STRUGGLING AND COPING WITH LIFE: MATERNAL EMOTIONAL DISTRESS IN A SOUTH AFRICAN TOWNSHIP

by

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for my parents
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Struggling And Coping With Life:
Maternal Emotional Distress
In A South African Township

Abstract

by

SARAH E. RUBIN

This dissertation explores the everyday lives of Xhosa mothers in a township near Cape Town, South Africa. It focuses on Xhosa mothers’ emotional experiences during pregnancy and after childbirth in order to demonstrate how their subjectivity is shaped by Xhosa cultural structures and values, the material scarcity and dangers of township life, and the norms and practices of mothering. It challenges the presumed universality of the diagnosis “perinatal depression” by demonstrating that only by focusing on broader realms of maternal experience in local contexts can we understand if and why perinatal depression is a meaningful illness category for a given culture.

This dissertation employs longitudinal, person-centered, ethnographic methods, including structured and open-ended interviews with 38 Xhosa women, standardized psychiatric questionnaires, and observations of mothering, family activities, and
Xhosa women do not perceive life in the township as wholly problematic, but food insecurity, violence in public and private spaces, and the intersections of HIV and motherhood create widespread suffering.

Xhosa concepts and ideals of motherhood include *inimba*, maternal empathy. *Inimba* is a complex concept at the heart of a multi-dimensional social role; it provides Xhosa women with a way of understanding a tension between the cultural imperatives of mothering all children and mothering one’s own children—a tension exacerbated by poverty.

Pregnancy is often joyful, but some find it fraught with anxiety about disclosure and the impending social transformation of woman to mother. Pregnant Xhosa women demonstrate an acute awareness of the liminality (in-between-ness) of pregnancy as they (re)negotiate relationships to secure social support.

Xhosa mothers describe a process of “coping” with distress that involves sharing, empathizing, collectivizing, and, finally, “releasing.” The process invokes Xhosa cultural concepts *ubuntu* and *inimba*. Because of *inimba*, Xhosa mothers are particularly adept at empathizing and thus coping with distress in a culturally meaningful way.

This dissertation contributes to our understanding of how cultural and material contexts and social role affect emotional experiences in the perinatal period; and it contributes more broadly to psychological anthropology, studies of motherhood and mothers, of social suffering and subjectivity, of South African cultures, and of urban poverty.
FIGURE 2. CITIES, TOWNSHIPS, AND LANDMARKS NEAR CAPE TOWN, SOUTH AFRICA; FIELDSITE DEMARCATED BY AUTHOR.
Chapter 1
Introduction

1.1 THREE STORIES

Nomonde

“We are suffering, guys. Yhu, guys, we are suffering,” Nomonde shakes her head slowly and emphatically as she repeats her summation of the situation since her mother died suddenly, two months after the birth of Nomonde’s first child. Nomonde, my research assistant Minah, and I are standing in the dry, hard packed dirt of the yard in front of her mother’s small concrete block house where Nomonde lives with two of her adult sisters, three of their children, a niece, and a nephew. Every day for a week between her mother’s passing and the funeral, extended family and neighbors gather at the house for nightly prayer services. During the day, family and friends stop by to visit informally with the household. Before we are brought inside, the three of us huddle closely in the yard so Nomonde can tell us what was “really” happening out of earshot of her family and visitors—her worries about money, the arguments between her and her sisters, neighbors’ gossip and interference, and their problems getting the insurance to pay for the funeral. Nomonde is distraught: how are they going to survive without the household elder who provided discipline and stability, as well as a steady income of monthly government pension payments, and daily childcare for five young grandchildren?

Siyawaba

“They say, they say...she’s a witch,” Siyawaba explains with reference to her boyfriend’s new girlfriend whom he is now living with, leaving Siyawaba and her two children—one the infant he fathered—in his house with no money and nowhere else to go. Her own mother is unreliable and sickly due to HIV-infection and alcoholism; her extended family is nearby, but with their help always comes ridicule and humiliation. At least at her boyfriend’s house his elderly aunt who lives next door is helpful, compassionate, and dearly loves her children. In addition to the stress of her boyfriend’s abandonment, her new infant is ill with severe, disfiguring eczema and seems thin and listless. We sit with her on the couch in her boyfriend’s house, whispering so the aunt will not hear. Siyawaba is wearing the same dress she had on in our last three interviews, and Minah and I had not seen her delightful dimples in weeks.

Nonyameko

“If only I had some money to start, I would start a business selling chickens out of my house. And I would leave him,” Nonyameko said confidently but despairingly. She is speaking plaintively about the abuse she has been suffering at the hands of her husband since they were married almost ten years ago. Heavily pregnant with their second child,
she explains how alone and desperate she feels at his relentless cruelty; and how she struggles to feed their two children (one their child together and one his child of an adulterous relationship) even though he only buys food for them occasionally and refuses to leave her additional money for household expenses. She has tried the customary Xhosa way of dealing with her problem, informing and asking for the help of his parents, but when she told his family about his abusive behavior, they did not intervene like some more compassionate families might; instead they told her that it was her problem. Then she tried speaking to a domestic violence counselor at a local NGO, so now—at the counselor’s threat of involving the police if he continued to beat her—her husband has stopped hitting her, but has intensified his emotional abuse. Nonyameko’s eyes shine with tears as she describes her lack of hope that her situation might improve.

1.2 INTRODUCTION

Nomonde, grieving for her mother, is worrying about how she and her sisters will mobilize scarce resources to feed their large household of mostly young children, including her own infant. A new mother of her first child, Nomonde had been easing into the motherhood role with her mother’s help—her mother cared for the baby and paid for its formula and diapers while Nomonde worked part-time. Suddenly, she must embrace her motherhood role in full, with all of its responsibilities and stresses. She is also aware that the social vacuum created by the death of her mother, the head of their household, will likely cause problems including misbehavior and fighting among her adult sisters (her mother was the moral arbiter and disciplinarian), neighbors’ gossip (her mother maintained the respectability of the household), and extended family meddling in their affairs (her mother was the only one culturally sanctioned to make decisions for the household). In the emotional transitional period between her mother’s death and her burial, Nomonde lets herself feel the full weight of her grief, fear, and frustration. Soon after the funeral Nomonde and her sisters will begin to focus on the challenging task of keeping their household afloat.
Siyawaba sits awkwardly in her living room, which actually belongs to her boyfriend who is allowed to live there by the owner, his aunt (classificatory mother) who lives next door. But, Siyawaba’s boyfriend recently abandoned her when he decided to move out and live with his new girlfriend at her shack. Siyawaba feels trapped—she would rather not stay at her unfaithful boyfriend’s house, but would like even less to go back to her uncle and aunt’s house where she feels unwelcome. At least at her boyfriend’s house, makhazi (aunt, as she calls her) encourages her to stay because she loves Siyawaba’s children dearly. In fact, makhazi takes Siywaba’s preschool-aged daughter to sleep with her at night, while Siyawaba sleeps with her infant. Meanwhile, Siyawaba’s infant has flaking, oozing eczema all over his head and body. She has taken him several times to the clinic, but each time the nurses have just given her small bottles of Aquafor, an over-the-counter hypoallergenic lotion that contains no medicine. She chooses to suffer the humiliation of staying at her boyfriend’s house because at least there she has a mother-figure who is loving and helpful with her two children. And recently she has been comforted by rumors that her boyfriend is dating a notorious “witch,” a member of a group of witches who lure men into relationships. Perhaps it is not his fault that he has abandoned them, and he will soon return.

Nonyamkeo is feeling so miserable and frustrated at her husband’s relentless abuse, she describes it in detail during our first interview, even though something so private and stigmatizing is usually kept from all but close confidants. Her husband has been abusive since they first married and now he is withholding food and supplies for
the household. As his wife, Nonyameko feels she should be trusted with money for the household so that she is able to buy food and clothes for their two children (one theirs, one his from an extramarital affair, another humiliation she must bear). Furthermore, she feels betrayed by her mother-in-law who has not disciplined her son for mistreating her, even after she approached her mother-in-law in the customary Xhosa way in which a daughter-in-law “files a grievance” about her husband’s cruelty or misbehavior. Nonyameko imagines that if she were able to secure a loan, she could start a business of selling “Xhosa chickens” and with that financial freedom she could leave her husband, take the children, and go to stay with her own mother.

These three vignettes illustrate the complex ways poverty, the motherhood role, and Xhosa culture shape Xhosa women’s experiences of emotional distress. The interrelatedness and interdependence of kin relations, the expectations for “good” motherhood, and the insidious stresses of material scarcity, ubiquitous violence, and HIV/AIDS in the township all affect how Xhosa mothers feel, perceive, and cope with emotional distress. It is easy to view these stories as straightforward tales of the misery of poverty and how it negatively affects kinship and household structures, puts enormous strains on mothers, and causes sadness, humiliation, frustration, and hopelessness. It is easy to cast Xhosa mothers as depressed, and ask intuitively, who wouldn’t be depressed in those circumstances?

But these stories are mere snapshots. This dissertation seeks to look deeply into the lives of Xhosa mothers and let them narrate their own experiences of everyday life in the township. Xhosa women’s perceptions more finely draw the contours of the
township, what is bearable and unbearable, stressful or negligible, devastating or merely uncomfortable. Their descriptions of their pregnancies and ideas about motherhood carefully delineate what scares or challenges them about Xhosa culture and township life, and what makes them feel happy and loved. Their narratives are not only about hardship, but also about survival, transformation, creation, and perseverance. Indeed, my participants were also eager to point out ways that they managed to cope with some of their most distressing experiences. Xhosa mothers themselves draw a picture that contrasts sharply with medicalized understandings of perinatal depression, a diagnosis both narrow and vague, framed as universally applicable, but steeped in the cultural assumptions of Western biomedicine.

This dissertation elucidates and analyzes the processes by which cultural context and the material realities of everyday life in Our Hope township near Cape Town, South Africa\(^1\) shape how Xhosa mothers understand and perform their mothering role and how they experience, narrative, and think about their feelings and emotions. In other words, how do cultural context, material context, motherhood, and emotions affect, shape, and interact with each other? How do they together shape Xhosa women’s subjectivity, or unique experience and understanding of their world? FIGURE 3 (below) represents these interactive domains as overlapping circles: culture—represented by a porous circle—encompasses the other three circles, and within the all-encompassing context pof culture, each circle—motherhood, material scarcity, and emotions—overlaps with all the other ones, to varying degrees. This research is grounded in the

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\(^1\) I am using Our Hope township as a pseudonym for the cluster of townships where I worked in order to protect my participants’ anonymity.
assumption that the domains overlap in some way, but in what ways, to what extent, and to what ends must emerge from Xhosa mothers’ own words and actions elicited and observed through ethnographic study. I aim to demonstrate that the ways that the women in this study feel, understand, and express their emotional distress are firmly grounded in their everyday lived experiences. Furthermore, I hope to show through parsing and contextualizing women’s emotional experiences what is at stake for them as they navigate the banalities and complexities of their lives in Our Hope township (Kleinman and Kleinman 1991:277).

![Diagram](image-url)

**FIGURE 3. MODEL OF THE INTERACTION BETWEEN CULTURAL CONTEXT, MOTHERHOOD, MATERIAL CONTEXT, AND EMOTIONAL EXPERIENCE**
1.3 RATIONALE

In light of the well established anthropological writings on culture and depression (Kleinman and Good 1985), I was surprised to find relatively few anthropological studies of perinatal depression in cultural context, including ethnographic (Becker 1998; Harkness 1987; Pillsbury 1978) and theoretical (Stern and Kruckman 1983). By contrast, the bulk of information available on culture and perinatal depression comes from the fields of cross-cultural psychology, psychiatric epidemiology, and nursing. The first two fields conduct primarily quantitative research, and all three fields define culture narrowly, often as a single variable. Thus, a review of the literature on culture and perinatal depression yields an impression of perinatal depression as a “universal” mental illness where any differences in etiology, symptomology, and prevalence rates are minimized or explained away by “culture,” an undefined, mysterious, and epiphenomenal “black box” (for those that grapple with this issue see Kleinman 1977; Halbreich and Karkun 2006; Hunt 2005; Oates, et al. 2004; for those that fall prey to this misuse of “culture” see, for example, Affonso, et al. 2000; Small, et al. 2003).

The methodology and framing of these studies obscures both the role of culture in the experience, meaning, and identification of perinatal depression and whether the diagnostic category is relevant or valid in cultures outside of countries with “Western” medical systems, such as the United States and the United Kingdom (Gaines 1992a; Kleinman 1991; Kleinman and Good 1985). Anthropological works in culture and mental illness demonstrate cultural variability in all facets of mental illness including nomenclature, symptomatology, diagnosis, treatment, whether the condition is seen as
normal or pathological, and whether “mental” illness is perceived as different than “bodily” illness (e.g. Kleinman 1982; Kohrt 2005; Lutz 1986). The few anthropological studies of perinatal depression are consistent with this literature demonstrating that cultural practices and beliefs radically alter how perinatal depression is experienced and understood, if it is found in a culture at all. For example, in Becker’s study of postnatal depression in Fiji she finds that while na tadoka ni vasucu is somewhat similar to postnatal depression in its somatic expression, it is far more transient; furthermore, she argues, na tadoka ni vasucu has moral and psychological dimensions that are culturally elaborated and understood to be caused by inadequate social support; thus it is effectively treated by increased social support. Rather than being a “mood disorder,” Becker argues, na tadoka ni vasucu is an embodiment of social dysfunction and a somatic expression of moral critique (1998).

Thus, although widely studied as a cross-cultural or “universal” phenomenon in disciplines outside of anthropology, the ethnographic record indicates that perinatal depression is not likely to be a salient diagnosis or concept in every cultural context.

However, while the epidemiological work in cross-cultural perinatal depression may not tell us much about “perinatal depression” per se, it does indicate that pregnant women and mothers are suffering in multiple contexts and communities. For example, some findings from large quantitative studies report on mothers’ feelings of “loneliness” (Oates, et al. 2004), “anxiety” (Cox 1983), the high number of women who recently experienced stressful life events (Aderibibge, et al. 1993; Bernazzani, et al. 2004), and many who feel unsupported or abused by their partners or parents-in-law (Chandran, et
While each of these categories and labels must be investigated in its own culture context to understand the local meaning and experience for the women studied, it is likely that at some level these terms are locating an unhappiness, suffering, or a lack of perceived well-being among a wide swath of pregnant women and mothers. Anthropologists in conjunction with other scholars in studies of Global Mental Health have documented the disproportionate burden of mental health issues on women world-wide (Desjarlais, et al. 1995; Patel and Kleinman 2003; World Health Organization 2001), and the multi-disciplinary studies of cross-cultural perinatal depression discussed above contribute to this claim. Yet, by labeling suffering \textit{a priori} as “perinatal depression,” studies obfuscate the local experience and meaning of said suffering for the many different groups of women represented in this growing body of work (but see Rodrigues, et al. 2003; Stoppard and McMullen 1999; Walters, et al. 1999).

To contribute to a discourse that is attentive to local meanings, experiences, and representations of culture, motherhood, and suffering, this dissertation does not take the diagnosis “perinatal depression” as a starting point, but rather focuses on broader realms of maternal experience: the everyday context of mothers’ lives, the social role of motherhood, and the experience and meaning of emotional distress and well-being. I argue that these three concepts must be understood in their local context in order to determine if and why perinatal depression is a meaningful illness category for a given culture.
1.4 WHY THE XHOSA?

These three realms of maternal experience—context, social role, and emotional distress—are broad enough to be studied anywhere, but for this research project in particular I had several additional considerations that led me to study a Xhosa community in a township near Cape Town, South Africa.

1.4.1 THE TOWNSHIP CONTEXT

The township context is ideal for locating a study of maternal emotional distress. First of all, the poor and dangerous conditions that people face in the township (Besteman 2008; Lee 2009; Ross 2010) have been documented in other contexts and shown to lead to considerable emotional distress and mental illness, with an increased burden on women (Desjarlais, et al. 1995). Whether this correlation holds for Xhosa women in the township, and whether culture plays an exacerbating or mitigating role, is an important research undertaking. Secondly, South Africa’s colonial and Apartheid history which centered on geospatial modes of racism (i.e. controlling where people live and move within the country according to their superimposed racial category), means that even today, in the new democratic South Africa, townships are often racially homogenous; and because of historic patterns of labor migration, in Cape Town “black” townships are also predominantly culturally Xhosa (Christopher 2005). A study of how culture shapes motherhood and emotional experience is facilitated in a single culture context. Furthermore, locating recruitment at a public maternity clinic within a township means that the study participants also have similar incomes, which eases the investigation of the effects of poverty on maternal emotional distress.
1.4.2 XHOSA MOTHERHOOD

Xhosa motherhood has several attributes that are likely to affect their experience of maternal emotional distress. Most qualitative and quantitative studies of perinatal depression find negative correlations between mothers’ perception of social support and her diagnosis or risk of perinatal depression (Honikman, et al. 2008; Husain, et al. 2006; Lau 2011; Robertson, et al. 2004). Xhosa township mothers typically share households with extended kin who may offer emotional and practical support with household duties including childcare (Ross 2010); and they typically share child-rearing responsibilities with elder female kin using the cultural practice of temporary kin fostering (Lee 2009). The close proximity of extended kin and shared child-rearing practices indicate normative mothering practices that may mitigate the experience of perinatal depression. Thus, Xhosa motherhood is potentially a rich social role for understanding how motherhood ideology and practice affect the experience of maternal emotional distress (e.g Long 2009). Indeed, data gathered during fieldwork reinforced and added to these initial suppositions.

1.4.3 STUDIES OF PERINATAL DEPRESSION IN THE TOWNSHIP

Two recent epidemiological studies of perinatal depression assessed the prevalence of “postnatal depression” in townships similar to the one where I worked as 35% (Cooper, et al. 1999) and 17% (Ramchandani, et al. 2009), both above the global average of 13% (O'Hara and Swain 1996). Although prevalence data that uses standardized questionnaires is problematic, these studies provide touchstones for a qualitative
investigation such as this. For example, Ramchandani and colleagues found that "extreme social stressors" (2009:279) increase the risk of "postnatal depression" and noted that the ubiquity of "severe and threatening life stresses" are specific to the township context and may be of "particular importance for women who are preparing to bring a new life into the world in societies undergoing major upheaval" (2009:283). By contrast, Cooper et al did not find a correlation between their specific "indices of socio-economic disadvantage" and "postnatal depression;" however, they noted that they could not properly analyze the impact of the "extreme levels of social adversity" because of the homogeneity in poverty in their sample population (1999: 556).

Ethnographic research can shed light on these cultural unknowns and apparent contradictions by investigating how mothers’ lived experiences in specific material and cultural contexts impact emotional distress.

1.5 A STUDY OF MATERNAL EMOTIONAL DISTRESS AMONG XHOSA TOWNSHIP MOTHERS: THEORETICAL FRAMEWORK AND CONTRIBUTIONS

In this section I frame the theoretical context of this dissertation, which is explored further in Chapter 2.

