differently and better.

5.7.2 “I was properly raised by parents who loved me and I can’t do that for my baby”:

Guilt

Some of the mothers who felt that they could not care for their children better than their parents did reported feeling guilty about it. Rona reported: “...honestly I really don’t remember my childhood, I wouldn’t say it’s the same though ‘cos I’m sure that my mother and father loved me a lot more. My situation compared, their situation compare to mine is completely different, that’s why I think that it’s unfair for me to treat them the way that I was not treated so I should treat them the way I was treated even when they fail”. This statement seemed to reflect feelings of guilt and perhaps disappointment about not being able to do better for the children. For some mothers, not being able to do better for their children caused some mothers pain and sadness on top of the guilt. Liz commented: “...honestly I have struggled with the child and wanting so much to be a mother to my baby and not being able to feel that has made me feel bad that I was properly raised by parents who loved me and I can’t do that for my baby. For some mothers the guilt was also in that she could not love her child or feel the way she expected to feel when she had her baby.

5.7.3 “I don’t want her to grow up like me”: Fear of past patterns repeating

Some of the mothers interviewed reported concerns related to past patterns repeating themselves with their children. Rita commented: “The only thing I can worry about is if one of us got sick or died because I don’t want her to grow up like me”. For some mothers, particularly those who had a difficult childhood, the thought of having their children go through the same difficulties the mother experienced as a child seemed to be anxiety provoking. It seemed though that for other mothers, the fear was related to their baby being like their partner, especially a partner who was unsupportive. Shirley reported:

...sometimes I think about it and I feel bad and start crying, hmmm...when the baby was born he looked like him and sometimes it would, you know he likes doing something with his eye [winking] and my baby will do that sometimes and I will start crying. I can't be happy that my son is laughing or doing the thing with his eye because I just think of my boyfriend and what he did and it's hard...

For some mothers, it was evident that feelings of anger and resentment that they had toward their partner were displaced onto the baby.

CHAPTER 6: DISCUSSION

6.1 Introduction

This research aimed to investigate black South African women's experiences of and their opinions on motherhood and attachment. More specifically, the research aimed at understanding how contextual issues such as culture and class or socio-economic status influence mothering in black South African women. The results of this study will be discussed using a framework of psychoanalytic theory. Some of the earliest theories that attempted to explain mother- infant relationship as well as attachment were developed by psychoanalysts. Psychoanalytic or psychodynamic theorists believed that the decision to be a parent was due to inherent biological factors and to a process of identification that occurs in early parent-child relations (Papadimitriou, 2008). Psychoanalysis conceives the origin of interpersonal relations to stem from the infant's earlier dependency relationship with his mother (Ainsworth, 1969). Winnicott (1956) also wrote about the importance of the very early mother-infant relationship in facilitating the infant's development into an independent being. Psychoanalytic theory, particularly object relations theorists, highlighted the importance of a woman's early relationships with her own parents and in particular the importance of a positive identification with her mother and linked this to a woman's desire to be a mother as well as her experience of motherhood (Papadimitriou, 2008). Psychoanalytic theory stressed the value of examining women's early relationships with their parents and how these early childhood experiences might influence decisions around childbearing as well as attachment with their own children (Papadimitriou, 2008).

Psychoanalytic attachment theory has also acknowledged the ambivalence of the mother-infant relationship, the admixture of love and hate and some focus on how this ambivalence can be resolved (Minde, Minde & Vogel, 2006). In psychoanalysis this ambivalence has a bearing on the strength of attachment and dependency behaviour which is crucial in mother-infant attachment. Hence, psychoanalytic theory acknowledges both the biological and social aspects of motherhood. Particularly in African tradition, culture and socialisation often play a major role in motherhood experiences. Hence, understanding women's experiences through psychoanalytic theory may provide a richer insight into the experiences of motherhood of the women interviewed as it allows for the exploration of the social and cultural aspects to motherhood and attachment.

6.2 “I don’t see myself as a traditional, cultural person but when there are rituals or something to do with culture at home I do what I’m asked to do because you never know...”: NEGOTIATING CULTURAL BELIEFS

6.2.1 The cultural beliefs emerging from the interviews

The exploration of cultural practices around pregnancy, birth and after birth that were mentioned by the mothers interviewed were varied and represented a variety of South African cultures, such as: Zulu, Sotho, Tswana and Xhosa. Many of the women in this study mentioned as a cultural belief and practice the importance of their own mothers as well as older women during pregnancy, birth and after birth. Some of the women mentioned that once a woman is pregnant, according to cultural norms they are expected to go back to live with their own mothers. These older women and the mothers’ own mothers were regarded as crucial in passing on important cultural beliefs to their daughters. This notion was also reported in a paper written by Frost and Van der Walt (2010). Many of the women interviewed, while appreciating this support from their own mothers and older women, reported not liking the practice as it resulted in separation from their partners who were not allowed to be present much during pregnancy, birth and shortly after birth.

Another commonly expressed cultural belief was that the father or partner was not allowed to see the baby during the first 3 months after birth. The reasons for this were that he is believed to be potentially dangerous to the child during the first 3 months of his/her life. The women explained that infidelity by the father during this time is expected. It is then believed that a man who has been unfaithful is contaminated and thus can harm the child. In marriage situations, the father can see baby, but only after the umbilical cord has fallen off. The umbilical cord was said to be a powerful tool for witches or sangomas and that it can be used to cause death. The umbilical cord can also be used in pregnancy to delay childbirth and cause death to both mother and child. Some of the women who were interviewed reported some ambivalence regarding following these beliefs. As mentioned earlier, there was some frustration about being separated from their partners as well as staying in isolation for 3 months after the baby’s birth, however, these women felt pressure to follow these beliefs as they worried about witchcraft and their baby’s safety.

Women are also believed to be ‘contagious’ or ‘dirty’ after birth and are not allowed to be with the father /partner and to cook for him. Frost and Van der Walt (2010) explained that a woman that is about to give birth is regarded as “contagious and dangerous to other people, cattle and crops as well as to the virility of men. She is believed to be between worlds of life and death and is therefore very dangerous, and they are seen as bad luck and able to create death and misfortune” (p. 10). The woman is said to be in a state of ‘pollution’. For this reason after the birth of her child a woman is expected to stay at home and to have limited contact with the outside world. “She is regarded as weak and sickly. The mother is also considered a threat to her baby during this time and that she may contaminate the child” (Frost & Van der Walt, 2010, p. 10). Women who are pregnant or breast feeding also avoid death and funerals as a way to protect themselves as well as the baby.

