



embrace

The Movement for Mothers

# LEARNING COMMUNITY



MODULE TWO

THE STATE OF MOTHERHOOD IN SOUTH AFRICA

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# 02

## THE STATE OF MOTHERHOOD IN SOUTH AFRICA

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In this section, we will explore what it means to be a mother in South Africa. We will have a look at the big picture, and the numbers, and some of the stories behind the numbers.

At the end of this module, you will have gained:

- ✓ A good understanding of the facts of motherhood in South Africa
- ✓ An introduction to some of the challenges that South African mothers face
- ✓ A bit of background knowledge on the national state of motherhood in our country

*Let's start off by meeting two Embrace moms who have shared their motherhood story.*

# INSPIRE & CONNECT

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## Tasmin's story

*At 28 weeks pregnant, Tasmin started bleeding. A day after she was admitted to hospital, she was rushed into the operating room and was put under general anaesthetic. She woke up nine hours later, having given birth to a baby boy weighing 1,080kg. Her supportive husband had spent the first eight hours of her son's life with him.*

*Tasmin's son could not drink formula, and her milk had not yet started to flow. Fortunately, the hospital could give her son "donor milk". Donor milk is milk that a new mom pumps out and donates to the hospital to help moms like Tasmin. Without that donor milk, her little boy might not have survived. Tasmin says that, the mother who donated her milk "gave my baby the gift of life".*

## Nwabisa's Story

*Nwabisa became a mother at a young age, and when the father of her child left her with no support, her mother became her biggest champion and supporter.*

*Nwabisa says, "I will always remember my mother because she played a big role in my life. My child is in a safe home because of my mother. My child has a way of speaking because of my mother's teachings. She never turned her back on me, she supported me when I was pregnant and when the father of my child didn't play a role of being a father to his son, he ran away and left me with a baby. I cried each and every day but I went back to my mother and she took my baby and raised him and sent me back to school to study."*

*Her mother's support allowed her to go back to school and receive a qualification in early childhood development. She told us, "Today I am a pre-school teacher and I have my level 5 because of her. She told me to give her my child and she would raise him so that I could go back to school and study. I've got a career now, I'm a teacher I want to have my degree so that I could go teach in a primary school, she was the best to me."*

## COVID-19 & MOTHERHOOD IN SOUTH AFRICA

COVID-19 has further complicated the lives of mothers. The recently released 2020 [National Income Dynamics Study – Coronavirus Rapid Mobile Survey \(NIDS-CRAM\)](#)<sup>1</sup> found the following:

- Higher reported rates of adult hunger (47%) compared to reported rates of child hunger (15%) indicate that mothers are working hard to feed their children even as they cannot feed themselves.
- COVID-19 has disrupted mothers' access to ante- and postnatal care services. Of the 3 000 mothers who took part in the survey, only 16% reported visiting a health facility in April 2020 or earlier.
- 11% of mothers living with HIV ran out of antiretroviral therapy during the lockdown and about 5% of mothers whose children needed care or vaccinations, did not seek such care.
- Restrictions in maternity wards has meant that many mothers have had to give birth without the support of their partners or other birthing companions.

<sup>1</sup>Spaull, N. et al. 2020. NIDS-CRAM Wave 1 Synthesis Report: Overview and Findings available at

<https://cramsury.org/wp-content/uploads/2020/07/Spaull-et-al.-NIDS-CRAM-Wave-1-Synthesis-Report-Overview-and-Findings-1.pdf>.

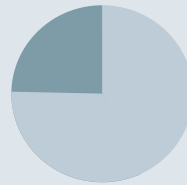
# THE FACTS AND FIGURES OF THE STATE OF MOTHERHOOD IN SOUTH AFRICA

**945 527** births were registered in South Africa in 2018.

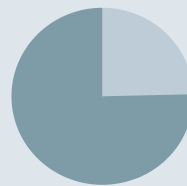
**88 148** teenage moms gave birth in South Africa in 2018.