1.5.1 PSYCHOLOGICAL ANTHROPOLOGY: UNDERSTANDING MENTAL ILLNESS, SUFFERING, AND EMOTION THROUGH THE LENS OF CULTURE

1.5.1.1 CULTURE AND MENTAL HEALTH

Studies in psychological anthropology have demonstrated cultural diversity in the way mental illness is experienced (Jenkins 1991a), expressed (O’Nell 1998), pathologized (Lloyd 2008) or normalized (Obeyesekere 1985), and treated (Hinton, et al. 2001).

Furthermore, psychological anthropologists have demonstrated how deeply embedded
cultural values (Doi 1974), the traumas of collective experience (Jenkins 1991b; Zraly and Nyirazinyoye 2010), and adaptations to local context (Anderson-Fye 2003; Becker 2004) shape the experience and recognition of mental illness and well-being. In addition, because culture and well-being are so interwoven, how mental illness and well-being are understood, experienced, and treated in a community can also illuminate core values and institutions of culture itself (Schep-Hughes 1992).

1.5.1.2 SUFFERING AND SUBJECTIVITY

Anthropological work in suffering and subjectivity broaden the scope of inquiry beyond mental illness per se to the struggles of everyday, “ordinary” experience (Das 1995). In general, these studies offer two ways of understanding suffering and subjectivity: as a way of attending to the nuances of individuals’ experiences and meaning-making in their cultural and material contexts, and as a way of understanding how larger structures such as inequality shape and constrain people’s understanding of, and approaches to, their everyday lives (Biehl, et al. 2007; Lester 2013). Although there are tensions between these two approaches, when taken together, they offer a framework for attending to the dialectic between the individual and the collective in the way experience and meaning are locally produced and understood, specifically with regards to pain, distress, trauma, and material scarcity (e.g. Biehl 2005; Das and Das 2007).

Through the framework of subjectivity, (Gammeltoft 2006; Throop 2010) pay particular attention to the way cultural values and meanings are communicated and experienced among and between multiple actors, referring to this as intersubjectivity. Exploring the sociality of subjectivity investigates the work of culture as a social process.
For example, they focus on empathy as a crucial way that suffering is communicated (often without words), felt, and shared among two or more people in a community.

1.5.1.3 ANTHROPOLOGICAL WORK IN EMOTION AND MATERNAL EMOTION

Work on emotions in anthropology begins by problematizing three assumptions that underlie Western understandings of emotion: the reason/emotion dichotomy, which relegates emotion as “irrational” and the antithesis of rational thought, the nature/culture dichotomy, which associates emotion with nature and thought with culture, and the mind/body dichotomy, which separates emotion (here, in the “mind” category), from the biological processes of the body. Lutz argues that all three of these assumptions have prevented emotions from being a serious subject for anthropological inquiry because they were assumed to be “natural,” universal, and inaccessible (i.e. inside the unknowable mind) (Abu-Lughod and Lutz 1990; Lutz 1988). By denaturalizing and de-essentializing culture, Lutz and others demonstrate how emotion is a cultural discourse, or culturally patterned way of communicating about the world (Lutz and White 1986). Other anthropologists critique this approach as being too language-oriented, experience-distant, and not attending to the experience of emotion (Desjarlais 1991). Still others critique constructivist and some phenomenological approaches to the emotions for not fully engaging with structural forces and institutions that constrain individuals or stratify certain categories of people (Jenkins 1991b; Lyon 1995; Scheper-Hughes 1992) or give short shrift to the body as the “guts” of sensory emotional experience (Tapias 2006).

Work in gender and emotion demonstrated how emotion is culturally
constructed and gendered (Lutz 1988; Rosaldo 1980). This study also builds on feminist emotion research that places primacy on women’s previously invisible subjective experiences of family life, domesticity, and interpersonal relationships (Abu-Lughod 1999; Moore 1988; Trawick 1990). By focusing on motherhood as a specific gendered role, this study fills a gap in feminist anthropology of emotion literature that tends to focus on non-mothering aspects of womanhood (Barlow 2004a; Seymour 2004a). These studies argue that, like other roles women may have, the specific norms, practices, and subjectivities of motherhood shape their emotional experience in important ways.

Looking across anthropology and other social sciences for qualitative and ethnographic studies of maternal emotional distress yields a rich body of work that illuminates how culture affects the experience, expression, and meaning of maternal emotional experience. Unlike the quantitative studies of cross-cultural perinatal depression that reduce culture to a narrow variable, these studies demonstrate how motherhood and emotional distress are iteratively constructed in specific cultural contexts; for example, a mother’s perception of her emotional distress is normative (Mauthner 1999), local (Becker 1998; Harkness 1987; Oates, et al. 2004; Walters, et al. 1999), embodied in mothering practices (Aderibibge, et al. 1993; Chapin 2010; Gammeltoft 1999), and shaped by material conditions (Rodrigues, et al. 2003; Scheper-Hughes 1992). Furthermore, ethnographic accounts that focus on the subjective lives of mothers illustrate the ways that women are shaped by their reproductive capacity (Chodorow 1999[1979]; Ginsburg 1998; Landsman 2008; Ortner 1974; Ruddick 1980) and how they consequently face stressors that can have serious personal and familial
repercussions (Allen 2002; Landsman 2008; Lewin 1994). Biocultural studies of mothers underscore the way that being a mother is biologically as well as socially encoded and how biology mitigates experience in tandem with cultural influences (Hagen and Barrett 2007; Hrdy 1999; Piperata 2008). This study builds on these and other works that emphasize how motherhood is a culturally situated social role integral in shaping the women’s experience and understanding of their suffering.

1.5.2 REPRODUCTIVE ANTHROPOLOGY: THE IMPORTANCE OF REPRODUCTION AS A LOCUS FOR CULTURAL VALUES AND NORMATIVE SOCIAL ROLES

Studies in the anthropology of reproduction demonstrate how reproductive events such as conception and birth, concepts such as perinatal danger and risk, and postpartum care and social becoming, and transitions such as from girl to woman and woman to mother, are loci for fundamental cultural structures and values. Thus they are ideal lenses through which to understand local and global processes (Davis-Floyd and Sargent 1997; Ginsburg and Rapp 1995a; Inhorn 2006; Rapp 2001; Van Hollen 2003). Especially relevant are the ways reproductive anthropologists explore pregnancy as a process of “becoming” (Davis-Floyd 2003:23) where women enact (Taylor 2008), grapple with (Teman 2010), or are inscribed with (Davis-Floyd 2003) the values and expectations of motherhood.

1.5.3 SOUTH AFRICAN STUDIES: IMPORTANCE OF GENDER AND MOTHERHOOD IN XHOSA CULTURE AND TOWNSHIP LIFE

The focus and methodology of studies of black urban life in South Africa have changed over the decades. Starting with studies of black urbanization during colonialism,
anthropologists and other social scientists documented transformations in family and
gender customs (Hellmann 1948; Mayer 1961; Wilson and Mafeje 1963). These works
described women’s changing gender roles such as their economic contributions to the
cash household, as well as reproductive and child rearing practices which seemed
slower to change; their flaws were many (James 1973; Moore 1988; Rubin 2006), but
their greatest limitation from the point of view of contemporary anthropology is that
they did not engage with first-person narrative or “thick description” (Geertz 1973).
Then, academic interests turned to black resistance movements during the years of
Apartheid where black women played remarkably visible and powerful roles (Bozzoli
ethnographies have returned to colonial-era interests in urban black life, but see these
communities as permanent rather than “new” or “transforming” and, importantly,
attend to narrative and experience in a way that makes everyday township life vivid and
accessible (Besteman 2008; Hunter 2010; Jensen 2008; Lee 2009; Long 2009; Mosoetsa
2011; Ross 2010). Many of these works also engage deeply with gender and
motherhood in township life; such as how women provide for large households in the
context of material scarcity (Mosoetsa 2011) how men and women navigate the
complexities of kin and romantic relationships made more difficult by endemic poverty
and illness (Hunter 2010; Ross 2010) and how township mothers deal with the
emotional, social, and physical effects of HIV-infection in the midst of the South African
HIV/AIDS crisis that is not abating (Long 2009). The growing ethnographic work on
gender and motherhood in South African townships points to the importance of gender
and especially motherhood as a pillar of black culture and township life.

1.6 RESEARCH AIMS

This dissertation is designed to investigate, in the context of poverty in a South African township, the processes by which motherhood and emotions are iteratively constructed and experienced in pregnancy and mothers’ first postnatal year with particular attention to cultural idioms, norms, and the moral salience (i.e. acceptability, normality) of those emotions. In other words, to investigate to what extent there is something we might call “maternal emotional distress” in this community and how it is constructed, understood, and experienced. Furthermore, I am interested in exploring local understandings of these concepts and processes and to grasp how they emerge from broader cultural structures and values and how (or if) they are affected by women’s material circumstances.

In order to accomplish this, I engaged in multiple methods; such as, structured and open-ended interviews, observations of mothering, family activities, and community life, and administered two standardized questionnaires designed to assess women’s risks for “perinatal depression” (see Chapter 4). In all of these methods, I was attuned to the following topics and categories:

A) REPRODUCTIVE EXPERIENCES. Xhosa women were recruited while pregnant, and I am interested in understanding how they enacted and understood reproductive events such as becoming pregnant, pregnancy, clinical interventions, birth, and the postnatal period. Furthermore, how do Xhosa women map reproductive experiences onto other domains such as their selfhood, social relationships, social structures, and cultural
values? In addition, I am looking to understand what matters to Xhosa women during these events and what is at stake for them. For example, how do they feel about being pregnant? Was whether the pregnancy was “planned” or not a salient concept in Xhosa women’s experience of pregnancy? How does their desire, or not, to be pregnant affect their relationships with their partner and family?

B) MOTHERHOOD CONCEPTS AND MOTHERING EXPERIENCES. I am interested in the process of anticipation and transformation that occurs between pregnancy and becoming a mother, either for the first time or again. How do pregnant Xhosa women imagine or anticipate motherhood? Is this different for first time mothers than women who already have children? What are women’s concerns and expectations as they make this transformation? Do women perceive a change in themselves and in their social worlds once they transition from pregnant woman to mother of an infant? How is motherhood talked about, described, enacted, and felt? How do women see their role as mothers as compared to other social roles? What does it mean to be a Xhosa mother?

C) EMOTION CONCEPTS AND EXPERIENCES. In eliciting and listening to Xhosa women’s stories, I am especially interested in emotion narratives: ways that women talked about emotions or expressed their emotions in or through narratives. Do Xhosa women have an emotion discourse? What does it entail? How do they express their emotions? How do they understand, articulate, and process their emotional experiences? Are emotions seen as personal or relational or both? What kinds of emotional expression or affect is
considered acceptable and in what circumstances? How do ideas about, or experiences of, reproduction or motherhood enter into emotion narratives, if they do at all?

**D) TOWNSHIP LIFE.** I am interested in how Xhosa women perceive their material surroundings. What does the chronic poverty and material scarcity of township life mean to them, or is life in the township understood according to a different rubric? What do women see as negative, positive, or neutral about their lives? What would they change if they could? In addition, I aim to understand how the everyday experiences of township life affect how they feel, express, perceive, narrate, and process their emotions. Does their material environment affect, structure, and give meaning to their emotional experiences?

**E) RELATIONSHIPS BETWEEN A), B), C), AND D).** And finally, how are these concepts connected to each other, or not? How do Xhosa women understand and narrate—if at all—relationships between their reproductive events, motherhood concepts and practices, emotions and emotional experiences, and township life? Do Xhosa women relate certain categories more closely than others? For example, do they perceive motherhood, but not poverty as emotionally salient, or vice versa? What are the processes by which they intertwine or affect each other?

Through attention to these five domains of inquiry, this study aims to understand whether Xhosa township women experience something akin to “maternal emotional distress,” what it entails, why it occurs, and what it means to this particular community
in this particular time and place. And, furthermore, what can this exploration tell us about how culture, motherhood concepts and practices, and women’s material surroundings affect emotional experiences? What does this tell us about the variability of experience and meaning in emotional distress and suffering cross-culturally?

1.7 ORGANIZATION OF THE DISSERTATION

In this Chapter I introduced the major themes and questions of the study and touched on some of the dissertation’s contributions to the literature. In Chapter 2, Research and Theoretical Context, I outline the major research and theoretical frameworks from which my analysis emerges. Namely, I discuss some of the tensions between psychiatric research in “perinatal depression” and anthropological literature that deconstructs and problematizes the use of Western psychiatric categories in cross-cultural research. I also explore anthropological approaches to the emotions, which further broaden the scope of variability in emotional experience and expression. Studies of maternal emotions in particular demonstrate how both culture and social role shape emotional experience. Literature that engages with reproduction, motherhood, and poverty provide additional understanding of the categories I explore in this dissertation with regard to their particular instantiation and construction for Xhosa township mothers. In Chapter 3, Background, I outline the South African and township contexts from a historical and political perspective. Chapter 4, Methodology and Methods, outlines the study procedures and I discuss how I theorize my choice and implementation of multiple ethnographic methods. In Chapter 5, Everyday Life in the Township, I explore township life from the perspectives of Xhosa mothers. It focuses on three topics that emerged
from the research as particularly important and emotionally distressing to the mothers themselves. I demonstrate how food insecurity, violence, and HIV/AIDS impact women’s self-defined roles as mothers as well as their experience of emotional distress. In Chapter 6, Xhosa Motherhood, I discuss concepts central to the Xhosa ideology of motherhood, inimba and two modes of “showing love,” sharing and providing. Xhosa women explain how they and their own mothers strive for, achieve, and often fall short of “good” Xhosa mothering. Chapter 7, Becoming a Xhosa Mother, explores women’s emotional experiences and concerns during pregnancy. I illustrate how Xhosa women grapple with normative expectations for mothering behavior. I also argue that pregnancy is a period of “becoming” where women are transformed socially, morally, and emotionally into their new social role of motherhood. Chapter 8, A Xhosa Way of Coping, examines a way of coping that mothers enact to persevere and heal after experiencing emotional distress. Using two Xhosa concepts, inimba and ubuntu, I explain how women mobilize social resources to transform their distress from personal to collective. Finally, in Chapter 9, Conclusion, I tie together the major themes and findings, summarize the contributions of the study to anthropology, and outline directions for future research.
Chapter 2
Research and Theoretical Context

2.1 INTRODUCTION

This chapter entails a review of the salient bodies of work from which my study emerges and to which my study contributes. First, I give a brief summary of research in perinatal depression, focusing on studies where “culture” is a category of analysis. Then, I highlight the few studies on perinatal depression from within the field of sociocultural anthropology. Next, I consider anthropological approaches to mental illness and well-being that problematize or broaden diagnostic categories. Then, I outline works in the anthropology of gender, reproduction, and motherhood in order to show how they can inform our understanding of how social role (i.e. motherhood) shapes subjectivity and sense of well-being. Finally, I draw upon urban studies and poverty studies to demonstrate how the material world impacts mental health, emotional well-being, and the everyday lives of women.

2.2 STUDIES OF PERINATAL DEPRESSION (PND)

In order to grasp one of the underlying questions of the study—“How meaningful is the diagnosis “perinatal depression” in Xhosa culture?”—I begin the literature review by summarizing the current definition of perinatal depression from the DSM, the “gold standard” of “Western” biomedicine. Then, I summarize findings from studies of perinatal depression in “Western” (i.e. Anglo) contexts such as USA, UK, and Australia. Next, I explore the major findings of studies of perinatal depression in cross-cultural or non-Western contexts, with a section highlighting work in South Africa.
2.2.1 HISTORY OF PND

This chapter begins with a brief discussion of the history of perinatal depression as a concept and diagnostic category from the Foucauldian perspective, which posits that mental illness is not an empirical fact, but rather constructed and given meaning in a specific historical and social context (Foucault 2003[1973]; Gaines 1992b; Lloyd 2008).

The roots of PND can be found in American neo-Freudian “ego psychology” of the 1930s and 1940s that traced psychopathology of adults back to the relationship between mother and child (Eisenberg 2010:117; Held and Rutherford 2012:5). This psychoanalytic concept was codified in the field of obstetrics and gynecology by Karl Menninger in 1943 who helped add “prenatal psychology” to the purview of obstetricians who, at the time, were pushing to expand and further professionalize their field (Eisenberg 2010:117,119; Schaub n.d.). The medicalization of the supposed link between maternal and child psychology neatly dovetailed with a post-WW II popular anxiety about the “declining state” of the American family that focused on mothers as both the cause and the cure (Eisenberg 2010:113; Held and Rutherford 2012:6). Making mothers, and their prenatal psychological health, responsible for their children’s proper development made the pregnant female body a site for medical intervention and surveillance (Godderis 2010).

These anxieties increased with the second-wave feminist movement that challenged the inevitability of motherhood with the popularization of oral contraceptives, created the possibility of alternative lifestyles to full-time mothering, and challenged the inherent “goodness” and “naturalness” of motherhood (Firestone
These feminists briefly shed light on the multiple social and economic factors that caused mothers’ distress, linking depression to women’s inferior status in society, and to structural conditions and constraints including the medicalization of childbirth, poor provision of state-funded childcare, current labor market structures and policies, inadequate parental leave options, the loss of occupational status and identity, isolation, gendered divisions of household labor. Given such conditions, [feminists] argue that it is ‘normal’ that mothers become depressed (Mauthner 1999:145).

However, by the 1980s these voices were drowned out by the “pro family” agenda of the New Right that vilified working mothers and “ushered in a cultural nostalgia for the 1950s traditional family” (Held and Rutherford 2012:13), which helped frame perinatal depression as a “growing social problem” (Godderis 2010:456). In addition, a watershed conference on postpartum psychiatric illness in 1980 escalated the medicalization and biologicalization of perinatal psychiatry (Held and Rutherford 2012:14). Meanwhile in the 1980s, the diagnosis of depression was gaining mainstream acceptance (e.g. “prozac nation”) and the increasing feminization of depression discourse (Emmons 2010) helped solidify the perceived inevitability of the connection between motherhood and depression. In 1994, the postpartum onset modifier was added to the Major Depression diagnosis in the Diagnostic and Statistical Manual of Mental Disorders, version four (DSM-IV), codifying and legitimizing the diagnosis for clinical, research, and policy use.

2.2.2 “POSTPARTUM DEPRESSION” IN THE DSM

The Diagnostic and Statistical Manual of Mental Disorders (DSM) is itself a product of a particular place and time; or, more accurately, a series of instantiations of the ideology and best practices of the rapidly evolving and often highly contested field of
professional psychiatry (Gaines 1992c). In 1994, when “postpartum onset” was added as a modifier for Major Depression in the DSM-IV, perinatal depression became part of the official psychiatric classificatory oeuvre. Once it is added to the DSM, any disorder or modifier takes on new legitimacy and becomes reified as a “real thing” that can be screened for, diagnosed, and treated (Emmons 2010:21; Gaines 1992c). Interestingly, PND was not added because of overwhelming empirical evidence that the perinatal period was a problematic time for depression or that a depressive episode during that time was unique in some way, but rather it was added because of its persistent presence in lay discourse and medical practice (Godderis 2011:1991). Thus, perinatal depression became codified and medicalized because of its cultural and social significance.