Some of the women who were interviewed mentioned that they were not allowed to attend funerals when pregnant, they were especially not allowed to take part in some of the rituals such as where family members throw some soil into the grave. Doing this was reported by the mother to have the potential of bringing death to the child since it was seen as throwing the baby into the grave. However, the mother and the baby are also believed to be vulnerable to harm by others through witchcraft. Therefore the mother and the baby are expected to stay in isolation for 3 months. The belief was that there is jealousy from others who may want to harm or kill the baby. According to Caldwell and Caldwell (1987) most African societies have strong conceptions of evil manifesting itself in everyday life. This may be seen through “inauspicious acts or circumstances or of the evil eye, but the most common manifestation is witchcraft. Witchcraft is extremely disruptive: usually it can be practiced effectively only against a close relative, and, hence, sickness and death may give rise to even more disquiet in the form of suspicion and hatred” (Caldwell & Caldwell, 1987, p. 417). According to some of the women interviewed, the baby has to be washed using traditional medicine before people can see her so that people do not bring illnesses to the baby. At the end of 3 months there is then a celebration for the baby’s survival.

6.2.2 Bonding and Cultural beliefs

6.2.2.1 Grappling with two cultures

It appeared that for most of the women who were interviewed for the present study, cultural beliefs and practices influenced their responses and decisions regarding their pregnancy and mothering. In terms of culture, there seemed to be a grappling with an integration of two cultures by the women who were interviewed. Successfully learning the beliefs and practices of their own culture gave some of the mothers a sense of pride and perhaps mastery, in that it felt good for these young mothers to be able to pass the beliefs and practices to their friends and those younger than them, for instance Mandy reported: "...it feels good especially when the old women praise you and knowing them [beliefs and rituals], also then telling others or teaching others about them because even though I don't like them, culture is very important and you can't say that nothing will happen because sometimes if you don't, bad things can happen". However, some of the mothers were not very keen on learning or even following the practices as reflected by Connie's statement: "...here [at the clinic] you also learn other things and people in other cultures don't do this but their babies are just fine, so my views have changed a bit, yah, I do believe them but I decided to do what is best for me and my husband". It seemed from the interviews with some of the mothers that there is some waning of African beliefs and practices. While the mothers seemed to respect traditional beliefs and most of them have followed their cultural practices surrounding pregnancy, birth, motherhood, bonding and attachment, they reported that exposure to western culture has begun changing their views about their own culture and it seemed as though when compared to their own cultural beliefs, some of the mothers found western cultural beliefs to be better suited to their needs and/or situations.

It appears that what seemed to be happening for some of these mothers was a concept that has been extensively researched and referred to as acculturation. Acculturation has been defined by Morapedi (2008, p. 47) as "that phenomenon which results when groups of individuals having different cultures come into continuous first-hand contact, with subsequent changes in the original culture patterns of either or both groups". These changes may include language preference, adopting some common attitudes and values, joining common social groups and institutions and loss of political and ethnic identity. Bornstein and Cote (2006) added that the concept of acculturation also occurs in family roles, parent-child relationships, and in

particular, in practices and cognitions about childrearing and child development. At its core, acculturation presumes that individuals may choose or reject behaviours based on their cultural beliefs (Hunt, Schneider & Comer, 2004). What emerged from the interviews in the present study was that for those mothers who practiced some of the western cultural beliefs, they chose only those traditional African practices that they found useful to themselves as mothers of a different generation from their own mothers and grandmothers. What seemed to be happening was not a complete rejection of their traditional African cultural beliefs but a tendency to choose aspects from both African and Western cultural beliefs regarding pregnancy, childbirth and parenting. Morapedi (2008, p. 47) explained that “acculturation does not necessarily have to result in new, alien traits completely replacing the old indigenous one”, suggesting that these new traits or beliefs may be mixed with the traditional ones.

It was also found in the current study that while some of the mothers reported not believing completely in their cultural practices and wishing to follow western practices, most of them still followed certain of their practices and customs. For example, Liz reported: “It’s just that when it comes to culture, things you can’t be sure like sometimes you can think that it does not mean anything and then something happens to you or your baby, so I don’t see myself as a traditional, cultural person but when there are rituals or something to do with culture at home I do what I’m asked to do because you never know”. This following of African traditional beliefs despite their mixed feelings towards them seemed to have been motivated by fear of possible harm to themselves or their babies, as well as by a fear of losing their families’ support and anticipated negative reactions of their families. Mandy also commented on ambivalent feelings towards older generations: “I mean a lot of people will say I don’t need you, what, what, but tomorrow when something happens to you or the baby, where will you go”. These mothers reported following the traditional practices in order to please their families so that they could still access support should they need it in future. Bornstein and Cote (2006) mention that sometimes acculturation can create what they refer to as culture conflict. This culture conflict was said, at times, to be resolved and/or avoided by the acculturating person withdrawing from the acculturation.

As mentioned earlier, some of the traditional practices around childbirth are often around protecting the mother, child and father from the danger associated with the state of pollution which is believed to associate pregnancy and birth with being near death and dying (Frost & Van der Walt, 2010). African tradition also places strong emphasis on appeasing and showing respect to ancestors as well as introducing the child to its ancestors (Caldwell & Caldwell, 1987). Some of the mothers who were interviewed reported having followed their cultural beliefs despite not believing in them in order to feel protected should the practices be true. For those who did not follow the practices, a great deal of anxiety and an uncertainty regarding their safety and support was reported, for instance Connie stated: "...it has been challenging going against the cultural beliefs, like sometimes I would think that what if what they say will happen if you don't do it happens to our baby, I will then blame myself". Hence, while the notion that western societies allow couples more freedom with regard to decisions around parenthood, without interference from others (Dyer, 2007) can be seen to be beginning to emerge in these mothers' interviews due to some apparent acculturation, it appears as though the strict traditional beliefs and rules around parenting within African culture still exert a pressure on couples to conform.

6.2.3 The changing role of the father in African culture

Many of the women interviewed reported that some of the cultural practices limit the father's involvement during pregnancy, birth and after birth. A concern for most of the women interviewed was that some of the cultural beliefs and practices did not allow their men or partners to be involved in the process of pregnancy and for a few months after the baby was born. It seemed important for these mothers to have the father of the baby present from the beginning of their child's life. At times the mothers expressed a lack of understanding of the reasons behind the belief, as such they experienced the practice to be unfair. It seemed that in these women's cultural beliefs and practices, the role of men during pregnancy, birth and after birth is significantly different to the beliefs and practices associated with Western culture. At times the men are even considered a potential threat/danger to the baby's life. It has been reported in literature that in more rural African societies, husbands/partners are only responsible for financial provision as opposed to emotional support. According to Frost and Van der Walt (2010) some Zulu women reported that their relationships with their husbands

were not necessarily built on love and mutual respect instead they viewed their husbands/partners in terms of financial provision.