A Caesarian section is a surgical procedure in which a cut is made to access the womb and get the baby out.

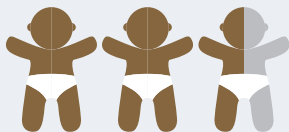


**7 out of 10** mothers who give birth in private healthcare facilities do so via C-section.



**3 in 10** mothers who give birth in public healthcare facilities do so via C-section.

South African mothers **give birth to 2,4 children** on average.



For every 100 000 mothers who go into labour in South Africa, **134** will die.

**1 in 7** mothers give birth prematurely in South Africa.



**3 in 10** South African mothers are married.

Mothers are **entitled to 16 weeks unpaid maternity leave**



in South Africa.

This leave is available to mothers who are employed under certain circumstances. For example, if you are on a temporary contract, you may not be eligible for leave and won't have a guarantee that you can resume your contract.

**32%** of South African mothers **breastfeed exclusively**

This means that 3 out of every 10 babies are fed with only breastmilk for the first 14 weeks of their lives.

until their baby is 14 weeks old.

**Between 30 – 40%** of new mothers in South Africa are affected by **post-partum depression.**

# LONE MOTHERHOOD

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What I mean to say is that when [children] are left alone it's not that they are not loved, that is the truth, but it's because of the situation.

- Lindiwe

Not every mother in South Africa is able to live in the same house as her children. She might need to move elsewhere to work, she might not feel that her home is safe for her children, or she might have other responsibilities that prevent her from looking after her children full-time. This is not an indication of how much she loves her children, but it is an indication that, as a country, South Africa is failing to offer mothers all of the support that they need.

**50.4%** of mothers living away from their children contribute financially to their wellbeing.  
**92%** of mothers living away from their children visit them at least once a year.

How are lone mothers different to single mothers? Mothers can parent alone regardless of their marital status. In fact, they might be married, but still the only parent in the house. There are many reasons why a mother may raise her children alone: absent or abusive fathers, financial need, separation from or the death of a partner are some possibilities. A mother alone can provide her child with love and affection, food and security, and physical care. A mother can also provide all of this not just for her own biological children, but for others too. In South Africa, about 1 million mothers care for children to whom they did not give birth.

**59%** of all mothers in South Africa are parenting their children alone.  
**30%** of lone mothers report running out of money to buy food for their children.  
**39%** of lone mothers are under the age of 30 years old.

# TEENAGE MOTHERHOOD

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1 out of 10 women who give birth in South Africa are between the ages of 10 and 19. South African law allows for teenage mothers to return to school after giving birth to their children, but only 1 out of 3 teenage mothers do go back to the classroom to complete their schooling. Teen moms report feeling judged, bullied, and abused by their peer groups and families. Teen mothers are often able to access support from their own mother, which can make it possible for them to continue their educational and economic activity.

Most of the people in our community, they say “girls who have a child in an early age they're loose” like we don't love ourselves, we love boys, that's why we just throw ourselves at boys. Actually it's not true because we love ourselves and we do take care of [our babies] but the thing is, we don't have much access in clinics to [get] prevention. In our clinics, the nurses are not [very] friendly, they're too likely to judge too much and privacy actually - we don't have that privacy. So most of the time they'll say “you're loose and you don't know what you want for your life.” They're too judgemental actually.

- Thando, Embrace member<sup>2</sup>

<sup>2</sup> See <https://www.embrace.org.za/mothers/thandos-story/>

# WORKING MOTHERS

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South Africa has some of the highest rates of unemployment in the world. According to the Organisation for Economic Co-operation and Development (OECD), women face higher rates of unemployment<sup>3</sup>. Where mothers are employed, they are not guaranteed paid maternity leave. Our laws state that mothers should be granted up to 16 weeks of maternity leave, but this only applies if they are employed on medium- to long-term or permanent contracts, and if they have been in their workplace for a certain period. Employers do not have to pay mothers and they may be able to access state funds through the Unemployment Insurance Fund (UIF), but these will only pay out a percentage of their usual salary.