The DSM-IV-TR (American Psychiatric Association 2000), which was the most current version in print at the time this dissertation research was conducted, includes a “postpartum onset modifier” that can be applied to any diagnosis of a major mood disorder “if onset is within 4 weeks of childbirth” (this timeframe is contested: Godderis:492-493; O’Hara and McCabe 2013:381; Segre and Davis 2013). Although the DSM states that the symptoms of mood disorders with postpartum onset “do not differ from the symptoms of non postpartum mood episodes,” there is considerable space dedicated to discussing the ways that the symptoms may in fact be directly related to motherhood and her infant; for example, “preoccupation with infant well-being;” “infanticide;” “maternal attitudes toward the infant” that can include “disinterest, fearfulness of being alone with the infant, or overintrusiveness that inhibits adequate
infant rest” (American Psychiatric Association 2000:423). The discussion concludes with another strongly stated paradoxical caveat that although the “risk factors, recurrence rates and symptoms of postpartum onset Mood Episodes are similar to those of non postpartum Mood Episodes [...] the postpartum period is unique” with respect to biological and social factors including future “family planning” (American Psychiatric Association 2000:423).

The equivocating “this, but that” language of the postpartum subcategory reveals the disconnect between empirical findings of perinatal depression research that show that the symptoms of mood disorders do not differ with postpartum onset, and cultural norms that frame motherhood as a uniquely vulnerable time for women and uniquely dangerous time for her infant (Godderis 2010). The normative component of the diagnostic category lends credence to the approach of this dissertation that “perinatal depression” is a culturally and historically constructed label, which means its usefulness in describing suffering is local and specific.

2.2.3 STUDIES OF PND IN SOUTH AFRICA

I will consider nine different studies that look at perinatal depression in South Africa. Seven of them are quantitative (Abrahams 2011; Cooper, et al. 1999; Hartley, et al. 2011; Lawrie, et al. 1998; Manikkam and Burns 2012; Ramchandani, et al. 2009; Vythilingum, et al. 2013), one uses quantitative and qualitative methodologies (Rochat, et al. 2011), and one study is exclusively qualitative (Moses-Europa 2005). For the 7 studies that calculated prevalence, rates ranged from 17% (Ramchandani, et al. 2009) to 50% (Abrahams 2011), with a median of 39%. See APPENDIX A for a summary. Compared
with a widely cited average prevalence of 13% (O'Hara and Swain 1996) as well as the range of prevalences from different cultural contexts from .5%-60% (Abdollahi, et al. 2011; Gorman, et al. 2004; Halbreich and Karkun 2006), South Africa has one of the higher prevalences published. Tomlinson (2004) and Rochat (2011) argue that endemic poverty is to blame for these high rates of PND, but do not have empirical data that supports that claim because of the economic homogeneity of their study populations. Published after these two studies, Hartely et al (2011) present data that show a significant correlation between household income below R2000 per month and PND. Five studies report a significant correlation between low social support, especially partner support, and PND, a correlation that is congruent with many other studies outside of South Africa. Ramchandani, et al. (2009) present data that show a correlation between “extreme social stressors” and PND; one of two studies to show a correlation between “life events” and PND. Again, these risk factors are congruent with findings in most other studies of PND. What is remarkable about studies in South Africa are the dramatically high prevalence rates compared to cross-cultural variation and averages.

2.3 A BROADER APPROACH: PSYCHOLOGICAL ANTHROPOLOGY APPROACHES TO MENTAL ILLNESS AND WELL-BEING

2.3.1 CRITIQUES OF STUDIES OF CROSS-CULTURAL PND

Studies that take perinatal depression as an a priori valid or meaningful diagnostic category have several limitations that make their claims of “universal” or “cross-cultural” PND vulnerable to critique: firstly, most studies in this literature use standardized diagnostic instruments (e.g. Cox, et al. 1987), but the use of Western psychiatric
instruments predetermine the existence of a specifically, ethnocentrically defined “perinatal depression” without considering the local meaning of the symptoms the instruments measure (Halbreich and Karkun 2006; Kleinman 1987; Kleinman 1991; Kumar 1994).

In addition, most studies interpret their findings as evidence of the universality of “postnatal depression” (Beck 1996; Cox 1996; O'Hara and Swain 1996). They conclude that because standardized instruments yield prevalence rates above zero in every culture studied, “postnatal depression” is universal (Kleinman 1977). “Culture” is used as a narrowly defined variable (Kleinman 1987). Again, the link between symptom prevalence and universality of a narrowly defined mental illness is spurious without considering how the constellation of symptoms is understood and experienced locally (e.g. Kirmayer 1989; Kirmayer, et al. 1995).

Furthermore, the alleged universality of postnatal depression is seen by researchers as further bolstered by studies of the biological processes that may underlie the symptoms of postnatal depression (Hendrick, et al. 1998). The argument that what is biological is universal is often found in Western medicine, but is not empirically grounded (Gaines 1992b; Good 1997; Kleinman 1991); indeed, anthropology demonstrates that the biological body is just as enculturated as the mind (Lock and Kaufert 2001) and the mind/body distinction itself is a cultural construction (Csordas 1994; Tapias 2006). Studies of the biological processes of postnatal depression make an essential contribution to our holistic understanding of maternal emotional distress, but do not preclude the need to understand it in its local context.
However, there are some studies within cross-cultural PND literature that argue for the importance of social conditions and cultural practices as mediating factors in the prevalence and experience of postnatal depression (Ahmed, et al. 2008; Bashiri and Spielvogel 1999; Howell, et al. 2006; Patel 2001). These studies explicitly critique and grapple with the difficulties of quantitative cross-cultural comparisons (Halbreich and Karkun 2006; Kumar 1994; Patel 2001), argue for the importance of qualitative studies on local contexts and meanings of distress (Bina 2008; Dennis and Chung-Lee 2006), and contribute data on the subjective experience and inter- and intra-cultural variability (Rodrigues, et al. 2003; Stoppard and McMullen 1999; Walters, et al. 1999).

2.3.2 APPROACHING BIOMEDICAL PSYCHIATRY AS AN ETHNO-PSYCHIATRY

Gaines (1992b) argues for a two-pronged anthropological approach to the study of psychiatry: a) cross-cultural psychiatry as the study of mental illness, abnormality, and pathology in cultural contexts, and b) the healing institutions that address these problems as culturally constructed as well (see also Devereux 1980). What he calls the “new ethnopsychiatry” is his insistence that Western biomedical psychiatry not be used as a benchmark or a cultural standard against which to compare other ethno-psychiatric systems, but that biomedical psychiatry be interrogated as an ethno-psychiatry on par with all other ethno-psychiatries. No psychiatric model is “universal” or “privileged” in this framework (Gaines 1992b:5). As all medicines are ethnomedicines (Hahn and Gaines 1985; Kleinman 1981), all psychiatries are ethnopsychiatries.

Emerging from this theoretical position, many studies explore how aspects of Western psychiatry are culturally constructed; i.e. institutions built on and to reproduce
a “system of beliefs and practices [...] with its building blocks deriving from key local conceptions” (Gaines 1992b:5). For example, Luhrmann (2011) observes psychiatry residents as they train to become psychiatrists explores how psychiatrists are trained to think about, diagnose, and understand mental illness. In a similar vein, Lloyd (2008) looks at the processes by which French psychiatry has transformed the social condition of neurosis into a psychopathology called “social phobia” that can be treated with pharmaceuticals. She argues that multiple stakeholders, psychiatrists, patients’ groups and pharmaceutical companies, contributed to this transformation, which does not necessarily benefit the people suffering from neuroses/social phobias (see also Nunley 1996).

Other studies take a genealogical approach to show how psychiatry concepts are constructed over time by a variety of different social forces (see Foucault 2003[1973]). For example, Hacking (1998) looks at the history of “fugue” a now outdated psychiatric diagnosis for someone who constantly goes “traveling” but has no recollection of their journeys. For Hacking, the history of fugue illustrates how the “reality” of a mental illness is dependent on its specific historical and cultural context—what he calls an “ecological niche.” He argues that for mental illness, the oft asked question, “Is fugue a real disorder?” is not the interesting or productive one; instead, he posits that the important question is, “What is it about a culture, time, and place that makes it possible that people can be afflicted with fugue?” The cultural and historical embeddedness of certain mental illnesses, such as fugue, hysteria, and neurosis, Hacking calls “transient mental illness” (Hacking 1998:1).
Dick (1995) and Young (1997) also use this genealogical method to understand the cultural construction of certain mental disorders that figure prominently in certain cultural discourses on mental health and personhood. Young explores the diagnosis “posttraumatic stress disorder” (PTSD), which has become a central diagnosis for American war veterans and a key metaphor for understanding how people cope with the traumas of war (for other discussions of illness metaphors see Kirmayer 1992; Lakoff and Johnson 1980; Young 1976). Young looks back to how memory, trauma, and later, traumatic memory, developed as psychological (and then psychiatric) concepts as context for his ethnography on war veterans currently in recovery for PTSD. Combining the genealogy with ethnography, Young argues that the diagnosis of PTSD constrains experience and amounts to the medicalization of suffering (see also Good 1996). Dick (1995) investigates “pibloktoq” (arctic hysteria) that appears frequently in early 20th century writings on the Inuit of Greenland. Dick challenges whether the way Western explorers and anthropologists understand pibloktoq accurately maps onto the local understanding of the concept. Through examining texts, pieces of evidence of Inuit behavior and ethnopsychology, and the historical record, Dick discovers that what Westerners called pibloktoq was actually a variety of Inuit behaviors, some of which could have been intentionally employed as resistance to Western encroachment.

2.3.3 UNDERSTANDING CULTURAL DIFFERENCES IN MENTAL HEALTH

Through thorough anthropological investigation, culture has proven to shape myriad aspects of mental illness, suffering, and well-being:
A) CULTURE SHAPES WHAT IS CONSIDERED “NORMAL” OR “PATHOLOGICAL.” For example, Gaines and Farmer (1986) present a case of a woman who, in a different context, may have been a miserable depressive, but in her community her suffering is seen in a different light: this woman does not exhibit certain key diagnostic criteria like the inability to perform her daily tasks or self-imposed isolation; nor are her incessant expressions of misery and suffering seen as negative by her community. Rather than being marginalized and pitied, she is ennobled by her suffering. Her experience of suffering is markedly different than “depression” because it occurs in amongst a cultural model that equates mental suffering with sainthood (see also Nichter 1981). Schieffelin (1985) explores what it means to consider specific New Guinean depressive symptoms as real, “fundamental, rather than epiphenomenal, dimension[s] of the disorder” (1985:102) arguing that symptoms can only be fully understood when they are “encompassed within a broader model of the cultural construction of everyday ‘feelings’” (1985:102). Obeyesekere (1985) and Good (1985) both explore symptoms associated with depression, that, when considered within the prevailing ethos of their respective cultures, challenge the assumptions of pathology and normality in how Western psychiatry defines depression (see also Nuckolls 1992).

B) CULTURE AFFECTS THE MEANING AND INTERPRETATION OF SYMPTOMS. For example Jenkins Jenkins (1988) examines “nervios,” a common culture-bound syndrome found in Latin American cultures. Jenkins shows how Mexican-American families label their schizophrenic family members as suffering from nervios to lessen the stigma of “schizophrenia.” While schizophrenic symptoms conjure the assignation of loco (crazy),
which is heavily stigmatized, *nervios* is a broad label that encompasses many disparate symptoms. More than *nervios* “mapping onto” schizophrenia (i.e. being a local term for the same disorder), it encompasses and makes culturally meaningful schizophrenic symptoms (1988:320). *Nervios* is a culturally patterned and socially embedded “folk label” that “seems to reflect concerns for the moral standing, social relations, role functioning, and emotional and physical well-being of the ill person and the family” (Jenkins 1988:323; see also Guarnaccia, et al. 1996).

C) LOCAL AND GLOBAL HISTORICAL AND POLITICAL CONTEXTS AFFECT EMOTIONAL EXPRESSION.

For example, Scheper-Hughes (2001) shows how the deteriorating social conditions in rural West Ireland translate into unstable and dysfunctional family conditions which marginalize youngest sons and increase their risk of schizophrenia; the experience of mental illness is shaped by unemployment, shrinking access to land, and gender differences that give opportunities to daughters to leave home for education and employment, give inheritance to oldest sons, and give nothing to the youngest sons (see also Jenkins 1991a; Jenkins 1991b; O'Nell 1998). Grønseth (2001) focuses her research on a group of Tamil refugees that have settled in Norway and investigates why they utilize health services more than native Norwegians in that area. Grønseth finds that although the refugee population is relatively stable, the cultural and social disruption of immigration as well as the persistent perception of cultural misunderstanding and prejudice has led to chronic mental distress among the Tamil immigrants. Anderson-Fye (2003) attends to the impact of rapid social change on the experience of psychological distress. She explores how rapid development often creates an environment where
young girls may be more susceptible to developing eating disorders; however, Anderson-Fye finds that school-aged girls in this area of Belize do not develop eating disorders in the context of rapid social change and she identifies a cultural model for beauty and a local ethnopsychological concept that seem to buffer these girls from psychological distress.

D) CULTURE AND BIOLOGY ARE INTERTWINED AND BOTH AFFECT MENTAL ILLNESS. For example, Hinton, et al. (2001) engage in a biocultural approach to mental illness: to account for the high number of panic disorder cases among Khmer refugees, Hinton describes the mechanism by which people become panicked; namely, a culture-mind-body feedback loop where a person’s attention to “nascent sensation” (also called “body scanning”) leads to escalation of symptoms. Body scanning is culturally patterned and is informed by specific cultural understanding of the body, illness, and the environment; among the Khmer, the metaphor “spinning” is integral to understanding *kyol goeu*, a culturally-specific panic disorder (see also Robarchek 1979).

2.3.4 ANTHROPOLOGY OF EMOTIONS

Anthropology demonstrates that emotions are culturally patterned and can be studied as discourses, as feelings or sensations, and as embodied.

Discourse approaches explore the way that emotion is employed, performed, narrated, and expressed (Abu-Lughod and Lutz 1990). For example, Abu-Lughod’s (1990; 1999) study of love poetry and expressions of sentiment among the Egyptian Bedouin illustrates “how emotional discourses are implicated in the play of power and the
operation of a historically changing system of social hierarchy” (Abu-Lughod and Lutz 1990:15). Abu-Lughod explores how ardent love poems and songs in a context where men and women are strictly segregated, married by arrangement, and discouraged from developing strong feelings for those of the opposite sex, are admired both for their subversiveness and their assertions of independence. Thus, their meaning and power are derived from the specific historical and cultural context.

Brison (1998) shows emotion discourses can be a site where members of society can challenge norms by contesting cultural scripts. In the case of the Kwanga of Papua New Guinea, social change has destabilized normative gender roles, and Brison describes how a father’s reaction to the death of his daughter became an opportunity for him to rewrite the cultural scripts of grief to reinvent himself as a dominant masculine figure (see also Desjarlais 1991).

Hochschild (2003) also attends to the role of gender in discourses of emotion. Hochschild focuses on flight attendants and how they are trained to control their emotions to create a semblance of tranquility and helpfulness. These flight attendants are not trained to “fake” their emotions, but rather are indoctrinated into a cultural milieu in which they can transform feelings of anger, frustration, and irritation into genuine feelings of sympathy, empathy, and happiness. Hochschild’s concept for this active, but not always conscious transformation, “emotional labor,” is also gendered: Hochschild argues that women more use emotional labor in the workplace and more often trade emotional labor for economic support in their private lives.

Lutz (1988) catalogues and contextualizes the emotion words of the Ifaluk of the
southwest Pacific and demonstrates that the meaning of emotions, because they are “preeminently cultural,” (1988:5), is “fundamentally structured by particular cultural systems and particular social and material environments” (1988:6). By implicitly and explicitly comparing Ifaluk emotional discourse with Western emotional discourse, Lutz argues that emotions are culturally constructed and reflect not universal panhuman traits, but rather “related to broader ethnotheories about the nature of the self” (1982:113).

Studies of emotion also explore the impact of macro-level forces, such as history, politics, and economics. Scheper-Hughes (1992), for example, attends to the tragic consequences of high infant mortality in a poverty-stricken region of Brazil, explaining how mothers’ lack of affect and feelings of love toward some of their infants leads to neglect and the babies’ imminent death. Here, emotion and affect are situated in the contexts of extreme poverty, hunger, and political marginalization. Jenkins (1991b) also explores the affective consequences in the context of social instability in her study of Salvadoran refugees in North America. She argues that the El Salvadoran state has created an environment where its citizens are not permitted to express the terror, distress, or suffering they may feel as a result of decades of political violence and terrorism. Beyond “culture,” Jenkins argues, “political ethos” profoundly shapes the ways in which people experience and express distress and trauma (Jenkins 1991b:157; see also Guarnaccia, et al. 1996).

Phenomenological approaches to emotions attend more to affect, sensation, experience, and the body. Tapias (2006) also explores the embodiment and expression
of trauma as a result of political violence in Bolivia. For Tapias, the experience of emotions is at once bodily and experiential, and socially constituted and performed (2006:403). Wellenkamp (1988) explores the performance of grief during funeral ceremonies and tries to reconcile it with the strong proscriptions the Toraja of Indonesia have on emotional expression. Wellenkamp argues that within the Toraja context where intense emotional assertion is considered unhealthy for individuals and society, the “notion of catharsis” allows for the occasional, circumscribed venting of negative emotion while still maintaining a spiritual equilibrium. In another culture where extreme emotional display is considered dangerous to the health of the individual and society, Wikan explores the interplay of culture, affect, and the body in the Balinese context. Grounding her analysis in the daily “praxis” of the Balinese, Wikan argues that the “grace and composure” (1989:295) exhibited by the Balinese does not illustrate natural implacability or a lack of emotion, but rather constant effort on the part of individuals to maintain their own health and that of society by “managing the heart,” “not caring,” and “forgetting” about their feelings (1989:296). Wikan shows that, for the Balinese, emotions are not internal states, but interpersonal and intersubjective (1989:294) and thus derive their meaning from everyday Balinese life.