It appears that as opposed to Western practices and literature where the father was identified as playing a crucial role of emotionally supporting and protecting the mother during these early days, within African culture this role is given to older women. These older women are regarded as important for their experience as mothers as well as in passing on the cultural practices around pregnancy and birth (Frost & Van Der Walt, 2010; Caldwell & Caldwell, 1987). Grandmothers in particular, seemed to be considered a source of knowledge with regards to learning how to take care of the new baby. This support and knowledge gained from the older women was highly appreciated, particularly by the new mothers who were interviewed. Having the older women around to provide support was reported by some of the mothers who were interviewed to have allowed them time and space to be somewhere else when necessary, and was also a great relief in that the mothers did not have to worry as much about other responsibilities, they could focus their attention on their babies. However, as mentioned previously, the new mothers felt that this separation from their partners was too long and expressed needing them to be emotionally available as well. In western cultural beliefs and practices as well as in the Western literature it appears that men are regarded as very important particularly with regards to emotionally supporting the mother. It would seem that with these new urban African mothers being responsible for financially supporting their families as well, the reliance on the fathers for financial provision is greatly reduced, hence these women are voicing a need for their partners to be more emotionally supportive and available.

According to Winnicott (1960), the role of father as a primary support to the mother is crucial in that it allows the mother to then be completely devoted to her baby both emotionally and physically. That is, according to Winnicott (1960) the father is important for providing the mother with a secure and containing environment hence facilitating her preoccupation with the infant. This preoccupation has been identified as crucial with regards to the mother's bonding with the child. Primary maternal preoccupation, as described in Winnicott (1956) "gradually develops and becomes a state of heightened sensitivity during, and especially towards the end of, the pregnancy". For some of the mothers interviewed, failure to reach this

state during pregnancy seemed to have led to some difficulty in bonding after the birth of the baby. This was seen in particular with some of the mothers who struggled in their relationships with their partners. Shirley who struggled with her relationship with her boyfriend at the time her son was born commented: "...sometimes I still look at him and think of my boyfriend and then I will feel sad but it is not because of him, I just remember what happened and then I can just leave him there. I see him sometimes, like when he cries that he wants me to hold him and I feel bad when I can't do that". The above statement seemed to suggest that some of the mother's feelings toward her partner at times led to feelings of sadness and rejection of the child by the mother.

What seemed to be a concern for these mothers was that the custom of the father not being allowed near the baby after birth because he is believed to be potentially dangerous did not encourage and support bonding between the father and the baby or facilitate closeness between the father and the mother. It seemed that the mothers in this study felt that African culture recognises the likelihood of infidelity by the father when the woman is pregnant and seemed to accept this. Some of the women reported having been told by their mothers and grandmothers to not let their partners near the baby since these partners were thought to be involved in sexual relations with other women while their partners were 'healing' from giving birth. Winnie commented: "you know sometimes man also can see other woman when the mother is pregnant and that is not good for the baby, maybe they sleep with a woman now and they come to see the baby and they have not washed". Winnie's statement seemed to reflect not only an awareness of the possibility of infidelity but to a certain degree an acceptance of the infidelity as well.

Many of the mothers who were interviewed reported not having a clear understanding of why the father is not allowed to be part of this process. Rita commented: "...and I always wonder why the father should not be there because he is also the parent and people don't realize that the man also want to be there. Maybe those days like for our parents and grandparents it worked but not now and it should be like a choice for us". Many of the mothers who were interviewed felt that they should have been given a choice regarding whether or not they wanted the father to be part of the process. Despite their disagreement with this particular cultural belief, it seemed that these mothers felt that other cultural beliefs and customs helped

facilitate bonding between mothers and their babies. Most of these mothers seemed to refer to the custom where a mother is expected to stay inside the house with her baby for 3 months. The mothers felt that this period was important for the mother to be able to focus on bonding with her baby without worrying about her other responsibilities. During this time, the mother and the baby are regarded as vulnerable and unsafe and hence kept isolated from others including the father of the baby, as previously mentioned.

6.2.4 Mother's anxiety: a cultural explanation

The mothers reported having felt a great deal of anxiety during pregnancy and after birth. This anxiety seemed to be linked to a fear of being bewitched and coming into contact with those to whom they referred as 'bad' people. There were also fears regarding the umbilical cord. These women believed that the umbilical cord could be used to harm both the mother and the baby, during and after pregnancy. As mentioned earlier, most African societies strongly believe in evil being present in everyday life and the most common manifestation being witchcraft (Caldwell & Caldwell, 1987). Witchcraft was said to play an important role in beliefs about fertility and child death. It is believed that most often witchcraft is practiced against a person by killing the person's children instead of the hated adult (Caldwell & Caldwell, 1987). It was found in this study that these mothers seemed to have been anxious about their baby dying. The mothers who were interviewed reported therefore that it was important for the mother to be vigilant during pregnancy and after birth.

Taubman-Ben-Ari and Katz-Ben-Ami (2008) discussed in their paper what they referred to as death anxiety and that often the experience of giving birth causes a great deal of death anxiety for a mother and this anxiety is usually associated with other anxieties including losing the foetus or even the mother losing some parts of herself that existed preceding the pregnancy. While for followers and believers of these African cultural beliefs this is experienced as a real anxiety based on previous real experiences and cultural customs, beliefs and practices, psychologically this may perhaps be understood as a psychological process linked to the mothers own experiences of separation in their childhood and transitioning into motherhood which for some mothers evokes a sense of losing parts of themselves. Taubman-Ben-Ari and Katz-Ben-Ami (2008) further stated that the sense of loss of a part of oneself is usually

heightened by the baby's need to individuate and can be seen mostly with first time mothers. The mothers from the current study also seemed to be reporting just how vulnerable the bonding or connection between the mother and her baby is and there were fears of loss of this connection due to witchcraft as well as the lack of support by the father.