The Unemployment Insurance Fund is a fund to which employer and employees contribute every month. The fund is intended to provide short-term relief to workers who find themselves unable to work.

Any employee can expect to contribute and claim from the UIF, unless:

- You are employed for less than 24 hours per month;
- You receive payment under a learnership;
- You work within the national and provincial spheres of government;
- You're repatriated employee (i.e. you work for an international company but are based in South Africa).

Both you and your employer contribute to the UIF which is administered by SARS.

Breastfeeding parents are supposed to receive an hour in the work day to pump or return home to breastfeed their babies. However, this is a guideline and is not written into our labour laws. This means it is not widely implemented and many breastfeeding parents still struggle to maintain breastfeeding after returning to work.

Child-care is costly and lack of access to reliable and safe childcare may dissuade parents from returning to work after their children are born.

So whilst the spirit of our laws is intended to support working parents, there are still plenty of gaps that make their lives harder.

<sup>3</sup>OECD. 2020. Closing the Gender Gap: South Africa.

# NEXT STEPS

## REFLECT



Reflect on what you have learned

*Is there anything in this information pack that came as a surprise to you, and how did that change what you had been thinking?*

*If you had to describe the state of motherhood in South Africa in three words, what would those three words be?*

*In what ways has COVID-19 exacerbated existing challenges that mothers in South Africa face?*

## SHARE



Download one (or more!) of the images below and share it to your social media platforms.

Post the image with the hashtag **#MoreThanANumber** and comment on what you think that number says about motherhood in South Africa. If you can, share a story about the issue that the image explains. Encourage others to share their thoughts and their own stories.

IMAGE ONE

IMAGE THREE

## ACT



Things you can do in response to what you have learned

Now that you know a little more about motherhood in South Africa, are you inspired to act?

What issue is closest to your heart:

- Supporting teenage mothers?
- Supporting single mothers?
- Supporting breastfeeding mothers?
- Supporting mothers working far away from their children?
- Supporting mothers who have been affected by COVID-19?

Visit [www.embrace.org.za/resource-library](http://www.embrace.org.za/resource-library) and research different organisations working with the mothers you would most like to support. Go to [www.messagesformothers.co.za](http://www.messagesformothers.co.za) for materials tailor-made to support moms during the COVID-19 pandemic.



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The Movement for Mothers

# I WANT MORE



MODULE TWO

## EMBRACING MOTHERHOOD IN SA

Join the movement  
[www.embrace.org.za](http://www.embrace.org.za)



# THE STATE OF MOTHERHOOD IN SOUTH AFRICA

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In the State of Motherhood introduction, we were introduced to some of the facts and figures about motherhood in South Africa, and we highlighted some of the issues facing mothers in the country. In this “I want more” section, we’ll give you some information on pregnancy and activities to complete.

## PREGNANCY

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Some women consider their journey as mothers to start from when they fall pregnant. But how are these women looked after in the South African healthcare system?

- Just **under half of all pregnant women** visit a clinic for antenatal care in their first trimester
- **67% of all antenatal clinic visits** take place before women are **20 weeks pregnant**
- **Antenatal care** in South Africa includes taking a woman's blood pressure and testing her urine and blood for signs of conditions that could affect her and her baby's health during pregnancy.
- There is currently **no data available** on how women are able to access these test results, or **whether they receive the correct follow-up care.**
- We do know, based on the NIDS-CRAM survey, that since the COVID-19 pandemic began spreading, fewer women are accessing ante- and postnatal care.
- When a pregnant woman loses her baby before 26 weeks, it is medically considered a **miscarriage**. If she loses her baby after 27 weeks, it is called a **stillbirth**.
- In South Africa, there are **61 babies** who are stillborn every day.
- Pregnant women who lose a child to miscarriage or stillbirth are entitled to **6 weeks** unpaid maternity leave.



# RECONSIDERING 'HEALTH'

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When a pregnant woman attends clinic visits during her pregnancy, she receives care that is primarily focused on her physical health. And when we measure maternal mortality rates to find out what went wrong with pregnant mothers who died prior to or at birth, we look at physical factors such as infection or hypertension.