In a strikingly different approach to ethnopsychiatry and studies of culture and mental health, “global mental health” takes a cross-cultural, empirical, and interdisciplinary view of mental health and well-being. A paradigmatic text is *World Mental Health* by Desjarlais and colleagues (1995). This interdisciplinary volume draws on anthropological research as well as public health to frame pressing problems in
mental health worldwide. It attempts to elevate mental health to the level of other health issues that are more commonly thought of as global problems (see also Patel, et al. 2004; Patel 2001; Patel and Kleinman 2003). For example, its chapter on women argues that because, across cultures, depression, anxiety and psychological distress are more prevalent in women, mental health should be a priority alongside reproductive health (see also Honikman et al 2012). Beyond the physiological differences that may contribute to this gender disparity in mental illness, Desjarlais et al propose that there are “social origins” to women’s distress and that “multiple forces” must be taken into account to make sense of women’s suffering (1995:183). Global mental health studies of depression in women elucidate how structure, such as development projects that undermine women’s ability to provide for their families (Kwiatkowski 1998), and social context, such as the prevalence of poverty (Finkler 1994), child death (Einarsdóttir 2004), and sexual violence (Ngoma 2005), play in the vulnerability to, and experience of, mental illness (see also Bhugra and Mastrogianni 2004). In light of the circumstances women face that lead to suffering and emotional distress, Desjarlais et al. (1995) point to a need to develop a comprehensive and nuanced theory of the “social origins of distress” for women (1995:183). While social-structural issues such as hunger, work, violence, and development are highlighted in Desjarlais et al, less investigated are the quotidian aspects of women’s lives, including the way that the social role of motherhood shapes their needs, actions, and the way they make sense of their circumstances.
2.4 STUDIES OF MOTHERHOOD

Interdisciplinary studies of motherhood demonstrate that it can be a lens through which to understand broader social processes, much like Rapp and Ginsburg persuasively argued for studies of reproduction (1995b). Walker (1995) offers a productive three-pronged framework for approaching the study of motherhood:

A) MOTHERHOOD AS AN IDEOLOGY, AN IDENTITY, A ROLE, OR A SET OF CULTURAL EXPECTATIONS. These studies tend to articulate normative cultural models for motherhood, and often illustrate competing cultural models.

B) MOTHERING AS A SET OF PRACTICES OR SKILLS. This type of study focuses on activities that women participate in by virtue of “being a mother;” for example, nurturing (Arendell 2000) or socializing (Barlow 2001).

C) THE MOTHER AS A TOTALIZING OR PARTIAL EXPERIENCE, A LIVED REALITY, A SUBJECT OR AN OBJECT, OR A MORAL BEING. These studies focus on how mothers make sense of their role and activities, how they experience their daily lives, and how they identify themselves as mothers, or not.

More often than not, studies mix these three approaches, but this framework challenges us to approach motherhood in terms of discourse, practice, and subjectivity (Zraly et al 2013).

A) MOTHERHOOD AS DISCOURSE. Collins (1994) makes a strong theoretical case for shifting the focus from dominant models of motherhood to alternative ones. She argues that “feminist theorizing about motherhood” has relied on the assumption that there is a strict boundary between domestic and public space and that public space is solely the
realm of men (1994:46). She uses the term “motherwork” to “soften” these boundaries and shift theorizing about motherhood away from white, middle-class dichotomies and toward new, more nuanced understandings of other types of mothering (1994:47).

Stack and Burton (1994) follow suit and show how some African American families have kin models that dictate the roles and duties of each family member. These “kinscripts” are flexible, but persistent, and require the services of different family members at different times; consequently, the needs of family members—especially mothers and their sisters—are met even in shifting interpersonal, material or environmental contexts.

Stack, in her foundational work on the African American family (1974), also illustrates the flexibility and innovation present in female-headed households. Previously thought of as pathological and dysfunctional, Stack shows how the diffuse and mutable kin networks present in poor African American neighborhoods are well-functioning adaptations to abject and intractable poverty. Stack’s work was groundbreaking, but it is key to note that her (and Burton’s) emphasis on kin and kin networks shifts the focus away from mothers themselves. Indubitably important in understanding the breadth of diversity between American cultures, Stack and Burton’s works contribute to our understanding that in some American cultures, a mother might not be the only one who cares for her children.

An example of intercultural diversity that underscores how normative styles of mothering are culturally constructed comes from Eitienne’s study of Baule mothering (2001[1979]). Although the Baule of West Africa believe that all women who are able to should have children, they “recognize an unequal distribution of both the penchant, and
the talent for active motherhood” (2001[1979]:35); thus they extensively practice cross-kin adoption and fostering. Etienne’s study offers an ethnographic exception to the Western idea that motherhood is always constructed around the notion of biology and also illustrates a culture where motherhood is mutable and can be constituted by behavior (e.g. mothering, caretaking, nurturing).

A modernizing, globalizing, and increasingly transcultural world affects ideologies and practices of motherhood (Jolly 1998). Several studies look back at the colonial period to chart how these processes transform motherhood (Ram and Jolly 1998). Motherhood is conceived of and enacted in a particular historical moment which is bisected by cultural models, notions of race and class, and state ideologies and prerogatives (Walker 1995). Davin (1978), Manderson (1998), and Stivens (1998) all show how the British imperial preoccupation with the reproduction of its British citizenry and the transformation from “savage” to citizen of its colonized subjects led to increased interest and surveillance of mothers in colonized lands such as Malaysia. Colonialism is also a context through which to see the impact of state ideologies and biomedicine on the mother-body (Inhorn 2003). Abugideiri (2004) and Merrett-Balkos (1998) both consider how colonial medicine remakes women in a normative biomedical mold; a process of medicalization similar to the one that Martin (1987) and Davis-Floyd (2004) describe for women in the US (for further discussion of motherhood and the body, see Lewin 2006:22-24).

Motherhood is often articulated in terms of a cultural model or ideology that is created, enacted or resisted by mothers themselves. Although mothers may appear as
central actors in these ethnographies, the focus is usually on the ideology, which is larger and more abstract than any one individual’s beliefs or actions. Myths are one way ideologies are constructed and disseminated: myths of motherhood are often portrayed by scholars either as utopian fantasies of the way motherhood could function as a powerful, liberating institution or as an oppressive myth of perfection or contradictory expectations that no “real” mother can live up to (Badinter 1982; Douglas and Michaels 2004; Kaplan 1992; Kaplan 1994; Thurer 1995).

Ideologies of motherhood can also be understood as mutually constitutive between mothers and children or realized in the ways that mothers act toward their children. In her ethnography of school lunch preparation, Allison (2001) illustrates that for Japanese women of preschool-aged children making Obento school lunches is a complex social process inscribed with state ideology. Making the Obentos day after day is a negotiated process between mother, teacher, child, and texts (e.g. magazines) designed to “help” mothers improve their creativity and effectiveness. At school, the teachers use the Obentos as a way to teach children the correct way of being a person and citizen in Japanese society. Allison illustrates how this daily mothering activity is quotidian, but far from insignificant because it shapes and imbues personhood in both Japanese mothers and their young children. Barlow (2001) shows how mothers’ daily activities show rather than tell their children how to be “good” persons according to Murik cultural values. Children learn the significance and practical mechanisms of food and reciprocity, and work and recognition through these daily mother-child interactions. In Murik society, the importance of the maternal in everyday life is not severed as
children become adults (see Chodorow 1999[1979]), but rather centrally informs the ideology of adult personhood as well (see also Barlow 2004).

Barlow’s illustration of how maternal qualities such as nurturance are not uniquely female attributes but rather are ideals for all Murik persons resonates with studies of African motherhood that see motherhood as valued rather than denigrated. Oyewumi (1997; 2003) and Amadiume (1997), in a reaction to what they see as an ardent anti-natalism in Western cultures and feminist analyses of Western motherhood (e.g. Ortner 1974), argue that in Africa motherhood is valued and celebrated and women gain power from being mothers (see also Zraly et al 2013).

Even within a racially and socioeconomically homogeneous group, differences in motherhood ideology may prevail. Ginsburg (1990; 2006) grapples with the ideological variation toward motherhood and the pregnant body between pro-life and pro-choice abortion activists in the US. Ginsburg shows how a sociopolitical stance such as pro- or anti-choice requires the collective making and remaking of models for the female body and motherhood. Similarly, Stephen (2006) shows how contradicting ideologies of motherhood enable women’s public participation in the CO-MADRES (“Mothers of the Disappeared”) political movement in El Salvador. Although most of the members of CO-MADRES are mothers, Stephens argues, their conceptions of what motherhood is and what political participation means for them as mothers diverge among its members. Stephen’s work also shows how motherhood is not always ideological and pragmatically constrained to the domestic sphere and that through their identity as mothers not just despite them women can be social and political actors (Barlow pers. comm. 2007).
Which ideology of motherhood is “correct” in a given political or social context is a subtheme of studies of mothers who do not conform to a given society’s motherhood norm. Landsman (2004) argues that mothers of children with disabilities internalize the normative model that children are commodities that can—and should—be replaced if flawed and weave an alternative discourse that both justifies their disabled child’s continued existence and their choice to mother him/her. Through his ethnography of how mothers construct a discourse around disabled children’s worth, personhood, and commodification, we can see how definitions of the “good mother” are created and employed by mothers in an iterative and contested process with more dominant cultural models (for other ways mothers and children are mutually constituted through commodification, see Clarke 2004; Taylor 2000). In her study of media portrayals mothers charged with perinatal endangerment, Tsing (1990) shows how these women are vilified as “monsters” because they do not display the normative affectations of the feminine and maternal. Tsing argues that the romanticization of the mother contributes to the criminalization of these “anti-mothers” while ignoring the material or interpersonal realities (e.g. poverty, the failure of the educational system, domestic violence) that may have directly contributed to the mothers’ actions.

Tsing illustrates the symbolic violence toward criminally deviant mothers, while Lewin (1990; 1994) explores how lesbian mothers negotiate the construction of their mothering as deviant relative to the hetero-normative models in dominant US discourse. These mothers use secrecy and the compartmentalization of their worlds (i.e. “lesbian” and “mother” as separate spheres) as strategies to protect their everyday ability and
legal right to mother in the face of a very real threat of losing a custody battle after divorce. Lewin poignantly illustrates the difficulty of mothering against the norm when normative ideologies inform and police legal practices. Pelka (2005) illustrates another strategy of lesbian mothers to simultaneously subvert and conform to a dominant ideology of motherhood. In a situation where both partners could potentially reproduce the couple’s offspring, the prevailing cultural models of biological motherhood encourage these women to seek in-vitro fertilization (IVF) therapy to give both partners legitimate claim to biological motherhood (for another example of how motherhood is reconceived through the use of a reproductive technology, see Ragoné 1994; Thompson 2006).

B) MOTHERING AS PRACTICE. Although the Anthropology of Motherhood is adept at identifying and elaborating ideologies of motherhood, it is less attentive to what mothers do and how they make meaning of their activities and lives (Barlow pers. comm. 2007; Barlow and Chapin 2010). The studies that do shift our attention toward these seemingly minute tasks reward us with deeper understanding of what mothering entails and what it means to them and for the broader culture (e.g. Allison 2001; Barlow 2001). For example, committed to overturning the idea that African American families are “matriarchal” and thus “deviant,” Carothers focuses on mothering practice as a way of socializing their daughters to cultural values and norms (1990). Her ethnography illustrates how mothers transmit lessons on personhood, race, and womanhood to their daughters: they “teach by the way that they live their own lives (‘example’), by pointing out critical understandings they feel their daughters need (‘showing’), and by instructing
their daughters how to do a task competently” (1990:237). Carothers shows precisely how some black mothers teach their daughters to navigate the contradictory world crosscut by race and gender.

Similarly, Barlow and Chapin (2010) connect mothering practice with socialization and reproduction of cultural values, but also emphasize the psychological and emotional work of such practice. Barlow (2010) illustrates how Murik mothers teach crucial social values about food, sharing, and age hierarchy through situations of heightened emotion and also by outsourcing overt disciplinary action to non-biological mothers. Chapin (2010) discusses the surprising transformation of Sinhalese children as they go “from the demanding omnipotence of infancy to the disavowal of desire by middle childhood” (2010:357). Mothers, she argues, intersubjectively transmit their embarrassment and discomfort at the toddler’s “spoiled” behavior by meeting their material demands, but withdrawing from them emotionally. Thus, children quickly learn, as their mothers did when they were children, that fulfilling desire leads to reduction in intimacy. Both Barlow and Chapin use close examination of mothering practice to show how emotion and affect are intertwined with, and explicitly manipulated, to socialize children (see also Pelka 2010).

C) MOTHERS AS SUBJECTS. Even fewer studies investigate how mothers make meaning of their lives. Schepere-Hughes’ ethnography (1992; 2001) of desperately impoverished Brazilian women living in a poverty-stricken part of Northeastern Brazil is an example of an anthropological study that pays attention to mothers’ emotional and moral worlds. Schepere-Hughes shows us how mothers understand and deal with infant death on a
personal level as well as at the level of cultural ideology. With infant mortality rates at a level where the survival of an infant is far from expected, these women strategically care for infants that show “signs” of survival and withhold care from those perceived likely to die. Scheper-Hughes calls this strategy “life-boat ethics” to signify that these are not strategies of an ideal mother, but of one constrained by desperate circumstances. She demonstrates that these women have adapted their affectation and personal experience of mother love as survival strategy for both themselves and their children. Although she is careful to show how deeply these mothers love their surviving children, she argues against both Ruddick’s (1980) universalist assumption of one kind of mother love, and against Ruddick’s implication that mothers who do not love or enact “maternal achievement” practices are subhuman (Scheper-Hughes 1992). Through her exploration of Brazilian women caught in desperate material circumstances, we are reminded that conceptions and practices of motherhood are culturally, economically, and historically contingent. Scheper-Hughes shows us an extreme example of what mothers feel, do, and how they make meaning of their actions and lives.

2.5 SOCIAL SUFFERING: AN ANTHROPOLOGICAL APPROACH TO POVERTY AND SUBJECTIVITY

2.5.1 THEORETICAL APPROACHES TO SUBJECTIVITY

Work on subjectivity is multidisciplinary and is grounded in philosophy. Lester (2013) posits that although philosophical work on subjectivity is often complex and contradictory, it can be divided into two broad categories, approaches to the “subject as agent” and the “subject as position”:
Continental tradition takes the subject as the focus of analysis and is concerned with how subjects create the reality of the world around them. Postmodern and post-structuralist critiques read the subject as a product of structural forces and relationships of power and focus on these broader dynamics through which subjects are brought into being (1).

Anthropologists draw from these two philosophical traditions, but generally try to collapse the distinction between them. As a sign of this effort, there is a tension in many anthropological approaches to subjectivity as they try to attend individuals as agentive, sentient, meaning-makers while at the same time understanding that the structures and norms of culture (and supracultural forces like globalization) shape and constrain individuals (Biehl 2007; Lester 2013:4). Anthropological explorations of individuals’ experiences of routine degradation and oppression in contexts of poverty highlight the tension in merging these two approaches to subjectivity, while at the same time underscore how theoretically productive and ethnographically rich bringing the “outside-in” and “inside-out” can be (Lester 2013:4).

2.5.2 SUBJECTIVITY AS A WAY TO UNDERSTAND THE EXPERIENCE OF POVERTY

Kleinman and colleagues (1997b) posit a way for anthropologists to study both the quotidian, local, individual meanings of suffering and the larger forces that constrain individuals and force conditions of suffering upon them: to “collapse old dichotomies” in order to understand “how the forms of human suffering can be at the same time collective and individual, how the modes of experiencing pain and trauma can be both local and global” (1997b:x). By attending to both levels of analysis, anthropologists can privilege meaning and morality, but avoid blaming the victim for the circumstances or perpetuation of their suffering.
The limitation of “social suffering” literature for studying the “soft knife” of everyday poverty, inequity, and oppression (Kleinman, et al. 1997b:x), is that while studies attend to local meanings and practices, they fall short of exploring individuals’ subjectivity or the ways that poverty, inequality, and violence shape the way people perceive and understand their world (Gammeltoft 2006). Das and Das (2007) argue that anthropologists must attend to the spaces where macro and micro forces intersect to truly “acknowledge the complexity of the social and cultural environment in which the poor live” (2007:90). In their study, that point of intersection is in the illness narratives of their participants, part of the population of urban poor in Delhi, India. They give two examples of participants describing their illnesses and argue that the narratives are indicative of how people feel constantly on the “threshold” in danger of complete destitution; explaining, “they also lived in fear that the nexus of relationships through which they maintained their jobs, obtained loans, or found a doctor would somehow collapse” (2007:77). They demonstrate how the narratives include an awareness of the precariousness of poverty and how that shapes understandings of their illness and treatment choices. Especially evocative is the example of the man who drinks alcohol as his “treatment” for disturbing thoughts and pain (2007:76-77).

Furthermore, Das and Das show how treatment choices are created by material constraints; for example, the typical way someone would seek treatment is to get relief for the symptoms rather than treatment for the illness because with a small amount of cash, a person can buy a small amount of medicine. Local practitioners know this, they argue, and they tailor their diagnoses and treatments to their patients’ means: “both
biomedicine and households mutate to create a unique neighborhood ecology of care.”

As a consequence of the “relief not cure” imperative, practitioners in poor areas “do not seem to distinguish between diagnostic categories and symptoms. Thus, households in these neighborhoods tend to use what would be diagnostic categories as descriptive symptoms;” for example “low blood pressure” is used by people to describe a cluster of symptoms “attributed to the ‘tensions’ inherent in the conditions in which people lived” (2007:79).

Biehl explores how material and social circumstances shape subjectivity in two different communities, one in the “zone of social abandonment” (2005) and one within the community of AIDS illness and treatment (2007). Like Das and Das, Biehl grapples with the interpolation of first-person perspectives and narratives of suffering and the structural and global forces that are at once invisible to individuals and consciously part of their subjective experience. For example, Catarina, the protagonist of Biehl’s case study, is both a powerless victim and creative agent as she struggles to make and remake herself and her world. As Biehl explains:

Caterina embodies a condition that is more than her own. Her life force was unique, but the human and institutional intensities that shaped her destiny were familiar to many others in Vita. In the dictionary [part of her diary], Catarina often referred to elements of a political economy that breaks the country and the person down and to herself as being out of time:

- Dollars
- Real
- Brazil is bankrupted
- I am not be blame
- Without a future (2005:20-21, italics in the original)

Catarina makes sense of her suffering in her own way, in relation to her own illness and sense of self, but she is also aware that global, political, economic, and social forces
impinge on her in ways she is powerless to fight, except by creating her own narrative of resistance and power.

Bourgois (2002) and Goldstein (2003) also explore how subjectivity is shaped by suffering. Both authors do this by attending to the everyday practices of the poor, how they negotiate and maintain social relationships, how they experience and narrate the ubiquity of violence, death, and illness, and how people cope with the existential injustice of poverty. Bourgois explores the everyday lives of crack dealers and users in New York’s Spanish Harlem at a time when the drug was transforming urban poverty, social relationships, and addiction. Goldstein investigates the everyday lives of poor Brazilian women who live in the flavelas of Rio de Janeiro. While Bourgois notes the posturing of “inner-city street-life culture,” Goldstein focuses on “laughter out of place;” both are ways of coping and interacting with a difficult world.
Chapter 3
Background

3.1 INTRODUCTION

This chapter serves to outline the historical and cultural background relevant to this research. First, I provide context for the racialized terminology used in the South African literature—both historical and contemporary—and explain my own use as well. Then, I outline a history of South Africa as a home to indigenous peoples and then a nation demarcated by European colonists. Next, I sketch a history of the South African township and homeland, which were engineered by colonial and later Apartheid agents as Africans’ “natural” homes. Then, I describe the available literature on Xhosa culture, both historical and contemporary. Finally, I outline some relevant aspects of post-Apartheid South African life; namely the township, poverty and wealth stratification, health and illness, and gender and reproduction. By no means is this chapter an exhaustive look at historical and contemporary South Africa; but rather it serves merely as a background sketch for readers of this dissertation on contemporary Xhosa township mothers.