6.3 “Everything is money, especially when it comes to the baby because you need a lot of things for the children: clothes, napkins, toys, food, toiletries, everything...”: **SOCIOECONOMIC FACTORS**

The current study yielded results suggesting that the experience of motherhood and attachment is in part shaped by the socioeconomic status of the mother and her family. Financial readiness was regarded as important in raising a baby by most of the mothers. Not having enough money to take care of the baby seemed to make some mothers feel unhappy and inadequate. Shirley reported: “I don't have enough money to take care of the baby and my grandmother, she just gets a grant but it is also not enough so it is difficult because sometimes I want to buy things for the baby and I can't do that, but I am looking for a job now and maybe things will be better”. Some of the mothers reported that being unable to provide even the basic material things for their children left them feeling helpless and with a sense of having failed their children. This sense of failure in parenthood has been found in the literature to cause feelings of emptiness, worthlessness, and helplessness (Taubman-Ben-Ari & Katz-Ben-Ami, 2008). Not being able to provide for their children financially and having to rely on others was also reported by some mothers to be exhausting mentally. These mothers explained that this was because the mother spent most of her time thinking of ways to provide for her child without enough money. Winnie commented: “Everything is money, especially when it comes to the baby because you need a lot of things for the children, clothes, napkins, toys, food, toiletries, everything, so money is important and if you don't have enough it becomes difficult to focus on the baby, you just think what are we going to eat, what is she wearing to school things like that”.

What seemed to concern the mothers who struggled to provide financially for their children was that this seemed to impact on their ability to provide emotional caring for their children.

What is interesting about these women's comments is that there seems to be a cultural shift in terms of gender roles. As discussed earlier, in traditional African cultural practice, men were regarded as breadwinners: mainly responsible for financially providing for their families. However it seems that some of the women interviewed in this study felt responsible for financial provision as well. Frost and Van der Walt (2010) stated in their paper that the role of Zulu women was primarily to work in the home, marriage and child rearing. From the findings of this study with urban African mothers, it seems that this has shifted. This urban cultural shift was also seen in terms of choices to have more children. Having more children requires even more money from the mother in order for her to be able to take care of her children. In reviewing literature on fertility and the value of children in rural African societies, where less acculturation has occurred, it would seem that financial position would be irrelevant in terms of decisions to have more children. According to Dyer (2007) decisions to have children in more traditional African societies are based mainly on five reasons which include: "continuation of the family line and to ensure inheritance; for assistance in domestic and work-related tasks and for security in old age; to obey a religious command to reproduce; for joy and companionship; and for reasons related to respect and social status" (pg. 70). Nugent (1985) added that for some parents old-age security was an important factor, particularly when the parent is uncertain about being able to support him/herself in old-age and doubtful about finding a more reliable or effective source of support than his/her own children. Rural African societies seem to place great value in having children and often financial readiness or stability is not a factor in terms of influencing decisions about having children.

Results from the present study however contradicted this view showing that for the many of the women who were interviewed, financial readiness was an important factor in making decisions to have more children. The mothers in this study expressed needing to be financially stable before having more children. Rona commented: "...maybe if I'm more financially stronger or if I can afford to have another child I would". Some of the mothers who could not provide financially for their children reported having made sacrifices such as leaving children with their own mothers who were felt to be more financially able to care and provide for the children. Most of the mothers found it difficult to rely on other people, such as the child's father, for money to take care of their baby. While some of the mothers interviewed found some relief in knowing that they could rely on their own mothers for

financial support, at times this caused envy and guilt. Some of the mothers interviewed reported being envious at times to see their children being closer to their own mothers than them. The mothers also expressed guilt about not being able to care for their children the way their own mothers were able to care for them. Feelings of resentment and loss were also evident in that some of the mothers also felt that they had lost financial freedom, in that a child meant that they could not spend money as they wished; that they had to think about their children's needs not just in the present but also in the future.

6.4 “...my heart becomes painful like I want to cry because of the love I feel for the baby...”: AFRICAN MOTHERS’ EXPERIENCES OF PREGNANCY AND BIRTH

The present study also aimed at exploring how black South African women experience attachment to their infants. Pregnancy has been described as a process in a woman's development that involves several changes over time in the way a woman sees herself, her unborn child as well as her relationship with her child (Hart & McMahon, 2006). According to Hart and McMahon (2006) maternal role attainment is a process that becomes integrated into a woman's established role and it is through this process that a woman gets to achieve a sense of competence that she can carry out mothering responsibilities and behaviours. The formation of one's maternal identity is intertwined with the process of developing an emotional attachment to the child and it is thought that both processes start developing during pregnancy and continue after birth (Hart & McMahon, 2006).

6.4.1 Bonding as beginning in pregnancy

Pregnancy, as described by many of the mothers who were interviewed for the present study, was a transition that was met with great ambivalence and uncertainty. Pregnancy was experienced by these mothers not only as a rewarding process but one that was also filled with challenges and one that provoked a great deal of anxiety and fear. Through all these challenges and rewards, these mothers described pregnancy as a process in which they were discovering themselves in a new identity as well as in relation to their unborn child. They described pregnancy as the beginnings of a bonding process with their unborn babies. In

retrospect, these mothers stressed the importance of having a relationship with the child that begins in pregnancy as indicated by Liz's comment: "I think that a mother needs to bond with the baby, especially from the beginning because it becomes difficult once the baby is born and there is still no bond". They found that the initial bonding during pregnancy helped them transition much more easily into being mothers and forming an emotional attachment to their baby. Hart and McMahan (2006) explained that mothers who are not able to develop a maternal identity during pregnancy may struggle to develop positive feelings about the unborn baby and also find it difficult to come to terms with the pregnancy and the demands of the mothering role. How a mother defines herself in relation to her unborn child during pregnancy was reported to have an influence on the way in which she perceives and interacts with her infant (Hart & McMahan, 2006).

Some of the women reported anxieties related to their readiness to have a child in terms of their financial stability, the stability within their relationships or even with regards to their age and also whether they were ready to carry out the responsibilities associated with motherhood. For many of the mothers, having a baby meant negotiating their current responsibilities and letting go of some of them in order to be ready to be accountable for someone else's life. Many mothers in this study seemed to have been able to negotiate these responsibilities and it seemed as though by the end of the pregnancy they had started to bond with their unborn babies. Miller (2007) stressed the importance of this relationship between the infant and her mother to not be about a natural and instinctive bond but that it should be about a relationship that is built up over time and through practice. For the few mothers who struggled however, it seemed that readiness was a big factor and these mothers spent a great deal of time worrying about the pregnancy and felt that they did not have time to come to terms with it. As such these mothers reported struggling more to adjust and bond with the baby after birth.

For one of the mothers in this study, adjusting and coming to terms with her pregnancy seemed successful until she found out during giving birth that she was having twins. Rona reported: "I was all the time preparing for one child only and when the one came out it was like ok, your stomach isn't going down, I was like yah, it will go down with time, she was like, no there is still another one coming out, I was like oh my god, that was like another I

don't know, I was shocked, I was happy at the same time... So I'm like getting used to the fact that I am having twins, I was only looking for one...". Rona seemed to be describing a struggle in having to make more space for the second child. It later emerged in her interview that this experience had greatly impacted on her bonding with her children.