It is important, however, to consider that pregnant women face many significant social challenges that can also pose threats to their health. The Perinatal Mental Health Project (PMHP) says that a mother's risk profile, i.e. her vulnerability, can only be understood by looking at both physical and psychosocial factors that threaten her health<sup>1</sup>.

In spite of this, psychosocial screening is not offered widely as part of antenatal care. The Perinatal Mental Health Project – who are based in Cape Town – has a series of locally-developed, government-supported [booklets](#) that healthcare workers, [partners](#), [family members](#) and anyone supporting pregnant mothers.

*Based on a review of existing mental health screening tools, PMHP suggests use of the following screening questions in a South African context<sup>2</sup>:*

*Over the past month, have you often felt:*

- 1. nervous, anxious or panicky?*
- 2. unable to stop worrying, or thinking too much?*
- 3. down, depressed, or hopeless?*
- 4. little interest or pleasure in doing things that you used to enjoy?*
- 5. you had thoughts and plans to harm yourself?*

*A score of 3 or more requires referral.*

*If resources are available, referrals may be made for scores of 2 or more. This will increase the detection of common perinatal mental disorders.*

*NB: an answer of yes to number 5 should be referred, no matter what the total score is*

In addition, the World Health Organisation has some resources that healthcare professionals can use in the absence of specialized psychiatric tools or skills. One of these is the [Thinking Healthy](#) guide aimed at equipping healthcare workers at community-level to manage the psychosocial health of pregnant mothers.

## COVID-19 and mental health

It is also important to note that being pregnant, giving birth or being postpartum during the global COVID-19 presents unique stressors that may affect mothers' mental health. Such challenges include:

- Anxiety about visiting health care facilities and possibly contracting the virus
- Anxiety about the possible effect of the virus on their unborn baby
- Loss of income due to the restrictions of COVID-19
- Increased vulnerability to family or gender-based violence
- Increased vulnerability to mental health issues
- Possible loss of loved ones due to the virus

<sup>1</sup><https://pmhp.za.org/resources/mmh-facts/risk-factors/>

<sup>2</sup>[https://pmhp.za.org/wp-content/uploads/Screening\\_Advisory\\_PMHP.pdf](https://pmhp.za.org/wp-content/uploads/Screening_Advisory_PMHP.pdf)

# NEXT STEPS

## REFLECT



Reflect on what you have learned

*What has been your own experience of pregnancy? Have you been pregnant, or watched a family member or friend carry a child?*

*How can you support a mother who is pregnant or postpartum during the COVID-19 pandemic?*

## ACT



Things you can do in response to what you have learned

In a research study conducted at a hospital in Soweto, the researchers found that **19% of all stillbirths happened when the mother was suffering from hypertension/high blood pressure.** Pregnant women are tested for high blood pressure during their antenatal check-ups at their clinic. But, there is not always a good follow-up plan that is given to the woman at her clinic.

There are some ways that she can manage her own care. She can make sure that she:

- Does some exercise every day, even just going for a walk
- Eat a healthy diet that cuts out fried and salty foods
- Has time to relax every day

To support pregnant women and help them keep their blood pressure low, you can:

- Start a **walking group for women** in your neighbourhood. When a neighbour falls pregnant, invite them to join in and check-in on them if they miss a walk.
- Approach a friend, neighbour or colleague who is currently pregnant. Offer to make her a **healthy meal**, or gift her some groceries or **healthy fruits and vegetables**, or a water bottle to keep her **hydrated**.
- If you know someone who is pregnant and who has other children, you can offer to babysit for an hour, or to clean her house or cook food, so that she can take some **time out to relax**.
- Download and share the health **information for pregnant and postpartum mothers available at [www.messagesformothers.co.za](http://www.messagesformothers.co.za).**
- **Print out a few copies** of the [PMHP's leaflet](#) for future mothers and distribute them at your local library.