3.1.1 TERMINOLOGY

As I describe below, colonial and Apartheid governments of South Africa ruled partly through violence and terror and partly through the symbolic violence of words. Everyone received an official racial category and was accorded or denied rights by virtue of that name. During Apartheid, the racial categories in order of most privileged by policy to the least: White, Indian, Coloured, African.
Using those names to identify and categorize groups in post-Apartheid scholarship is a double-edged sword. On one hand, using the same or similar names can bring back the pain and injustice of their original use. On the other hand, using them in a different context can imbue them with a different meaning, one that has a different relevance today. Furthermore, using the same categories provides continuity that honors history, however painful, and recognizes the power of history to influence the present. It is for these, though perhaps idealistic reasons, that I use some of the Apartheid-era racial categories in this dissertation. However, whenever it is appropriate, I use the term Xhosa to refer specifically to the linguistic-cultural group that my study focuses on.

3.2 KEY EVENTS IN SOUTH AFRICAN HISTORY

Although a deep understanding of South African history from the first human-like ancestors (fossils of which have been found near the capital city Johannesburg dating to 3.3 million years ago; see Thompson 2001), to the complex lives of precolonial indigenous peoples, to decades of conflict between colonial and indigenous communities, would surely enrich the context of this dissertation, it falls outside the scope of this project. Certain events in modern South African history provide a more immediate context for this work.

<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>50,000 BCE</td>
<td><em>Homo sapiens</em> live in the South African region now called the Eastern Cape Province</td>
</tr>
<tr>
<td>1652 AD</td>
<td>Dutch settle South Africa at the Cape of Good Hope</td>
</tr>
</tbody>
</table>

Although the lives of indigenous peoples in southern Africa were not perfect or conflict free (e.g. Comaroff 2013), the establishment of the first European colony by the Dutch
East India Trading Company in 1652 marked the beginning of war, genocide, slavery, and widespread subjugation for the indigenous Africans in the region that eventually became known as South Africa.

1880–1881 First Anglo-Boer War
1867 Gold discovered in the Witswatersrand reef - influx of European miners and African labor migration from rural areas of South Africa (Beinart 2001)
1899–1902 Second Anglo-Boer War
1905 End of British direct rule
1910 Establishment of Union of South Africa - joint government between British and Afrikaaners

The 19th century was marked by European invasion of more land, enslavement and near-genocide of indigenous Africans (Khoi Khoi and San), and vicious fighting between British and Dutch (who began to be known as Afrikaaners) settlers, fighting that also took a toll on African populations. At stake for the warring European settlers was control of land and autonomy, but also control of African populations.

1913 Natives Land Act written into law to keep Africans in designated rural areas and circumscribing their work on white-owned farms (Beinart 2001:56)
1914-1918 World War I
1923 Native Urban Areas Act written into law to empower municipalities to segregate urban areas and impose a “pass” system to control African urbanization
1925 African National Congress (ANC) formed as a rebellion and opposition group to white rule
1939 “Betterment” proclamation enacted to improve rural life for Africans (Beinart 2001:135)
1939-1945 World War II
1948 Nationalist Party (Afrikaans) elected to leadership on the Apartheid (“apartness”/segregation) platform

The 1920s and 30s saw an increase in segregationist policies (Beinart 2001:125), especially those aimed at controlling African urbanization. Growing African populations in the cities were seen as a social blight, which the government sought to control both through enacting pass laws as well as a rural “betterment” program as part of a strategy
to keep Africans confined to their rural “homelands.” But, political forces were no match for economics ones and African urbanization kept growing, with urban crowding and informal peri-urban “squatter camps” springing up around cities (Beinart 2001:136).

<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>1950</td>
<td>Group Areas Act - legislated urban segregation</td>
</tr>
<tr>
<td>1950</td>
<td>Population Registration Act - categorized the entire South African population by race, i.e. White, African/Native/Bantu and Coloured</td>
</tr>
<tr>
<td>1953</td>
<td>Bantu Education Act - African education was truncated and designed to limit worldliness, such as awareness of equality, and entrench divisions, such as teaching exclusively in local “ethnic” languages</td>
</tr>
<tr>
<td>1953</td>
<td>Reservation of Separate Amenities Act - further entrench legal segregation and make it legal to have inequality among public resources (no more “separate, but equal”)</td>
</tr>
</tbody>
</table>

With the Nationalist Afrikaans Apartheid agenda in place, the 1950s and 1960s was a time replete with extreme segregation, forced removals of blacks from “white” urban and rural areas, obliteration of black resistance groups, and increased surveillance and control of black movement within urban spaces (Posel 1991). Indeed, African urbanization was still seen as the major threat to South African white “supremacy.”

However, because of the need for African labor in the cities and on farms, policies were aimed at creating a balance between enough laborers in the cities and not enough to create a “proletariat” that might incite rebellion (Posel 1991:75-76). Women and children, who previously had been less controlled, were now barred from being in urban spaces without a pass proving their employment (Posel 1991:53).

<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>1960</td>
<td>Sharpville massacre</td>
</tr>
<tr>
<td>1962</td>
<td>Nelson Mandela imprisoned</td>
</tr>
<tr>
<td>1976</td>
<td>Soweto students’ revolt</td>
</tr>
<tr>
<td>1976</td>
<td>Television introduced; government controlled broadcasting</td>
</tr>
<tr>
<td>1977</td>
<td>Steve Biko arrested and killed by police</td>
</tr>
<tr>
<td>1978</td>
<td>Prime Minister of South Africa, Botha, warns the government to “adapt or die” (Beinart 2001:145)</td>
</tr>
<tr>
<td>1983</td>
<td>United Democratic Front (UDF) is established as the ANC’s diplomatic counterpart</td>
</tr>
</tbody>
</table>
With tighter control and enforcement of segregation and increasing poverty and social instability for Africans in urban and rural areas, the 1960s and 70s were a time of increased activism and social unrest (Beinart 2001). Leaders of the ANC, like Mandela, were imprisoned or fled into exile. The Soweto student uprising was a public example of urban unrest and unchecked police violence that unsettled South African whites and the international community. By the late 1970s, even the Apartheid government saw the writing on the wall and began to try to adjust Apartheid policies to stabilize the country and placate the international community.

<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
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</thead>
<tbody>
<tr>
<td>1984-1986</td>
<td>Multiple protests and insurgency</td>
</tr>
<tr>
<td>1985</td>
<td>Botha declares state of emergency</td>
</tr>
<tr>
<td>1985</td>
<td>Mandela is offered and publicly declines release from prison “with conditions” (Beinart 2001)</td>
</tr>
<tr>
<td>1989</td>
<td>de Klerk appointed Prime Minister</td>
</tr>
<tr>
<td>1990</td>
<td>Ban lifted on ANC and other organizations</td>
</tr>
<tr>
<td>1990</td>
<td>Mandela released from prison without conditions</td>
</tr>
<tr>
<td>1990-1991</td>
<td>de Klerk revokes key legislation of Apartheid</td>
</tr>
<tr>
<td>1990-1994</td>
<td>14,000 people die in political violence (Beinart 2001:277)</td>
</tr>
<tr>
<td>1994</td>
<td>Democratic elections with full enfranchisement of all South Africans</td>
</tr>
</tbody>
</table>

By the 1980s protests and political violence had reached a fever pitch and when de Klerk took over from Botha as Prime Minister, he began taking steps to transition the government away from Apartheid and toward a free and fair democracy. With Mandela’s “unconditional” release from prison in 1990, the stage was set for a democratic transition. However, violence escalated dramatically between 1990-1994 and it was no “small miracle” (Mandela 1995 quoted in Beinart 2001:271) that democratic elections took place in 1994 ushering in a “new democratic South Africa.”
3.3 BRIEF HISTORY OF THE TOWNSHIP

During Apartheid, urban segregation was justified in four ways: 1) a need to fill growing demands for cheap African labor in the cities, 2) a belief that keeping communities of different races completely separate from each other would lead to a harmonious nation (Lemon 1991:8), 3) to control and mitigate the “black danger” (swart gevaar) of a growing urban African presence (Lemon 1991:6), and 4) to keep the majority of Africans in their designated rural “homelands” (bantustans) far away from the cities.

Consequently, South Africa’s cities were carefully molded into racially categorized zones whereby whites occupied the center of the city, blacks occupied the areas furthest from the city center, and coloured were the “buffer” zone in between. See FIGURE 4 below (Lemon 1991:12).

In retrospect, the urban planning achieved some of its goals: South African cities are still the heart of commerce and people in need of work still flock to urban centers. However, the racial separateness of the Apartheid city did not create frictionless harmony, but rather mutual ignorance, fear, and a lack of an “open pluralistic society” that many other cities of the world engender (Lemon 1991:8,9,10).

Interestingly, because Apartheid was intended to last as the permanent social and geographical architecture of South Africa, the zoning plan was developed to accommodate growth of populations over time. However, Apartheid architects underestimated the economic draw of the city in contrast to the underdeveloped economic wasteland of the rural homelands where the majority of African were “supposed” to live (Lee 2009:25; Lemon 1991:17). The rows of small unadorned houses
built by the government to house Africans in their designated townships swelled with the informal dwellings of migrants looking for work. By the late 1980s, there were an estimated 7 million informal settlers in and around South African cities (Lemon:20). As Lemon comments, “overcrowding of township housing reached almost unimaginable proportions in many areas; densities of 15 or more persons per four-roomed house became widespread, with even higher figures in some areas” (Lemon:20).
3.3.1 KEY DATES AFFECTING TOWNSHIP FORMATION AND TOWNSHIP LIFE

1923    Native Urban Areas Act written into law to empower municipalities to segregate urban areas and impose a “pass” system to control African urbanization
1950    Group Areas Act - legislated urban segregation
1951    Illegal Squatting Act - aimed at controlling peri-urban settlements
1952    Native Laws Amendment Act - increased control over the “distribution of African labor between town and country” (Lemon:18)
1954    Campaign to link Africans with their designated homeland and segregate black townships by ethnic/tribal affiliation (Lemon:18)
1958    Gugulethu built as an African township outside of Cape Town
1964    Bantu Laws Amendment Act - tightening of pass laws making it easier for police to remove African men and women from cities
1983    Khayelitsha built - first formal African township built near Cape Town since Gugulethu in 1958 (Lee:31)
1991    Group Areas Act abolished

3.3.2 WOMEN AND THE TOWNSHIP

There is little documented about the lives of women in South African townships in the 19th and 20th centuries, besides the groundbreaking work of Mayer (1961), Wilson and Mafeje (1963), and Walker’s (1991) work on women’s role in resistance to Apartheid (Lee 2009:5). As Lee remarks,

What was neglected was attention to the complexity of the lives of women created for themselves in the city, encompassing their positions as wives, mothers, daughters, workers, and women. Also neglected were the intricate orderings and reorderings of women’s identities across domestic, social, and psychological axes (Lee:6).

Lee’s ethnography as well as this dissertation aim to fill some of those gaps—Lee’s in the near past and present and this dissertation in the present.

Women’s symbolic and practical role in African urbanization was far from secondary; indeed the Apartheid government saw women’s growing urban presence as an indicator of the mushrooming threat of unchecked African urbanization (Lee 2009:17). We can point to certain historical moments that changed the lives and trajectories of black women, even though their voices are all but absent.
For example, the 1952 Native Laws Amendment Act affected women’s residence in cities whereas before 1952 they had been mostly left alone to work and live in white people’s houses as live-in maids and nannies (Lee:19). Now, women only qualified for a city “pass” if they were married to a man who qualified under his employment (Lee:19). Then, the 1964 Bantu Laws Amendment changed the rules of residency for women who had moved to urban areas to live with their husbands who had migrated for work (Lee:24), making women even more vulnerable to the draconian rules that controlled African urbanization. Indeed, Lee explains that government control over their movement in and into cities was an omnipresent and consuming worry for women during that time period (Lee:35).

3.3.3 CAPE TOWN’S TOWNSHIPS IN PARTICULAR

Cape Town is unique among South African cities for at least three reasons: it was South Africa’s first city, which began as a settlement of Jan van Riebeek in 1652 (Cook 1991:26); it was quickest to respond to national dictates regarding segregated urban housing (Lee:20); and it is infamous for widespread forced removals from the 1950s through the 1980s of coloured, Indian, and black residents from their long-established multiracial communities to fragmented new sections outside of town (http://www.districtsix.co.za).

The imprint of the Apartheid pass system is especially deep in Cape Town where formal accommodations for Africans were kept deliberately small and thousands were removed from the cities and relocated to their homelands (Cook 1991:30). Informal “squatter camps” were relentlessly built up by labor migrants and razed by the
government. Only two townships were formally built to house Africans near the city: Gugulethu in 1958 and Khayelitsha in 1991. Another area, Crossroads, an informal settlement, was formally recognized in 1976, but was not protected from police harassment (Lee:29). In the 1980s efforts were made to formalize some of the informal settlements, providing minimal sanitation and electricity and in some cases offering 99-year leases or the opportunity to buy small parcels of property. Khayelitsha is an example of this new type of program (Cook 1991:37-38). However, these programs have never been able to keep up with demand, and squatter camps fill almost every available piece of land as far as the eye can see (see FIGURE 6, below).

Cape Town is also infamous for its inequality in housing. Anecdotally I was told that it is South Africa’s city most like the “Apartheid days” in terms of its persistent segregation and widening income inequality (Cook 1991:38). And see FIGURE 5, below, for the layout of Cape Town’s city and townships circa 1991 (Cook 1991:31).
FIGURE 5. SCHEMATIC OF SEGREGATION IN CAPE TOWN C. 1991 (Cook 1991:31)
FIGURE 6. PHOTOGRAPHS OF AN INFORMAL TOWNSHIP SETTLEMENT NEAR CAPE TOWN C. 2011 (by the author)
Chapter 4
Methodology and Methods

In this chapter, I briefly describe the methodological grounding of this research, some logistical aspects of doing fieldwork in Our Hope township, and the methods used to collect and analyze the study data.

This study on maternal emotional distress in Xhosa women was conducted in Our Hope township, a peri-urban community on the outskirts of Cape Town, South Africa from February 2010-October 2011. The study was organized around a central research aim: to understand the context and content of something we might call “maternal emotional distress” among Xhosa mothers in Our Hope township and how it is constructed, understood, and experienced. To accomplish this research objective, attention was directed toward four broad topics (see Chapter 1): Xhosa mothers’ reproductive experiences; Xhosa concepts and experiences of motherhood; emotion concepts and experiences, especially those involving or occurring during pregnancy, birth, and motherhood; and experiences and understandings of “everyday” life in the township, especially those relevant and salient to Xhosa mothers. The final objective was to explore how (or if) these three domains of experience are interrelated with regards to the central research aim.

In order to understand how social, cultural, and material forces shape Xhosa women’s emotional worlds, I employed a person-centered approach and multiple methods of data collection consistent with the person-centered methodology. Because person-centered anthropology is as much an epstimeological stance—how to think
about the world, culture, the person, the self, the mind, and the body—as it is a methodology for how to investigate it, I will begin with a brief description of the epistemological position of this dissertation before describing the methodology more specifically.

4.1 THEORETICAL CONTEXT

Epistemologically, this dissertation is rooted in a branch of Psychological Anthropology referred to as ethnopsychology. At its core, ethnopsychology is concerned with the cultural variability of the self, such as ideas of personhood, selfhood, emotion, and socialization. With an understanding of the remarkable cultural variability of these domains, ethnopsychology challenges the epistemological underpinnings of using Western psychological concepts to understand non-Western psychologies, such as in cross-cultural psychological and psychiatric research, as discussed in Chapter 1 (LeVine 2005:475).

A person-centered ethnographic approach is different than a “standard” ethnographic approach in that it makes the experience and perspective of the individual a central point of data collection and analysis. As LeVine (LeVine 2007[1982]) explains,

A person-centered ethnography, tak[es] the individual perspective on culture and experience rather than that of a collective system or external observer. Standard ethnography produces a cultural description analogous to a map or aerial photograph of a community; person-centered ethnography tells us what it is like to live there—what features are salient to its inhabitants. (LeVine 2007[1982]:293).

Thus, person-centered ethnography makes the subjective experience of the individual—how they feel, understand, process, and engage with their community and environment—a focus of data collection. For this reason, person-centered ethnography
is also described as “experience-near” which underscores how culture writ large is understood through the immediate experience of the people that make up that culture or community. In other words, experience-near ethnography is created when

> [a]n effort is made to represent human behavior and subjective experience from the point of view of the acting, intending, and attentive subject, to actively explore the emotional saliency and motivational force of cultural beliefs and symbols (rather than to assume such saliency and force), and to avoid unnecessary reliance on overly abstract, experience-distant constructs (Hollan 1997:220).

Furthermore, the person-centered approach is oft-employed by psychological anthropologists because it explores the myriad and complex ways that the individual and culture diverge, converge, and affect each other (Hollan 1997).

In order to instantiate this methodology in the field, the person-centered approach prescribes certain data collection methods. I briefly describe several of its methods that I adapted for data collection and analysis in this study. I frame each with an epistemological or ontological question.

A) WHAT COUNTS AS DATA? The main data in a person-centered approach is “communication,” which LeVine breaks into three “arenas,” “routine interpersonal encounters, public occasions, and autobiographical discourse” (LeVine 2007[1982]:296).

By examining three different modes of communication, the anthropologist can discern normative communication (what is expected in a social encounter) from ritualized communication (what is expected in a ritual like a doctor’s appointment or funeral) from candid communication (what the individual may express when away from the dictates of social norms), and thus create a complex picture of individuals as parts of, but also separate from, the culture as a whole.
For this study, as I explain in more detail below, I engaged in participant and direct observation of everyday social interactions, such as while shopping, traveling, or visiting participants’ homes; rituals, such as clinic and traditional healer visits, funerals, and celebratory gatherings; as well as formal participant interviews.

B) HOW/WHERE DOES ONE COLLECT DATA? An important site for data collection is “autobiographical discourse” which is optimally obtained in a private interview context. Person-centered interviewing is unique from “general” ethnographic interviewing in that it treats the study participant as both an “informant”—an expert on their culture, i.e. its language, concepts, and customs—and a “respondent”—a subject in the culture who has their own perspective and reaction to the world around them (Levy and Hollan 1998:335-336). Treating the participant in two ways allows the anthropologist to ascertain “the spaces, conflicts, coherences, and transformations, if any, between the woman-in-herself (either in her own conception, or in the interviewer’s emerging one) and aspects of her perception and understanding of her external context” (Levy and Hollan 1998:336). In other words, an individual’s subjective experience of her culture (Hollan 1997: 219, 220, 225). In addition, the anthropologist must attend to communication in everyday interactions (i.e. through observation of daily life and through participating in quotidian cultural activities), and cultural rituals and customs (where communication is highly symbolized and prescribed.)