Other mothers reported that other social circumstances such as relationship difficulties with their partners seemed to preoccupy the mother such that she did not have much time and space in her mind to start thinking about her pregnancy. For some mothers these circumstances also seemed to have caused difficulties in the way they related to their infant. There seemed to be a displacement of feelings at times from their partner to the baby causing the mother to be less attentive and responsive to her infant. Shirley commented: "...he just makes me remember my boyfriend and makes me feel angry, but not at the baby, it's just that I don't want the baby to see me when I cry and when I feel angry..... I love him but sometimes I don't feel like being there, I just want to be sleep because I feel sad and angry". This seemed to reiterate the need for the mother to have time to make necessary adjustments in order to create mental space to think for and about the child. According to Hart and McMahon (2006) internal state such as mood can affect the quality the developing relationship between the mother and her unborn baby. However, external factors such as life-events and having other children, may impact more with regards to the intensity of preoccupation with the baby (Hart & McMahon, 2006). As discussed earlier, preoccupation (Winnicott, 1960) has been identified as important in the development of bonding and attachment between the mother and her baby.

It can be concluded from the above that for the women who were interviewed, bonding during pregnancy was regarded as an important process in terms of forming an attachment to an infant. It can also be concluded that this process was found to be very difficult in that it required the mother to give a lot of her time and her mental and emotional space to this new being forming inside of her. It also appeared that at times cultural beliefs and practices complicated this process for some of the mothers interviewed. What seemed important from what the mothers in this study reported is that they were able to acknowledge the ambivalence, challenges and difficulties that came with this process. Mandy commented: "... hard, like great moments, I think everyone, ok every woman should experience that but it is

not easy at all. It depends on the individual but I think there were both good and bad moments”. Winnie also commented: “Being a parent can be very hard because everything is about the children”. These statements reflect some acknowledgement of how difficult motherhood can be and that motherhood means a loss of time and space for the mother to think about herself. As discussed in the literature review, often in African cultures, mothers are expected to find only joy and pride in their identity as mothers and that this often makes it difficult for women to express some of the ambivalence and challenges that come with this identity (Kruger, 2003; Yenika-Agbaw, 2008; Walker, 1995).

6.4.2 Bonding according to the mothers in the study

Many of the mothers interviewed in the present study described bonding as loving or an emotional connection. The mothers reported quite powerful feelings being evoked during the bonding process. For some mothers bonding involved a physical and emotional reaction particularly when seeing the baby. For instance, Mandy commented: “...bonding like feeling love for the baby. Like wanting to, like being happy when you looking at the baby. Sometimes I have this feeling like when I look at the baby, my heart becomes painful like I want to cry because of the love I feel for the baby”. For some mothers bonding was also seen as the baby being dependent on the mother and it required that there be trust between the mother and her baby. For instance, Nelly reported: “And the baby has to know you and know that you can do everything for her like she can trust you because a baby is supposed to know that her mother will look after her better than other people so she has to trust the mother”. This dependency meant that the mother had to be in touch with what her baby needed all the time. It also meant that the mother had to make the best decisions for her child and this brought about closeness in the mother’s relationship with her baby especially if she met her baby’s needs.

Winnicott writes about the concepts of holding and handling being critical in the development of an infant and how he/she relates to the environment. Holding refers to the actual care provided by mother through her timely responses to the baby’s gestures. Winnicott described holding as the actual picking up of the baby, gathering him/her together, bathing, feeding, and everything else the mother does for the baby and that these add up to the infant’s idea of the mother (Winnicott, 1963). Handling helps the infant get a sense of his/her own body. According to Winnicott (1970), the baby has no understanding or

experience of what being a baby is hence he/she depends on the mother's capacity to adapt to his/her own needs. Winnicott (1963) identified attentive holding of the infant as well as an active and adaptive handling environment as crucial for the child to attain a sense of self as separate from others (Winnicott, 1963). Many of the mothers interviewed felt that it was very important for the mother to meet her baby's needs because the baby is dependent on the mother for 'happiness'.

6.4.3 Factors influencing bonding and attachment

6.4.3.1 Baby's health: separation

Circumstances seemed to determine whether the mother is given space to fall in love with her baby or whether she is left feeling anxious and ambivalent. Miller (2007) stated that there will always be challenges as the lifelong relationship of mothering unfolds. Some of the mothers who were interviewed expressed a feeling of possessiveness when talking about their babies. For these mothers, being separated from their baby was described as very difficult. Liz who gave birth to a premature baby reported: "I think that with the baby being in hospital after he was born it made it worse for me, especially that he didn't look like a normal baby until weeks later so I feel like I missed out on the whole bonding thing and it didn't get better afterwards". Her despair is captured in the following statement "after a while, I wanted to be with him and to touch him but he had to be in the incubator for at least a week I could only touch him with my finger and it was hard to see him in there".

According to Taubman-Ben-Ari and Katz-Ben-Ami (2008) the separation of mothers from their babies has been addressed in literature, however, the focus has been on its effects on the infants and less attention has been paid to the effect that this separation has on the mothers themselves. Taubman-Ben-Ari and Katz-Ben-Ami (2008) however postulated that "the degree to which separation from her infant generates difficulties and anxieties for the mother may influence her maternal behaviour and, in turn, her infant's emotional development" (pg. 737). This was supported in this study where some of the mothers reported that separation impacted on the bonding process negatively. Some mothers reported a need for closeness and to physically touch the baby and this was very difficult if there was separation.

Bowlby (1969) suggested that mothers have an instinctual need or inclination to protect their young ones, therefore if anything interferes with this ability to provide protection, security and comfort, such as separation, the mother suffers anxiety. This seemed particular with mothers who had sick children. While these mothers reported a relief in the child being taken away from them, they also expressed a strong need to protect their babies as well as missing their babies. According to Taubman-Ben-Ari and Katz-Ben-Ami (2008) maternal separation anxiety has been linked to a number of variables and these include attachment style, self-esteem, mothers' perceptions of their own mothers and infant characteristics. Insecurely attached mothers have been found to have higher levels of maternal separation anxiety than those securely attached. Difficulties with separation, due to various reasons, are seen as particularly significant for the mother-child relationship, and alleged to be reflected in problems with interpersonal differentiation, distancing, and boundary formation for both mother and child (Taubman-Ben-Ari & Katz-Ben-Ami, 2008).

Hart and McMahon (2006) stated that anxieties that are specific to pregnancy may actually improve mother-child attachment. They referred to anxieties about the baby's health, motherhood and the relationship with the foetus. For many of the mothers in this study, being pregnant entailed managing anxieties related to the baby's health. None of the mothers wanted to see their child go through any kind of suffering and if it happened, it appeared to cause distress and suffering for the mother as well. Thus, contradictory to the findings by Hart and McMahon (2006) some of the women in the present study who reported having felt anxieties during their pregnancy especially in relation to their children's health indicated that this led to feelings of disappointment and fear which they felt seemed to have had a negative impact in their relationship with their children.

6.4.4 Grandmothering: envy and guilt

Many of the mothers in the present study reported that motherhood resulted in them reflecting on how they were raised by their own mothers. This seemed to raise anxieties particularly for mothers whose experiences of childhood were traumatic and these mothers often expressed wanting to raise their children differently. Adelson and Shapiro (1994) stated that unresolved traumatic childhood experiences by some mothers may be repeated with the mother's own

children. Adelson and Shapiro (1994) however suggested that having had a traumatic childhood does not necessarily predict that the mother's child/ren will suffer from mental health problems. They stressed that sometimes parents who have known suffering find healing of their childhood pain in the experience of raising a child (Adelson & Shapiro, 1994).

Wharton and Thorne (1997) cited motherhood as one of the aspects of family life that may strengthen or ease family ties, suggesting that daughters often have an increased desire for closeness and continuity with their mothers when they become mothers themselves. Literature on African-American families has regarded the role of grandmothers as critical in modelling parenting for their daughters and rearing their grandchildren (Chase-Lansdale, Brooks-Gunn & Zamsky, 1994). However, according to Chase-Lansdale, Brooks-Gunn and Zamsky (1994) the sharing of child rearing by mothers and grandmothers may result in conflict that often interferes with mothers' parenting. There has also been controversy around whether or not grandmothers provide healthier parenting to their grandchildren as compared to when children are raised by their own mothers (Brockhoff, 1994). Some of the mothers reported that feeling incapable of taking care of the baby and having their child live with their grandmother, led to feelings of resignation and a sense that the mother had lost a chance to be a mother and bond with her child. Hence these mothers felt envious that their babies attached to their own mothers more than they did to them. Winnie commented: "... sometimes it was hard, but it was my mother, but it was still hard sometimes when she refuse to come with me and she will say she wants mama, my mother but I will just say no I am your mother because she will call me Winnie, and not mama".

Chase-Lansdale, Brooks-Gunn and Zamsky (1994) stated, however, that grandmothers are not necessarily taking a shared motherly role, but rather that they have a different type of relationship with the child. Studies seemed to suggest that grandmother input is more beneficial in cases of very young mothers who without the support of their families face great difficulties in terms of combining parenthood with their own development as well as in dealing with educational or occupational needs (Chase-Lansdale, Brooks-Gunn & Zamsky, 1994). Many of the mothers interviewed in the present study reported struggling with the fact that motherhood meant a loss of time for themselves as well as the loss of opportunities. The

mothers reported battling to accept the loss brought on by pregnancy and expressed regret and at times resentment toward their babies which seemed to have affected the attachment for some of the mothers. The mothers who reported struggling with this the most were the younger mothers. Often mothers reported sadness in that their needs had to always come second to their child's. According to Dyer (2007) even though transitioning into motherhood is regarded as a major life event that often is experienced as joyful and providing a sense of fulfillment and challenge, it can also be a source of distress and may cause anxiety and feelings of incompetence and interpersonal loneliness. This transition may also arouse a sense of loss of autonomy, time, appearance, and occupational identity. Some of the mothers interviewed also reported feeling guilty about expressing the regret they had for having their children. It seemed that for some of these mothers, having their own mothers raise their children was a way to partially alleviate the guilt. Hence, having their own mothers involved provided on the one hand much needed support and relief for the mother and on the other hand it also resulted in the mother feelings of envy and left some of the mothers feeling as though they had lost an opportunity to know and attach to their children.

6.5 Conclusion

In summary, pregnancy was described as a process in these women's development that involved several changes (positive and negative), emotions as well as struggles. The mothers interviewed related motherhood as an experience that required physical, mental and emotional adjustment by the mother. They described great ambivalence and uncertainty regarding the processes of pregnancy, bonding and birth. For many of the mothers, bonding began in pregnancy and it involved discovering new parts of themselves and transitioning into a new identity as mothers. This period also involved forming a relationship with their unborn children. This initial bonding during pregnancy was found to be helpful for the mother to transition much more easily into the role of mother and forming an emotional attachment to her child.

The present study showed that cultural beliefs have a great impact on how the mothers interviewed experienced motherhood. Many of the mothers in the study described grappling with integrating their own traditional African beliefs and newly learnt western beliefs. These

mothers found that with exposure to western beliefs and living in a city where the demands of living are different from rural life, it became difficult to practice and adhere to all traditional beliefs and practices. Many of these mothers reported choosing aspects of both their traditional African beliefs and western beliefs they found useful to them. A major concern for many of the mothers interviewed was with regards to cultural practices limiting their partners' involvement during pregnancy and after birth. Many of the mothers expressed a lack of understanding of this belief as such experienced the practice as unfair. These mothers reported needing their partners to be available to them for emotional support during this transition into motherhood. It appears that this role was given to older women including the mothers' own mothers. This support by older women was highly valued by the mothers interviewed, however, it seemed to have also caused some feelings of envy and guilt. Some of the mothers reported that the involvement of the older women at times left them feeling incapable of caring for their own children and for some led to a resignation and a sense that they had lost a chance to be mothers to their own children.

Many of the mothers interviewed in the study reported a great deal of anxiety during their pregnancy as well as soon after birth. This anxiety was linked to a fear of being bewitched as a result losing their babies. These women reported the importance of being vigilant during pregnancy and after birth in order to protect their babies from harm by witches.

Another finding of the study was with regards to the impact of a mother's socio-economic status on her experience of motherhood and attachment. Many of the mothers regarded financial readiness as important in raising a baby. These mothers worried about not being able to provide financially for their children and reported that this impacted on the provision of emotional care to their children since they spent much time thinking about ways of making money as opposed to focusing on emotional needs of their children. What was interesting about these women's comments is that there seems to be a cultural shift in terms of gender roles and expectations. Traditional African beliefs regard men as responsible for financial provision and women primarily located in the home and responsible for the day-to-day care of the children. However some of the mothers in this study felt responsible for financial provision as well.

One can therefore conclude that it seems motherhood brings joy to many mothers but it can also be a difficult period for a mother who lacks family support and financial independence. Culture also has a bearing on how the women interviewed experienced motherhood. In particular, culture seems to enforce certain practices and places certain demands on the mothers without considering the mother's circumstances and context and often does not allow for ambivalence to be expressed. This with the other factors outlined earlier above impacts on women's experiences of motherhood and in turn their attachment to their infants.