For this study, I collected data in all three arenas, but focused on autobiographical discourse in the interview context. The interviews themselves employed different types of data—qualitative, quantitative—and were elicited using different techniques—
structured, semi-structured, open-ended—and engaged with participants over different periods of time—cross-sectional and longitudinal. This is consistent with the person-centered dictate of exploring the culture and individual from different angles to expose assumptions and norms. Furthermore, the pattern of questioning in many interviews followed the method of oscillation between participant as informant and respondent. Levy and Hollan (Levy and Hollan 1998) provide this example:

Person-centered interviewing moves back and forth between the informant and the respondent modes. A remark of a young woman informant: "I felt very shy and embarrassed at that time" might be followed by a respondent-type probe: "Tell me more about how you felt" or by the informant-type questions: "What do girls usually feel under those circumstances?" "How do they usually act?" "If they don't feel or act like that, what do people think?" (Levy and Hollan 1998:336).

And I also followed this model; for example, I structured my “motherhood interview” (described below) with questions that switched between respondent and informant:

Question #5 would be phrased, “As a Xhosa woman, how do you describe, in general, a close relationship between a Xhosa mother and her child?” which approaches the participant as an informant; and then the follow-up question, “How would you describe your relationship between you and your mother?” asks her to reply as a respondent.

C) HOW DOES ONE USE THE DATA? A person-centered approach is multi-faceted and looks at what people say, what they do, and what they embody to create theory that is “firmly rooted in the experiential lives and moral universes of our subjects” (Hollan 1997:223).

As a person-centered ethnographer, I endeavor to use the narrative and observational data I collected to illuminate the “linkages between human suffering and the social, cultural, and economic matrixes in which it is always embedded” (Hollan...
1997:230); specifically, the ways that Xhosa mothers’ emotional experiences are shaped by their cultural, social, and material world.

4.2 RESEARCH LOGISTICS
4.2.1 ACCESS

The Director of the Perinatal Mental Health Project (PMHP), Dr. Simone Honikman, helped me gain access to my research site. PMHP is a non-profit organization affiliated with the University of Cape Town, specifically the Alan J Flisher Centre for Public Mental Health. They are involved in developing and implementing interventions to identify pregnant women at risk for perinatal mental health disorders at Mowbray Maternity Clinic in Cape Town and multiple Midwife Obstetrics Units (MOUs), which are public maternity clinics part of the government run primary care facilities in the townships. PMHP is to thank for helping me gain entrance to my field site and work smoothly with clinic gatekeepers to get sustained access.

PMHP guided my study design by suggesting that I recruit participants while they were pregnant because their regular attendance at the antenatal clinic would facilitate follow-up interviews. Once their babies are born, they may avail themselves of several different Baby Clinics or Day Hospitals in the area and would be more difficult to recruit and keep in the study over the long term. For this very reason, PMHP administers their PND intervention during the antenatal period.

PMHP also helped me identify a MOU that was suitable for my study recruitment: one that had primarily Xhosa clientele, that was receptive to outside research projects, and one that had undergone PMHP’s training for health professionals regarding PND
(Honikman, et al. 2012). The latter was important for one of my initial research objectives, which was to compare knowledge of PND among maternity clinic staff and maternity clinic clientele (see for example Kahn and Kelly 2001). Once fieldwork started, this research objective was changed to reflect emerging interests.

4.2.2 RESEARCH ASSISTANCE

I was lucky enough to be referred to an excellent research assistant, Mrs. Minah Koela, by Dr. Rebekah Lee, a Senior Lecturer in History at Goldsmiths, University of London. Minah, a first-language Xhosa speaker, grew up in different townships near Our Hope township and a rural village in the Eastern Cape. As an adult, she moved to the so-called Southern Suburbs—a historically white, but now somewhat racially integrated area—south of Cape Town in order to study at a mission school. There, she learned English, earned a certificate in media and communications, converted to Christianity, married a Sotho man from Johannesburg, and eventually settled in the suburbs with their four sons.

The importance of a good research assistant to an anthropologist cannot be overstated. An ethnographic research assistant ideally has several traits, each on its own an amazing accomplishment: an insider to the community, but with the ability to have an “outsider’s” perspective (“insider-outsider”); a “key informant” who is intimately knowledgeable of the culture and also has the ability to teach and translate the culture to the anthropologist; a skillful negotiator and diplomat who can convince everyday people to participate in the sometimes awkward and incomprehensible work of the anthropologist; a perspicacious and creative “culture broker” who can adapt the
anthropologist’s sometimes strange or impossible research goals into culturally appropriate questions and activities; a nuanced and intuitive translator who can translate meaning and intent as well as words and phrases; and a diligent, organized “assistant” who can create do-able and culturally appropriate interview schedules and observational scenarios that serve the research goals while being amenable to the community. Against these lofty requirements, Minah was—and continues to be—an ideal research assistant, or co-researcher, as I think of her.

All ethnographic data is collected vis-á-vis the anthropologist as a human instrument. Person-centered ethnography especially recognizes the importance of understanding the anthropologist’s role as a collector, filter, and shaper of data (Hollan 1997). Minah, as my research partner, was also part of this data-collection equation.

Minah and I carried out all aspects of data collection together and spent hundreds of hours together discussing research goals and findings and debriefing from interviews and interactions. In addition to the requirements of the “job” that she held and helped create—such as recruitment and consenting participants, translation during interviews, explanation of cultural concepts and behaviors, scheduling interviews and home visits, replying to participant queries over the phone, navigating in the car to get us from one interview location to another, and translating documents—she also befriended me and welcomed me into her family. It was through my role as friend, sister, and aunt that I truly began to understand Xhosa personhood and culture. Minah was courageous and indefatigable in her self-designated role as person-maker. It was never easy—Minah had to work through trauma from the Apartheid days of feeling dominated and disrespected
by white South Africans, and I had to cast off layer after layer of deeply held assumptions about what it meant to be a person, a woman, a professional, a friend, a sister, an aunt, etc, etc. Minah was a strict cultural taskmaster and would only accept “proper Xhosa” behavior from me; and her compassionate relentlessness re-shaped me as a person and a researcher.

4.2.3 LANGUAGE COMPETENCE

I took great pains to learn the language of my field site, Xhosa. I spent a summer studying Xhosa eight hours a day at the prestigious Summer Cooperative African Language Institute (SCALI) funded by a federal Foreign Language Area Studies (FLAS) grant. As soon as I arrived in Cape Town, I enrolled in three consecutive 8-week Xhosa sessions at Ubuntu Bridge. And I engaged with my participants in Xhosa as much as possible. Unfortunately, I never felt that my language skills were up to the level where I could engage in meaningful discourse or proper interviews without the help of Minah as my full-time translator. Many researchers and professionals in South Africa speak English with their Xhosa participants and clients, and many Xhosa-speaking South Africans are competent, if not proficient, in English; however, as a practitioner of the person-centered interview method it is crucial that participants are encouraged to express themselves in their first language because it most closely reflects how they feel and think and how those feelings and thoughts are organically organized (Hollan 1997:338).
4.2.4 TRANSCRIPTION AND TRANSLATION OF TRANSCRIPTS

All formal interviews and interactions with participants were audio taped with their explicit permission. Diligently audio taping all participant encounters served three purposes: a) because note-taking made participants feel uncomfortable, it provided a way to record the narrative-dense interview content verbatim which makes for rich, detailed ethnography; b) the omnipresent “tape” made it clear to participants what was “on” the record and what was “off” so there was no ambiguity about what information was being included in the study; and c) it made it possible to conduct the interviews in English, Xhosa, and switch back and forth because I had a way of revisiting the material later and getting it transcribed and translated as needed.

Most audiotapes included English and Xhosa speech. They were transcribed by first-language English and Xhosa speakers, respectively, who worked for a professional South African transcription agency called The Typing Pool (Shan Reynolds, director). Some Xhosa transcripts were also translated by The Typing Pool’s Xhosa transcriptionist; however most Xhosa transcripts were translated collaboratively by me and Minah, with Minah translating the Xhosa into English orally and me transcribing her English translation. This allowed me to ask her questions about the translations and learn more about Xhosa idioms that were especially relevant for my study, such as emotion words and concepts and idioms of distress; i.e. “shared, culturally distributed sets of symbols, behaviors, language, or meanings that may be used by people to express, explain, and/or transform their distress and suffering” (Hollan 2004:63; Nichter 1981).

The great limitation of prolific audiotaping was that, after 500 taped interviews
and encounters with participants, I had too much data to transcribe, translate, and code with my limited budget and timeline. For future studies, I would divide my research into two phases, first, a “general ethnography” phase where I would carry out observations and speak informally with informants, only taking notes; followed by an “interviewing” phase where I would consent and interview participants formally and tape the interactions (see Zraly (2008) for an excellent example of this two-phased method). This data issue is discussed further in the analysis section below.

4.2.5 LIVING AND WORKING IN OUR HOPE TOWNSHIP

The ethnographic method is predicated on a long period of immersive engagement with a community (Bernard 2006). Dissertation research is usually the beginning of a long term, career-length relationship with a community, and typically takes a year or longer (Bernard 2006:349). This project was carried out over 19 months, from March 2010 to October 2011. Interviewing participants—including home visits—took place over 16 months, from June 2010 to October 2011.

A cornerstone of ethnographic fieldwork is “participant observation” where the researcher interacts and participates in the everyday activities of the community, to the extent that community members “forget” that the researcher is an outsider and act “naturally” (Bernard 2006:344). Participant observation does not necessitate living amongst your participants, but it is a common, and valorized, type of data collection. Although I had hoped to include staying in Our Hope township as part of my research method, it quickly became clear that my participants were not comfortable with that plan: township residents that I approached with the idea to stay in the township said
that it would be “too dangerous” because, as a white woman, I would be a target for crime; and, more worrisome (to me), the families that I stayed with could be victimized because it might be assumed that they were “rich” from their association with me. Putting my participants or myself in danger was not an acceptable research risk. Instead I chose to live in the reasonably safe suburb where Minah and her immediate family lived (as well as my cousin and his family), and we made a 20-minute commute by car each day to Our Hope to interview participants in the clinic and in their homes. Bähre writes of similar concerns and decisions regarding his living situation while conducting fieldwork in a similar township (Bahre 2007).

Home visits provided a window into everyday Xhosa township life. Occasionally, the house was prepared for the arrival of “guests” (Minah and I), which meant that children were cleared from the living room and “important” family members (such as the household head or patriarch) were invited by our participant to meet us. However, as we got to know our participants, their natural home life would slowly creep back in: children would run through playing and arguing, adult family members would emerge from bedrooms, blurry-eyed from afternoon naps, children would be sent to the corner shop to buy Coke and biscuits (cookies) for the adults to snack on, neighbors would pop by to share gossip with our participant.

In addition, we took every opportunity to engage with the community in naturalistic settings (non-interviewing settings) such as, funerals, home prayer services, local markets and shopping malls, restaurants and tuck (snack) shops, clinic waiting rooms, participants’ homes, and Minah’s extended family’s home where I was treated
like family rather than a researcher. (We still laugh about her great aunt using her limited English to instill in me the proper behavior of a young married Xhosa woman, which includes waiting on your elders, “Sarah, coffee, black!”)

4.3 STUDY PROCEDURE

4.3.1 SAMPLING AND RECRUITMENT

Recruitment took place at a public maternity clinic in Our Hope township. The recruitment plan was approved by the Institutional Review Board (IRB) at Case Western Reserve University (CWRU) and the Health Research Ethics Committee (HREC) at the University of Cape Town (UCT). Because we did not have access to census data or clinic client rosters, it was not possible to randomize the sample or ensure that it actually represented the population; however, I endeavored to make the sample as “random” as possible. Because the study was designed to generate themes and categories that emerged from the data rather than test specific hypotheses, I placed no demographic constraints on the participant pool. The study design dictated that we choose a wide selection of women with varying demographic details and life experiences. My only inclusion criteria were that they be self-identified Xhosa, Xhosa speaking, pregnant, and over 18 years old. The age limit was selected because of stringent IRB requirements regarding research of minors, and not because there was a strong empirical rationale to exclude young mothers (see Moses-Europa 2005)).

The recruitment procedure was designed over the course of several months. The initial plan was drafted by the researcher according to ethnographic principles and IRB and HREC guidelines and requirements. Then, the study began with two months of
observation at the clinic. We then consulted with the Nurse Manager and came up with a recruitment plan that fit in with the standard antenatal appointment, meaning neither the staff nor the clients were disturbed or inconvenienced. The standard “first booking” (first antenatal appointment of the pregnancy) is eight hours long, from 8:00AM to 4:00PM. During that time, the clients spend a significant amount of time waiting to be called for the various procedures—to be weighed, provide a urine sample, give a blood sample, see the midwife, get their HIV test results. It was during these waiting periods that we decided to recruit and interview our participants. Women were generally bored and uncomfortable in the waiting room and we hoped they would find chatting with two researchers a welcome break from their appointment.

Recruitment took place over four weeks on a different weekday each week. The recruitment procedure was as follows: My research assistant Minah would go out into the waiting room where all the antenatal clients had been checked in and seated in rows of chairs. Minah would ask the first row of women if they were interested in learning more about a research project. If they were, she told them that we would call them one by one into the back room. If not, she would move to the next woman in the row. Minah was the one making the initial recruitment because the HREC at UCT was concerned that having a white person recruit women might be coercive. Minah would note how many women refused the invitation and that was recorded in my notes to calculate the “refusal rate.”

One by one, each woman was brought to our makeshift office in an unused room in the MOU. The room was private, with a door that we kept closed. While I made
myself busy and inconspicuous as possible, Minah would explain the study to each woman, go over the consent form, and obtain consent. Then, she would formally introduce the participant to me and Minah and I would conduct a short interview in whichever language—Xhosa or English—the woman felt most comfortable speaking. After the interview was complete, we would give them a small gift consisting of a R30 gift card (voucher) to the local supermarket and a R5 gift card (voucher) for mobile phone minutes (airtime). This gift was deemed appropriate to give participants in a low-resource South African setting. Indeed, the airtime voucher was a suggested addition by the HREC in order to facilitate follow-up texts (SMSs) or calls regarding the research. Women were pleased with the gift, which they were given after each subsequent interview. R30 was enough money to buy a small amount of food, like tea or sugar, or some treats like yogurt, a favorite of Xhosa children. R5 of airtime was enough to send a few SMSs, or place a two-minute phone call.

After the initial recruitment, consent, and brief interview, the participants went back into the waiting room to wait for the rest of their antenatal appointment.

4.3.2 SUMMARY OF RECRUITMENT PROCEDURE

- Recruited at an MOU serving residents of Our Hope township
- Recruitment design: randomly selected from the waiting room over the course of several weeks
- Inclusion criteria:
  - Self-identified Xhosa
  - Xhosa-speaking
  - 18 years old or older
  - At their first antenatal appointment (“first booking”)
  - Willing to speak about their pregnancy and motherhood
- Exclusion criteria:
  - Not self-identified as Xhosa
- Under 18 years old
- Not at their first booking

- Recruited 41 women; 4 were excluded because they were not Xhosa
- All participants signed an informed consent and received a copy
- All participants received R35 worth of gift vouchers after each interview

4.3.3 SAMPLE SIZE AND CHARACTERISTICS

Sample size: n = 38

APPENDIX B shows the characteristics of the sample at recruitment. The age range of the sample is 20-40 with ages 26-30 making up the largest percentage of participants (29%). The majority of participants are having their first (34%) or second (45%) child (NB: at recruitment participants were pregnant; as such, their current pregnancy is included in their parity, not living children). All but one participant, who is single, are in relationships with this baby’s father; 68% consider their partner their boyfriend, whereas 29% are married. All but one participant finished elementary school, but only 29% graduated from high school (“Matric”); 2 participants were still attending high school, 1 was attending university, and 1 had completed some post-secondary education. The majority of participants live with someone else: 37% live with their partner (boyfriend or husband), and 26% live with their mother; whereas only 18% of participants live alone. The majority of participants are unemployed (63%); 26% have formal employment. A majority of participants (42%) report that their partner is their only source of income, 16% said that they contribute to their income in addition to their partner; 16% report that their parents are their primary source of income; 24% said that of their extended family. Only one participant reported that she is the sole provider for
her household.

4.3.4 REFUSALS

There were two stages of recruitment, each with its own refusal rate. The first stage, where Minah asked women in a specific row of the waiting room if they were interested in hearing about a project. This stage had a refusal rate of 46%. The second stage was where Minah would explain the study to them in private and go over the consent form. Only one woman refused to participate at this stage, a rate of 2%. The total refusal rate was 49%. We later dropped 3 women from the study because they did not meet the inclusion criteria of being Xhosa.

4.3.5 INTERVIEW TIMELINE

The study was designed in two phases: first, a short series of interviews with a wider cross section of participants; then, a longer series of interviews with a purposively selected group from the original participant pool. Thus, there were two types of attrition, one was natural: no participant directly told us they wished to leave the study, but at a certain point they would no longer be reachable at the contact number they had given us. The other was initiated by the study design: although 21 participants wished to be called for extended follow-up interviews, after 12 months of interviews, I decided that we needed a smaller pool to follow them as intensely as I wanted to. We winnowed the number to 11 based on how data-rich we felt the interviews and encounters with a given participant were.

It was unclear why certain participants became impossible to reach: cell phone
theft was extremely common and when your phone was stolen, you lost all of your contacts. However, everyone was given a card with our number after each interview, so they could send a “please call” (a service on South African cell phones that allows a caller to page a number for free with the message to “please call” them back) if they needed to reach us. Nearly all our participants were victims of cell phone theft during the study, but those that wished to remain in contact would reference their card and send us a “please call” from their new number. It is likely that those participants that disappeared had decided to withdraw from the study; quietly withdrawing from an unwanted activity rather than telling us outright resonated with the cultural norm of showing deference by avoiding confrontation.

APPENDIX C is a timeline showing the number of interviews per participant per month. This gives a picture of how interviews were spaced out over time as well as total number of interviews per participant. Notably, it demonstrates the design of attenuating the sample in order to facilitate a cross-sectional view and a longitudinal view (see below). 60% of the sample completed all or all but one interview by February 2011, whereas 40% continued to be consistently interviewed until October 2011. It also indicates which participants’ homes we visited; we visited 28 participants’ homes one or more times.