CHAPTER 7: CONCLUSION

7.1 Applicability of psychoanalytic attachment theory to the South African context

The descriptions of pregnancy, birth and parenting by these mothers seems to suggest various layers of experience. There seems to be first of all a biological layer of experience that was seen in the way the women described their feelings toward their babies, descriptions of the bonding process and separation anxiety. Many of these mothers described what seemed to be an instinct to care for, love and attach to the babies. They also described how their babies also helped in this process of attachment by needing the mothers and displaying behaviours that seemed to invite the mothers to be close to them and care for them. It appears from the descriptions provided by the women in this study that attachment is quite strongly rooted in biology. According to Watts, Cockcroft and Duncan (2009), Bowlby, the originator of attachment theory postulated that “there are powerful biological forces directing the mother and infant towards mutual attachment” (pg. 217). Bowlby’s theory suggests that the child’s intensive affective tie to the mother or other key attachment figures does not necessarily result from associational learning, but rather stems from a biologically based desire for closeness with adults (Minde, Minde & Vogel, 2006). This desire arises because of the process of natural selection which therefore suggests that it is universally present (Minde, Minde & Vogel, 2006).

The following statement by Mandy seemed to suggest that there was something inherent in women to be a mother. She commented: “I don’t think that I would have wanted to even adopt a child because you will always know that it is not your child and that, I mean the feeling of wanting your child will still be there”. Some of the mothers interviewed also described an instinct to care for their baby and know what the baby’s needs are as well as for the baby to know that s/he can depend on the mother to care for her/him. They described the mother-infant relationship as one that depended a lot on this biologically based longing for closeness with each other. For instance, Nelly reported: “And the baby has to know you and know that you can do everything for her like she can trust you because a baby is supposed to know that her mother will look after her better than other people so she has to trust the mother”. Nelly also commented: “I think that I bond with my baby fine because she knows me and she can cry for me when I go somewhere and I also love her”. Winnicott (1956) also believed that mothers become biologically conditioned for the job of being especially alert to

and in touch with the needs of her child. He explained that there is an identification that is conscious but also deeply unconscious which the mother makes with her infant. Hence, it can be concluded that these aspects of psychoanalytic attachment theory appear to be applicable to the South African context.

However, these women seemed to suggest another layer to their experiences of motherhood and attachment. It seems that there is a cultural layer that gives meaning and provides rules/structures and roles relating to having a baby. Many of the women in this study described how their cultural beliefs and practices impacted not only on their experience of motherhood but also on the attachment to their babies. They described how at times their desires and needs that seemed to be biologically driven clashed with their belief systems and that they often had to negotiate the two. Attachment theory, while it provides understanding of social, emotional and interpersonal development of children negates to some degree the ways in which different cultures may incorporate attachment relationships and behaviours into family life (Watts, Cockcroft & Duncan, 2009). A prevalent practice in African cultures is that of multiple care givers. Bowlby stressed the importance of continuity in terms of the infant's relationships with a caregiver. While he also stated that infants can attach to multiple caregivers, he emphasized that infants have a strong tendency to prefer a principal attachment figure as a source of comfort and security (Watts, Cockcroft & Duncan, 2009). Hence, it would seem that multiple care-giving as a common practice in African traditions may have an impact on infant attachment. As stated earlier, many of the mothers in this study had mixed feelings about multiple care-giving, that while on the one hand it provided support and relief for the mother, it also resulted in the mother losing an opportunity to know their own child and have a relationship with him/her.

Frost and Van der Walt (2010) stated that modern day living as well as the pressures of living in economies that are rapidly changing have hindered some of the traditional processes and ways of living for some African cultures. These economic changes have led to modifications in the ideas about marriage, child rearing as well as roles and responsibilities in relationships. Family structures have changed in that women are no longer just housewives and men the breadwinners (Frost & Van der Walt, 2010). The women in this study have reported being responsible for financial support which in traditional African societies is a male role. The

economic changes of families have also resulted in migration to cities to look for employment in an attempt to better their lives (Brockerhoff, 1994). Many of the mothers in this study reported that it was difficult to follow some of the cultural beliefs and practices given these changes in economic circumstances. It seems that cultural beliefs can perhaps still apply for women in rural areas who still conform to traditional ways of living as opposed to women who have migrated to cities where the life is very different and perhaps more demanding, thus creating feelings of ambivalence with regards to traditional beliefs and practices.

It seems from the interviews with the mothers in this study that culture does not allow for expression of ambivalence or anxiety about motherhood. Frost and Van der Walt (2010, p. 8) stated that “Zulu women believe that they are supposed to always be viewed as strong and not to acknowledge their weaknesses”. According to Miller (2007, pg. 338) it has been argued that assumptions about women’s natural and instinctive caring abilities “have neglected the circumstances, power relations and interests that have made women primarily responsible for mothering and that lead to beliefs that women’s mothering abilities are somehow natural, essential or inevitable”. Hart and McMahon (2006) have pointed out the importance of considering women’s cognitions and anxieties about motherhood as often this can lead to depression which impacts negatively on attachment. Some of the mothers interviewed reported that sometimes the choice to have a baby was made without being sure or knowing what they were getting into and somehow there was an expectation of feeling different once they became mothers. Some of the mothers interviewed pointed out that in hindsight it was impossible to be fully prepared for the demands of motherhood. Even when the pregnancy was planned, motherhood was still hard work for some mothers. It seems that these urban mothers have managed to find a voice and are able to express some of the difficulties with motherhood despite culture imposing on mothers certain ways of thinking and behaving.

In conclusion, it seems therefore that if cultural nuances are taken into account, psychoanalytic theory would be applicable to the South African context.

7.2 Implications for practitioners

The findings of this study suggest that it is important for mental health care workers to understand and explore women’s cultural and contextual experiences/circumstances

surrounding the birth of a baby. It was found that these women's experiences and circumstances either aid or impinge on the mother's ability to bond and in turn the baby's ability to attach to her. It would also seem that observing some of the cultural shifts is important for mental health care workers, for instance, motherhood experience also depends on a woman's financial circumstances particularly for urban mothers, therefore, some women may express a need to focus on career aspirations that might impact upon the ability to devote time to the care of their child. It is imperative that professionals understand the complexity of motherhood and the ambivalence that some women might feel and to therefore treat these women with an open mind and respect whilst they battle to balance their cultural demands and their own needs. This insight is particularly important in developing countries where a socio-cultural 'gap' may be found between health care workers trained in Western biomedicine and their patients (Papadimitriou, 2008).