TABLES 1 and 2 summarize the distribution of interviews by participant and over time. These abbreviated tables give a snap shot of the purposive attenuation of the sample.
<table>
<thead>
<tr>
<th># Interviews</th>
<th># Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-6</td>
<td>20</td>
</tr>
<tr>
<td>7-12</td>
<td>7</td>
</tr>
<tr>
<td>13+</td>
<td>10</td>
</tr>
</tbody>
</table>

TABLE 1. NUMBER OF PARTICIPANTS PARTICIPATING IN CERTAIN NUMBER OF INTERVIEWS

<table>
<thead>
<tr>
<th># Months</th>
<th># Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-6</td>
<td>17</td>
</tr>
<tr>
<td>7-12</td>
<td>4</td>
</tr>
<tr>
<td>13-16</td>
<td>16</td>
</tr>
</tbody>
</table>

TABLE 2. NUMBER OF MONTHS PARTICIPANTS ACTIVELY PARTICIPATED IN THE STUDY

4.4 INTERVIEW SCHEDULES

The research design had two goals: to collect data from a diverse cross-sectional sample, and to collect longitudinal data from a small, purposively selected sub-sample. Thus, the first 3 interviews were structured and semi-structured to collect specific data on emotional experience in pregnancy, and subsequent interviews were open-ended to let participants guide the interview content toward topics that were meaningful to them.

4.4.1 SUMMARY OF INTERVIEW SCHEDULES

- **Interview 1**
  - Semi-structured: loosely structured by researchers to include certain topics and questions
  - Goals: build rapport; elicit info about family, extended family, life history, and this pregnancy, such as, was the pregnancy planned, who have they disclosed to, how are they feeling
  - 10-30 minutes long

- **Interview 2**
  - Structured: organized along a list of questions
- Qualitative interview (with quantitative component) using the survey questions from the Edinburgh Postnatal Depression Scale (EPDS) and Risk Factor Assessment (RFA)
  - 30-60 minutes long

- Interview 3
  - Structured
  - Qualitative interview about township life and motherhood (“Motherhood Interview”); 30-60 minutes long

- Interview 4 and all subsequent prenatal interviews:
  - Open-ended
  - Goals: deepen relationship, follow-up questions about everyday life and significant life events; guided by the participant
  - 30-90 minutes long

- Interview 5:
  - Postnatal home visit: by invitation only; culturally appropriate to come see the baby, especially during first postnatal week when mother is confined to her home
  - Open-ended
  - Goals: observe home life with light conversation guided by participant; very few direct questions
  - 60-120 minutes long

[End of data analyzed for dissertation]

- Interview 6:
  - postnatal clinic interview
  - Structured
  - Goals: use interview questions from EPDS and RFA to understand change, if any, from prenatal interviews

- Interview 7 and subsequent postnatal interviews and home visits
  - Open-ended
  - Goals: deepen relationship, follow-up questions about everyday life and significant life events; guided by the participant
  - 30-120 minutes long

4.4.2 EDINBURGH POSTNATAL DEPRESSION SCALE

The Edinburgh Postnatal Depression Scale (EPDS) was created as an easy, efficient, but valid screening tool for identifying women’s risk of developing postnatal depression (Cox,
et al. 1987). It has been adapted and validated for wide use globally (Abdollahi, et al. 2011), including South Africa (Lawrie, et al. 1998). At the time of the study, it was used by PMHP as a screening tool in its intervention in Mowbray Maternity Hospital and in MOUs around Cape Town. Dr. Honikman gave me copies of the English and Xhosa versions for my use; they were approved by Case Western Reserve IRB and University of Cape Town HREC. Copies of the English and Xhosa versions of the EPDS can be found in APPENDIX E and APPENDIX F, respectively.

Originally, I planned on giving the EPDS (and the RFA, explained below) to participants to self-administer, which is a common way that the EPDS is often used in maternity clinics including PMHP screening (Vythilingum, et al. 2013). Then, I planned on reviewing the questions one by one and asking follow-up and background information to clarify and contextualize the participants’ answers. With this method, I planned on using the quantitative assessment to compare my participant sample with other populations, both in Cape Town (Hartley, et al. 2011) and in other cultures; and then using the qualitative “follow-up” data to understand how the EPDS and its individual questions were or were not meaningful in the Xhosa township context. However, my participants felt uncomfortable self-administering the questionnaire in the interview room, perhaps because Minah and I were a distracting presence. Thus, we quickly adapted our method to administer the questionnaire in an interview format, with Minah or I asking the question in English or Xhosa (the participant’s choice), recording their numerical answer, and then immediately asking follow-up questions, before moving on to the next question. This method is similar to another study in South Africa published
after the study was complete (Rochat, et al. 2011). Rochat and colleagues administered a diagnostic interview (Structured Clinical Interview for Depression, SCID, for DSM-IV) to 195 pregnant women in a rural part of South Africa in the Zulu language; after each question the interviewers asked “what has this been like for you?” to gather qualitative data that might contextualize the quantitative responses. Ethnographic research was not part of that study (Rochat, et al.:264-265). My adapted method also heeds the suggestions made by LeGrange et al who interviewed black South African adolescents as a follow-up to having them complete a self-administered questionnaire and found that, although eager to participate in the study, some had become so frustrated trying to complete the survey they had circled random answers (Le Grange, et al. 2004:453).

It is interesting to note that all participants who requested to take the EPDS in Xhosa found the way that the Xhosa version was translated to be difficult to understand, partly due to translation errors and partly due to the untranslatability of certain concepts like “looking forward to” and “I feel ______, but I don’t know why” (see Lawrie, et al. 1998)). At participants’ requests, Minah would re-translate and/or explain the questionnaire to make it more comprehensible. Data regarding errors and confusions in the Xhosa translation will be presented and analyzed in a subsequent paper and are not included in this dissertation.

The EPDS was completed by 37 participants in their second prenatal interview; and 23 in their first clinic (not home) postnatal interview. The study sample’s numerical answers were tabulated but not presented as data or analyzed for this dissertation. See Supplement 1 and Supplement 2, for the English and Xhosa versions of the EPDS used in
this study.

4.4.3 RISK FACTOR ASSESSMENT

In addition to the EPDS, we administered an additional questionnaire called the Risk Factor Assessment in both English and Xhosa (found in APPENDIX G and APPENDIX H, respectively). The RFA was designed by PMHP to augment the EDPS “by taking into account the local context” (Honikman, et al. 2012:2). Indeed, the EPDS focuses on the “internal” emotional state of the mother—whether she has been joyful, “sad,” “unhappy,” “panicky,” etc—whereas the RFA focuses on the mother’s social world—who supports her and how, have any “difficult” events occurred, is she abused or victimized at home, has she miscarried in the past, etc. Although data regarding the EDPS and the RFA have not been fully analyzed at this time, my impression is that the questions on the RFA prompted participants to offer richer, more detailed information on their life experiences, including emotional experiences. The possibility that questions regarding their social lives and interpersonal relationships resonated more strongly with Xhosa women is consistent with other findings about sociality and intersubjectivity discussed at length in subsequent chapters.

As with the EPDS, the numerical data from the RFA has been collected by not presented or analyzed for this dissertation.

4.4.4 STRUCTURED PRENATAL INTERVIEW: THE “MOTHERHOOD INTERVIEW”

I developed this structured interview schedule based on topics and themes that had emerged from several months of observation and interviews with participants. After
carrying out the introductory interview and prenatal questionnaire interview, I was interested in learning more about expectations and ideals of Xhosa motherhood, as well as exploring emergent topics of township and family life. Twenty-five participants completed the “Motherhood Interview;” see APPENDIX I.

4.4.5 SUBSEQUENT FOLLOW-UP INTERVIEWS

Besides the three interview schedules described above, all other interviews were open-ended where topics and themes were guided by the participant. Most of these interviews centered around key relationships and life events in the mothers’ lives. Guided by our general research interests, Minah and I tended to focus our follow-up questions and probes around emotions and emotionally-laden experiences, mothering practices and the social role of motherhood, family life, and township life.

4.4.6 HOME VISITS AND OBSERVATIONS

If given permission by the participant, Minah and I visited the women within two weeks of their baby’s birth. As was the Xhosa custom, we came with a small gift for the baby. These visits were usually spent holding and cooing at the new baby, and perhaps chatting informally about how the baby was doing, how cute and “fat” he/she was, how the mother was feeling (e.g. Is her cesarean incision painful? Is she getting enough sleep?). Twenty-eight participants had at least one home visit.

I originally intended to carry out interviews at these visits, but soon discovered that the home was not an ideal place for sharing information. Firstly, our participants’ homes were often shared with many adults and children, around which it was not seen...
as appropriate to share personal information. Afraid that I would accidentally mention a sensitive topic at an inopportune moment (these are social rules that must be learned over time), I relied on the participant and Minah to set the tone, pace, and topics of conversation. Even when homes were not crowded, participants were very conscious of the “thin walls” of the home. Shacks literally had walls made of a sheet of corrugated metal, but even houses made with brick or concrete were perceived by participants as permeable to sound. For example, one participant, Nokhanyo, began, at her own discretion, to share a story with us, but in the middle of her tale, she hushed and we all listened to noises coming through the concrete wall. Nokhanyo gestured to the wall of her kitchen, “my sister-in-law,” she whispered, and stopped telling the story mid-sentence. And finally, we realized that contrary to my assumption that participants will feel most comfortable on their home turf, we found that they preferred coming to our private room at the clinic. It was a reprieve from their daily lives, they could speak freely without worry of being overheard, and we treated them to cookies and soda.

Observationally, however, home visits were crucial to my ethnographic data collection. They were my most regular type of “naturalistic” observation and, besides narrative accounts, the keystone to my understanding of everyday township life. As described above in section 4.2.5, the home is where I was exposed to the everyday context of my participants. Although I stayed at each home for only 30-90 minutes at a time, over the course of several months, all the snippets of action began to weave together to create a fuller picture of Xhosa family life in the township.
4.4.7 THEMATIC SATURATION AND TRIANGULATION

One goal of person-centered methods is to balance individual subjectivity with collective understandings of the local world. Thus, although I spent considerable time eliciting and considering my participants’ autobiographical narratives, I was constantly involved in an iterative process of thinking about individual narratives in relation to each other and within the context of my observations and conversations with Minah. One method of iterative analysis employed was thematic saturation. This is the imperative to collect new data until a distinct pattern emerges and subsequent data matches what has already been collected.

Another method I employed to “check” individual data against the collective is triangulation. Home and community observations were key to triangulation of data: for example, one question on the RFA asks whether your friends and family care about you; several participants answered that they “have no friends” just family who care about them. However, on several occasions when we came to their homes, we saw them socializing with friends. This helped me consider different possibilities for culturally specific meanings of “friendship” “care” and “family” that were masked by the structure of the interview questions. In another examples, we often heard from women about the problems they were having with their partner, especially after the baby was born. Visiting them at home, their partners would sometimes “stop by” the interview to meet us. Seeing our participants interact with their boyfriend or husband gave me different insight into the meaning of romantic relationships for mothers—in this case I started to consider the extent the emotional side of relationships that were often narrativized to
emphasize the pragmatic aspects.

Finally, Minah also helped me situate and triangulate data. We spoke at length about each interview, home visit, and community observation. Minah joked that I began every sentence with “Do you think that...” because of my desire to situate and contextualize narratives and observations. Minah would suggest whether certain individual narratives seemed “common” or “unusual” and would suggest new questions to explore the issue more deeply. Self-aware, naturally inquisitive, and with a growing understanding of my research goals, Minah did not hesitate to question her own deeply held beliefs about Xhosa culture and offer ways to triangulate her own cultural knowledge. In addition, as I slowly because attuned to Xhosa ways of communicating especially subtle body language, Minah would point out when she suspected participants of hiding something—perhaps the “truth” or an emotional response. Minah taught me how to identify different types of silences in the interviews and “read between the lines” of interpersonal communication.

4.5 DATA ANALYSIS PROCEDURE

4.5.1 DECIDING WHAT TO ANALYZE

Unanticipated extra time in the field (made possible by a belated Fulbright Hays fellowship) was an excellent opportunity to extend follow-up interviews and collect more longitudinal data; however, in the end, there was not enough money in my research budget to transcribe and translate all the interviews and participant interactions I had audio taped. In all, there were 329 such recordings, each lasting 10-120 minutes. Based on budget and my data analysis timeline, I chose to transcribe and
translate the first 180 interviews, which comprised approximately the first eight months of data collection. APPENDIX D shows an identical interview timeline as APPENDIX C, but with the interviews that were *not* analyzed shaded out. I chose to transcribe, translate, and then analyze the first eight months for two reasons related to my research objectives: 1) the widest variety of participants participated in the first eight months meaning it was the most robust portion of my cross-sectional sample and 2) in the first eight months, all participants gave birth to (or miscarried) their babies, so I was able to observe their emotional experiences both before and after birth.

4.5.2 DATA ANALYSIS

I read all 180 interview transcripts carefully, multiple times and any questions about translation or potential errors were checked with Minah and/or the audio tapes; I took notes of my impressions during these read-throughs (Maxwell 2005:96).

Interview transcripts and field notes were entered into Dedoose (Version 4), a web-based qualitative analysis program. Three different coding methods were employed to identify and interpret patterns in the data (Miles and Huberman 1994:56-57).

The first was a deductive coding method that used a “start list” (Miles and Huberman 1994:58) whereby codes were selected based on research objectives, interests, and projections. For example, “mother,” “emotion,” and “scarcity” were selected to group data according to the three sub-objectives. Data were also coded by survey questions in order to establish patterns in answers. Data were also coded by certain demographic data, such as marital status, parity, and education, to see if any
patterns emerged. I then employed memo-ing to make preliminary interpretations, note unique data points, and draw connections between codes (Miles and Huberman:72-75).

The second coding plan followed grounded theory methods in order to allow themes to emerge from the data. Grounded theory (Strauss and Corbin 1997) outlines a stepped method for analysis whereby interpretations are “grounded” in the data rather than imposed on it from preconceived theory. First, I used open coding to elicit rich and/or frequent themes; for example, “disclosure,” “relationships,” and “caring” presented as significant themes. Second, I used axial coding to generate new codes that emerged from those important themes; e.g. Re-coding the data for themes relating to “caring” generated new related codes such as “empathy,” “sharing,” “my mother,” and “talking.” Finally, I engaged in theoretical coding whereby I created new codes based on a preliminary theory; e.g. “Xhosa mothers felt cared for by their own mothers when they shared advice through talking.” New codes enriched this theory by adding concepts of “love,” “inimba,” and “showing love” (Creswell 2007:160-161).

As new, more complex codes emerged I was careful to keep descrepent data alive in my working models. The tendency as patterns emerge is to sideline “outliers,” but ethnography is a method made richer by complexities and contradictions. Importantly, what seems at first as descrepent data can often push a theory further and break down deeply hidden assumptions of the researcher. For example, while most participants seemed to be happy and spoke of coping well with distressing experiences after their babies were born, four participants in particular seemed to be suffering from what I might deem “perinatal depression.” Listening and watching these “outliers” closely, I
was able to complexify my model to include new ways of thinking about distress and coping.

The third coding method involved case study analysis (Creswell 2007:163) in order to organize and interpret data for each participant as an individual. This method contributed to an understanding of the individual as a member of a culture, but also an agent affected by unique events and her own micro context. Looking at individual cases over time in addition to patterns across individuals is supported by person-centered and ecocultural methodologies (Hollan 1997; Weisner 2002).
Chapter 5
Everyday Life in the Township for Pregnant Xhosa Women and Mothers: Scarcity, Violence, & HIV/AIDS

5.1 PRELUDE

Morning

The sunlight breaks through the clouds reflecting on the wet pavement. A gauzy rainbow struggles to cross the sky and rests gently on a cluster of tin and wooden shacks hugging the two-lane asphalt road. A middle aged woman in a multi-colored head wrap and a fuzzy pink bathrobe stoops over the curb as she pours a plastic basin of bathwater into the gutter. A thin young man walks jauntily down the sidewalk raising his hand in greeting to another man wearing pencil straight jeans and talking on a cell phone. Small mid-90s sedans, accented red and orange by rust, windows and doors held together by silver duct tape, wind slowly through the street making their own traffic patterns, stopping abruptly when they see a flicker of movement from a pedestrian that indicates a customer wants a ride. This is morning in the township, between the time that laborers, students, and clinic attendees have already walked through the dark streets or boarded mini-bus taxis or buses and the time that the rest of the residents wake up, reluctantly emerging from their beds kept warm during the night by children giving off body heat under thick colorful blankets.

Midday

As the sun rises high and burns through the misty cloud cover, the township residents relocate from their cramped abodes to the open air. Vendors line the streets—thick smoke coming from grills charring offal, stacks of bright plastic buckets, gleaming new shacks (one room or two), mattresses of varying ages and thicknesses, open car trunks brimming like cornucopias with fruit and vegetables. A vibrant cacophony fills the air—American hip hop and electronic dance music compete for air space; sounds of laughter from women in informal front-yard hair salons, shouts and murmurs of neighbors greeting each other on the street, dogs barking and darting out of front gates and between shacks to chase cars. People fill the streets—fashionable men in colorful button down shirts and shiny shoes chat to each other and on cell phones, small children travel in twos and threes from one house to another while their caretakers watch silently through windows or over concrete block walls, women with babies wrapped onto their backs with brightly colored towels carry buckets on their heads and bags in their hands bringing their shopping home, school girls in maroon polyester uniforms meander on sidewalks far from their schools, women ensconced in layers of fashionable but well-worn clothing reach into silver basins pulling out wet clothes of all styles and sizes to hang on washing lines.
Night

The sun dips below the horizon quite late at the tip of the continent and then the township is pitch black with flickering streetlights on paved roads and a few lights scattered haphazardly in the sand and dust paths between dense clusters of shacks. The muted cacophony remains, with competing musical soundtracks and drunken laughter from shebeens and house parties, but it is absorbed somewhat by the darkness, giving the sounds a distant, mysterious quality. Most residents have moved indoors, but a few people still walk the streets, coming home from late shifts, or from the bar, or heading to a friend’s house to drink. Diffuse yellow light makes small windows glow from the bare bulbs and paraffin lamps that illuminate shacks and houses; mothers and grandmothers lift limp children, who fell asleep on the floor or a lap while listening to the adults laugh and gossip, and tuck them into beds covered thickly with blankets they share with their siblings and cousins. When night falls and the mood changes, people scurry rather than meander, loud music prevents slumber for some while accompanying revelry in others, the darkness obscures walkways and gives cover to those up to no good.

5.2 INTRODUCTION: EVERYDAY STRUGGLES OF TOWNSHIP LIFE

In this dissertation, I argue that certain facets of Xhosa culture, the ideology and practices of motherhood, and aspects of township life all form the context for and shape the experience of Xhosa mothers’ emotional distress. This chapter serves to describe the township context and demonstrate how it shapes mothers’ emotional experiences and perception of their world. Specifically, in this chapter I argue that what mothers perceive as most problematic—food insecurity and anxieties about having a hungry, “thin” baby, pervasive and often gendered violence, and the insidious threat of HIV-infection and mother-to-child transmission—shape their subjectivity and the way they experience, process, and talk about their emotions. In other words, the way that they perceive, understand, and feel the world is inextricably linked to the everyday world in which they live (Biehl, et al. 2007; Gammeltoft 2006; Kleinman, et al. 1997a; O’Nell 1998).
Importantly, this chapter is not an academic, outsider’s view of the township—that was outlined in Chapter 3. Rather, it is an experience-near look at everyday township life from the perspectives of its female Xhosa residents. As such, I have three goals for this chapter: 1) to explain, contextualize, and present my participants’ narratives of their life in the township in a way that highlights nuance of meaning and emotional experience; 2) to demonstrate what is at stake for them as they navigate their pregnancy and child’s infancy; and 3) to foreground the narratives that appear in future chapters to show how other emotional experiences—such as disclosure of pregnancy, showing children love, and coping with distress—are shaped by the township context.