7.3 Limitations of the study

While the purpose of this study was not to generalise findings to the larger population, a limitation of the study could have been that the sample size was small. A bigger sample size might have added more depth and richness to the analyses. Another limitation may have been that most of the mothers interviewed were first time mothers and aged below 30 years, hence not representative of all black South African mothers. In addition, the findings are based only on those women whose participation was voluntary and those who attended the clinic on the interview days and had a sick child. It is possible that those who did not wish to participate may have had different experiences, or if the mothers were interviewed at a different time and context, different results may have been generated. Therefore, one should be careful not to assume that the findings apply to the broader population of black South African mothers.

7.4 Suggestions for further research

- Future research could benefit by extending and replicating the current findings. Very little is still known of black women's experiences of and opinions about motherhood and attachment and yet these women's experiences have major life consequences in

terms of the role they play in producing mentally healthy and securely attached children.

- Research could be conducted to examine factors that might impact on these mothers' experiences of motherhood. Such factors could be these black mothers' social, cultural and economic circumstances for example, a woman's financial state, employment opportunities, relationship status and support. These factors have been found to either aid or impinge on the infant-mother relationship which has been identified as crucial in facilitating mother-infant attachment.
- Future research focusing specifically on black mother's views on cultural norms and practices and how these impacts on their motherhood experience is needed. Comparative studies between urban and rural mothers are needed to examine shifts and changes in views of the cultural norms and practices and the effects these changes have had on their experiences as mothers.
- It would also be important for research to be conducted on grandmothering and its effects on the infant-mother relationship, particularly exploring feelings of envy and guilt and how roles are negotiated. It appears that while the support of the grandmother is important during pregnancy and after birth for many African mothers, there seem to be conflicts that cannot be openly expressed and yet these impact on the mother's relationship with the infant.
- Future research could also look into black South African men's experiences of fatherhood. Research focusing on their perceived roles and responsibilities during a woman's pregnancy is needed. This may help bring awareness to men into women's struggles and emotional needs during pregnancy and after birth.
- Research should also be conducted into the possibility of government implementing new legislation around maternity leave as well as paternity leave, taking attachment into consideration. This would give both mothers and fathers more choice and opportunity to care for their children together.

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APPENDICES

Appendix A:

Appendix B:

INFORMED CONSENT FORM:



I, _____, provide consent to be interviewed by Boitumelo Vavani for her investigation on motherhood experiences and opinions as well as their attachment experiences to their infants, and I understand:

- the nature and purpose of this study
- participation in this interview is voluntary
- that I may refuse to answer any questions I would prefer not to
- I may withdraw from the study at anytime
- That no negative consequences will arise if I decide to withdraw or if I decline participation
- No identifying information will be included in the research report, and my responses will remain confidential
- Direct quotes may be used, but my identity will be protected as no identifying information will be used
- There are no direct benefits to participating in this study
- That there are no known risks associated with this study, however counseling is available if you feel you may require it

Signed: _____

Date: _____

Appendix C:

AUDIO TAPE CONSENT FORM:



I, _____, consent to my interview being tape recorded by Boitumelo Vavani for her study on experiences and opinions of African women on motherhood and attachment to their infants, and I understand that:

- Access to the tapes will be restricted to the researcher, Boitumelo Vavani
- The tapes will be processed and transcribed by the interviewer alone and the transcripts will be processed only by the researcher and her supervisor
- No identifying information will be included in the transcripts or the research report
- The researcher's supervisor, Katherine Bain, will have access to the transcripts but no identifying information will be disclosed to the supervisor
- Direct quotes may be used, but in addition, that my identity will be protected as no identifying information will be used
- The tapes will be stored safely in a location with restricted access
- All tape recordings will be destroyed after the research has been published

Signed: _____

Date: _____

Appendix D:

GUIDED INTERVIEW SCHEDULE – motherhood and attachment



Demographic Information

Interviewee Number: _____

Age: _____

Ethnicity: _____

Home language: _____

Number and ages of children: _____

Planned/Unplanned: _____

Involvement of biological father/s: _____

Health Status of children: _____

Health/Psychiatric Status of mother: _____

Living at home: _____

Occupation: _____

Single/double income: _____

Research Questionnaire

- a) How did you feel about being pregnant? Were there any complications?
- b) What, if any, are your previous experiences of pregnancy?
- c) What were your experiences of childbirth: Culturally, are there any practices around pregnancy, birth and after birth?

- d) If any, what are your opinions about these practices; do you agree with them?
- e) How have these practices influenced your experiences of motherhood and attachment?
- f) Does this bonding time with your baby make you think about your mother and how you were cared for as a child? How do you think the way you remember being mothered affects how you are as a mother?
- g) What has being a mother been like for you?
- h) How do you feel towards your baby?
- i) What are your thoughts and feelings about bonding with a baby? Are there any cultural beliefs about bonding?
- j) How does your financial status influence your experience of motherhood and vice-versa?

Appendix E:



Good day,

Date: _____

I am a researcher (Boitumelo Vavani) who is interested in exploring African mothers' experiences and opinions regarding motherhood and attachment and would like to invite you to participate in this study. The research is conducted in partial fulfillment of a Master's degree in Clinical Psychology at the University of the Witwatersrand. While participation in the research will be of no direct benefit to you, we are hoping that a better understanding of the experiences of African women will help health professionals to be in a better position to provide necessary interventions.

Please be aware that participation is voluntary and that you can withdraw from the study or choose not to answer any of the questions at any time without explanation. Participation in the study will involve, with your informed consent, being interviewed by the researcher for approximately one hour in a private office in the post-natal clinic. If at any point during or after the interview, you feel you would benefit from counseling, details as to how you can access counseling free of charge will be provided.

Published demographic data (such as planned/unplanned pregnancies) will reflect group results and no identifying information of any kind will be recorded. With your permission, interviews will be recorded and all interview transcripts and/or audio tapes of interviews conducted will be kept in a locked filing cabinet in the researcher's office. The transcripts and tapes will be destroyed once the findings of the study have been published. The researcher's supervisor will only have access to the transcripts, but these will not include any identifying information. While the researcher will be aware of your identity, your identity will be protected from all third parties.

The research findings will be written into a research report and possibly published in a journal in the form of an article. Once the research findings have been written into a paper, the researcher will gladly provide you with a copy.

Finally, you can contact Boitumelo Vavani on 083-925-0495 or Katherine Bain (supervisor) on 011 717 4558 if you have any questions regarding the research.

Yours sincerely,

Boitumelo Vavani