From the perspective of an outsider, life in the Xhosa township seems paradoxical. On one hand, township residents are extremely poor, many live in tiny metal shacks with a bare bulb for light and no running water, wear second or thirdhand clothing, eat too infrequently, and have to endure the indignity of knowing that they are the poorest of a wealthy nation; however, on the other hand, the people that I know are joyful, vibrant, clean, and proud. It is a priority in my research to let my participants speak for themselves when it comes to what is troublesome or problematic in their lives living in the township. I do not want my, or my readers’, assumptions of what “poverty” means or feels like to define “life in the township.” Food insecurity, violence, and HIV/AIDS emerged as three aspects of life in the township that my participants find particularly problematic and cause them frequent distress. As mothers, they find food insecurity and HIV/AIDS especially worrisome because of the perceived impact on their children.
The women’s stories of food insecurity, ubiquitous violence, and HIV-infection describe their hardship, but also demonstrate what is at stake for them living and raising children in the township (Kleinman and Kleinman 1991).

5.3 FOOD INSECURITY

The frequency with which food procurement and food for infants is mentioned in participants’ narratives indicates that food scarcity is a common, if not daily, concern for pregnant women and mothers of young children living in the township.

5.3.1 FOOD AND LOVE: THE SOCIAL AND AFFECTIVE ASPECTS OF FOOD DISTRIBUTION

Family-centered narratives of food insecurity illustrate the social and moral aspects of food distribution. When participants were asked to reflect on whether their family and friends “helped” and “cared about” them, they often used providing food as an example of this help and care. “Making sure” someone has food emerged as a crucial part of a functional and loving kin relationship. However, a subtle, but important difference is illustrated in the narratives between the affect aspects of obligatory provision and the pragmatic aspects of affectionate giving. A family, and especially the head of the household, is expected by other family members, and morally obligated by cultural norms, to ensure that every member has their basic needs met for food, clothing, and shelter. Here, Zoliswa and Minah discuss whether and how her family “helps” her in “practical” ways, and a subtle difference between “care” and obligation emerges:

Minah: So ifemeli yakho nezihlobo zakho do you think bayakwazi ukunceda ngendlela ezibonakalayo. Zinctedisa nawe?
So your family and friends, do you think they’re able to help in a way that you can see [in practical ways]? And helping you out?

Zoliswa: Mhhh.

Yes.

Minah: Benzani?

What do they do?

Zoliswa: Yho ndithethini bayandinceda.

Yho [Wow] what am I going to say, they help.

Minah: Mhlawumbi bayakuthengela imphahla.

Maybe do they buy clothes?

Zoliswa: Bayandithengela imphahla imali xa ndiyifuna, imali yoza apha ekliniki bayandinika.

They buy clothes, and money when I need it, to come to the clinic; they give it.

Minah: Nokutya.

And food?

Zoliswa: Nokutya ndithengelwa ngu tatam.

And food, my father buys the food.

Prompted by Minah to give an example, Zoliswa mentions that her family helps her by buying her clothes and giving her money for transportation when she is in need. She is also given food. There is a subtle difference in the way that she portrays the provision of clothes and transportation money with the provision of food. Clothes and money are given by a variety of family members as she needs them; in contrast, she is given food by her father vis-á-vis the household (my father buys the food, not my food), not on an “as needed” basis, but as part of his obligation as the head of the household.

Nomonde parses this distinction in a different way: her mother cares for her by
ensuring that “everyone” in the household attends to her and her unborn baby’s nutritional needs. This is important in her household with many adults and children who at times make their own hunger a priority. By contrast, her friends show they care by buying her special gifts and food that she craves while pregnant:

Nomonde: Akafuni like ndilambe ukutyaphela soloko kwenziwe kube khona, unalo care and uzizana ushe ne uma umntanam uzumumple.

Minah: She says like, now that she is pregnant her mother makes sure that... she always makes sure that everyone must make sure that there’s food for her.

Nomonde: Uh. [Yes]

Minah: And that she... and that she doesn’t get... she doesn’t go hungry and also like, that she is going to take care of the baby.

Sarah: Uh-huh [Ok] and how do your friends show that they care about how you feel?

Nomonde: Umm, I am gonna say same like... I am gonna say that’s same like my mother. Sometimes if he buy me a top – a top... He buy me a top because I am pregnant now mos. He buy me [Inaudible], he buy me a top and then if I go to my friend’s house he give me fruits. Yeah, fruits and sweets – everything.

Sarah: Uh-huh. [Ok]

Nomonde: You see. So I am gonna say its care. Yea, care for me.

[M017_02]

Although she remarks that her friends and mother treat her with a similar compassion (“I am gonna say same”), her mother attends to her basic needs, which is more of an obligation, especially now that she is pregnant and the baby must be well-fed. In contrast, her friends provide her treats, not because they are compelled, but rather to show her kindness and friendship.

Similarly, Khetiwe makes a distinction between those that provide her with necessities like food as their familial obligation—albeit a kindly one—and those that
provide luxuries for purely affective reasons. Like Nomonde, Khetiwe’s mother is the one that provides for all of her needs; whereas Khetiwe’s boyfriend—like Nomonde’s friend—buys her fruit, a type of food seen as an important dietary supplement for pregnant women, but not part of an essential diet.

Minah: Ithi ke lena izizalwane zam kunye nezihlobo zam ziyandikathalela indlela endiziva ngayo.

*This one says, my relatives or family and friends they care about the way I feel.*

Khetiwe: Uyandikhathalela umama.

*My mother cares about me.*

Minah: Uyakukathalela umama. Itshomi zakho?

*Your mother cares about you. What about your friends?*

Khetiwe: Hayi itshomi andifani ndidibane netshomi zam soloko itshom yam ngumamam pha endlini.

*No, I don’t hang out with friends. All the times, my mom is my friend there at home.*

Minah: So umamakho ukukathalele neboyfriend yakho ikukathalele.

*So your mother and your boyfriend care about you?*

Khetiwe: Ewe!

Yes.

Minah: Notatakho ukukathalele so wonke umntu omaziyo wakowenu ukukathalele.

*And your father cares about you? So everyone in your family cares?*

Khetiwe: Bandikhathalele.

*Everyone cares about me.*

Minah: Benza ntoni uba ubone. Yintoni ebonisa ukuba bakukathalele?

*What do they do that makes you think that they care? How do they show it?*
Khetiwe: Umamam undithengela yonke into endiyifunayo.

*My mother buys everything that I need.*

Minah: Mhh. Utatakho yena?

*Okay. And your dad?*

Khetiwe: Hayi utatam akekho yena.

*No my dad is not here.*

Minah: Akekho yena.

*He’s not here?*

Khetiwe: Uyandifowunela.

*He calls.*

Minah: So iboyfriend yakho yona.

*And your boyfriend?*

Khetiwe: Ewe iyandithengela izinto endizifunayo like ne ifruit.

*Yes, he cares about the things I want, things like fruit.*

Minah: Yonke into [everything]? Okay. So I was asking she says like everyone that is close to her, and her mom is her friend so they all like they, they do they support her. So I said like what do they do? So like they buy her everything she wants and the boyfriend also buy her food whatever she needs.

[M029_02]

Khetiwe explains that both her mother and her boyfriend show her love for her, but where her mother provides for her every need, her boyfriend shows his affection by supplementing with luxuries. A lexical note: in Xhosa, “ukufuna” means both “to want” and “to need.” In the above excerpt we can see “ukufuna” conjugated into “endizifunayo,” which means “things I want/need.” In English, want and need are used to distinguish between desires and necessities, but this overt distinction is not present in the Xhosa language. In Xhosa, any distinction between want and need is indicated by
context, or left open to the listener’s interpretation.

Food distribution and provision has social and affective meanings for my participants. Consistency and generosity in food provision is seen as a demonstration of love even in cases where it is also morally obligatory (e.g. Barlow 2001; Becker 1995). Food scarcity makes the provision of food less assured and thus receiving food for survival and luxury stands out as an especially loving gesture (May and Norton 1997; Mosoetsa 2011).

5.3.2 FOOD AND THE HOUSEHOLD: THE MORAL ECONOMY OF A XHOSA HOUSEHOLD

In the above three examples, Zoliswa, Nomonde, and Khetiwe share the perspective of someone who is cared for by an elder head of household. They speak of their mothers’ (and in Zoliswa’s case, her father’s) ability to consistently provide them food as evidence that they are well cared for by their family. Other narratives, by contrast, expose the difficulties that many household heads have providing food for the household.

As Bongeka illustrates, ensuring that everyone in her household has adequate food takes vigilance and skillful negotiation. Bongeka explains how she and her mother, both employed, share the responsibility for feeding their household:

Bongeka: Like mna ndithanda ukwenza umzekelo ngam. Like mna ne mna ndiclose nomama ne because ntoni each and every cent endinayo ne uuyayazi ukubangaba ndithi andinayo andinayo nyani ukhube, because soze ndithi ndinayo into apha kum mhlawumbiakho sonka umzekelo endlini or umbane uyaphela and then I mean ayindimangandendwa usista wam uyaphangela nomamam uyaphangela and then nam ndiyaphangela. And then kengoku nosista wam naye unomntana so naye ke ngoku mos xa isonka singekhoyo unosithenga isonka ukhube. But noba sendisithenge kangakanani mna isonka ndiyasithenga isonka noba kungakanani ngemini if asikho asikho. If asikho and then ndiyasithenga because ndiyacinga intobana ndinabantwana and nabanye abantu kufuneka betyile. Andikwazi like imali mani ndine mali ndigcine imali and then naxa ndine problem kengoku mna umamam uuyayazi intobana ma kunje nanje nanje otherwise naye athethe otherwise shame akhonto siyifihlayo like uyandixelela
Like me, I’d like to make an example about myself. Like, me and my mother are very close because the thing is each and every cent I have she knows about it, if I say “I don’t have it,” I don’t have it for real, because I wont say I don’t have something because I will never say I don’t have something with me, maybe there’s no bread at home or the electricity is done, and then I mean it’s not only me, I have my sister she’s working also. And my mother also is working, and me too I also work. And then now my sister also has a child because if there is no bread, she could also buy it you see? Even though I have bought so much bread I could buy bread so many times a day if there is no bread. If there isn’t, then I’m buying it because I think “I have children” and also other people need to eat. I don’t know how, like, money and if I have money to keep it to myself, even if I have a problem with my mother, she knows this and that, otherwise she also knows there’s nothing that I hide from her. I tell her everything. You can see that maybe maybe she doesn’t have anything, she has that hope that if she phones Bongeka and she has no bread and there’s nothing else. I don’t have money to go to work. Or you don’t have a plan. Things like that.

Bongeka explains that she and her mother share the responsibilities for making sure basic household necessities, like electricity and food, are provided for. Even though her sister is also working, she does not contribute to the household like she should, which leaves Bongeka and her mother as the only providers. Bongeka’s explanation of the trust and intimacy required to share this responsibility underscores the complexity and fragility of consistently providing food for a large household.

As Bongeka alludes to with the comment about her sister (“now my sister also has a child because if there is no bread, she could also buy it you see?”), tension can arise over the provision and allocation of household resources. Here, Bongeka goes into more detail about how she disapproves of her sister’s refusal to pool her income with the rest of the household:

Bongeka: I try my best to help my mom.
Sarah: And how does your sister? How is it different with your sister?

Bongeka: She’s very [selfish]. She can keep the money when there’s nothing, there’s no bread in the bin, that is my sister.

Minah: Where does she work?

Sarah: So she’ll just, does she work?

Bongeka: Hmmm, but now she’s on maternity [leave].

*uphangela kwapha emsebenzini. But ke uyafunda no funda ke yena ke.*

_She's also working [...] but she’s also studying._

Minah: Is she pregnant again also?

Bongeka: Ha ahaa unomntana inoba umntanakhe una three months ngoku.

_No, her child is maybe she is three months now._

Minah: Ngowesibini.

_She’s the second child?_

Bongeka: Ewe lo like lo wesibini buti boyfriend iyamnika imali iyakwazi nokumnika ne R2000. I’m telling you that R2000 andithethi kakubi ngaye but I’m telling you that’s why umamam enjeyana ne because uyayiqonda iR2000 ne. iR2000 uhambe uyo shophisha ne then kokwenu uyayazi intobana iswekile ingakanani then into ethile ingakanani. Umbane ungakanani natsho nithenge into ethile for ukupheka ha aha. Uyakwazi ukuyisebenzisa yonce la R2000 uyakwazi uyakwazi uthenga ijean I’m telling you ijean ayithenge ayikhuphe iR550 cash for ijean ayithenge. Athenge into ethile iphele iR2000 mhlawumbi abe ne R200 mhlawumbi ichange umzekelo then naphakuyo. Uyakwazi mhlawumbi afike kungekho paraffin njengoba kubanda kuse winter. Iparafin angayithengi , if uyithengile mos iheater ziyi two ne ikhona endandriythengile mna for endlini. Then naye wazithengela eyakhe. So yena ubangaba asina parafin thina endlini ne.

*Yes, the second one, but the boyfriend gives her money; he’s even able to give her R2000, I’m telling you that! R2000! I’m not bad mouthing her, but I’m telling you that’s why my mom [loves me more]. Because she understands, R2000. R2000! She goes and does shopping. And then you know that at home there’s no sugar or something. How much electricity. Maybe you’re going to buy something for cooking, no! She’s able to use that R2000, all of it, she can even buy jeans for R550, for jeans to buy, she’ll use all of it. She will buy something for all that R2000, or maybe she’ll be left with R200 as change and then she’s able to come home and maybe there’s no paraffin and it’s cold and it’s winter and then she wont buy paraffin. If she buys it, because there are two heaters at home, there’s one that I bought for the house, and*
then she bought one for herself. So when, if we don’t have paraffin at home—

Minah: Uhlala phi yena.

Where does she live?

Bongeka: Uhlala endlini uhlala endlini like ebebhlala eback like kuba enomntana so kengoku ukula room kengoku incinci isendlini njengoba ingu four room then uyakwazi xa yena ethenge iparafin yakhe iyakwazi iparafin yakhe ikhe iheater yakhe ayithathe ayifake ekamereni. And then naye andithi endlini sine tiles e dining room uyotsho ekhitshini. And ithivi ise dining room so kuhlaleka kugodolwa oko kubanda iwesi xa kunga phekwangwa. Kubande ke kubande kube yilonto.

She stays at home [her natal home] she was staying at the back now that she has a child. Now she’s in that small room, which is inside the house, because it’s a four bedroom house, so she just goes and buys her own paraffin and puts it in her own heater and puts it in her room. And then you know in the house we have tiles from the dining room up to the kitchen, and the TV is in the dining room, and then it remains cold, especially when there’s no one cooking and then it is so cold like that.

Minah: Yhu!

Wow!

Bongeka’s story is one of indignation and frustration. From her and her mother’s perspective, her sister is tearing the moral fabric of the family: Bongeka and her mother uphold their moral obligation to provide for whole household unit, whereas the sister does not. Her sister’s choice to control her own income may represent a generational shift in gender roles in the township (Mosoetsa 2011:34; Ross 2010), but from Bongeka’s perspective all working adults are obligated to pool their resources, especially in situations where the household is experiencing scarcity in two fundamental items, food and paraffin for heat.

The moral economy of the household is not something that is only apparent to the household head, but is felt by other members as well (Matsumura 2006). Nomonde experiences this tension of resource provision and allocation from the perspective of a
member who “should” be contributing, but is not:

Nomonde: Ngoku ubone umntu ... oko ke ngoku, uyaka... sonqena u ... sibe sikhonza phantsi, like ukhubone, yho, kufuneka sikhonze, ichoice ayikho.

Minah: Yho, shame, she says...

Nomonde: Jonga izolo, silele singakhange sitye.

Minah: Hayibo, ngoba? Khange athenge ukutya?

Nomonde: Yho! ... Kanti yena kaloku uya ... uyadikwa wethu.

Minah: Shame. Say yesterday we went to bed without food, because “[our older sister] Phume [gets irritated with us].”

Nomonde: But ke sana ...yima wena, yima, yima.

Sarah: It means she didn’t, couldn’t buy it or...

Minah: Didn’t buy.


Minah: Bekungekho ukutya kopheka?

Nomonde: Bekukho ira ... ira ... like ... like [Inaudible] kaloku wasi...kufuneka si ... si ... asinotya irice ezomileyo.

Minah: Oh.

Nomonde: Sawuzipheka ngantoni?

Minah: Oh.

Nomonde: And ke ngoku uyadikwa ke ngoku, thina apha emini siyahlala, kufuneka simane sicela imali yesonka oko. Asisayiceli ngoku ngoba siyambona uba hayi uhm um.

Minah: Udikiwe.

Nomonde: Ngoku uthi masizizameleni, ngoba uyadikwa, kodwa.

Minah: She says like during the day they...They, they don’t even have money for bread, because they see she’s [Phume] irritated with them, cause she, maybe, they think like she thinks like they do nothing...

Nomonde: So she used to leave money for bread, but she doesn’t do it anymore.
Nomonde: Azixelele uba abantu abadala kangaka, and sibadala, uya understander? And kufuneka si...

Minah: She says like...

Nomonde: At least, sisi [sister]...

Minah: Nizame. 

Nomonde: Sizizamele. Singamyekeli.

Minah: She said like she understands why Phume is frustrated, because they are old.

Sarah: Uh uh. [Ok]

Minah: She, she buys, but she gets tired [of them], cause they, they should be helping her. [M017_09B]

Nomonde explains that for the first time, their household went to bed hungry because her older sister Phume, the eldest household member and only breadwinner since their mother passed away a few months earlier, did not leave them any money to buy food. She does not blame Phume for failing to provide, but rather blames herself and her younger sister who have not lately contributed to the household income. She interprets Phume’s actions as a result of her frustration with her sisters’ lack of contribution.

Phume works hard, Nomonde, explains, but she “gets tired” of being the only one who buys food. Nomonde understands her sister’s actions, but without a job of her own, or sufficient child support from her infant’s father, she is unable to rectify the situation by contributing.

In this story, Nomonde shows empathy for her sister, but she could have easily been indignant instead: although all the adults of the household are theoretically responsible for pooling their resources, it is usually the role of the household head to
make up for others’ shortfalls, not punish them for being unable to contribute. Phume’s motivation for leaving them without money for food is unknown, but Nomonde’s assumption that Phume is “tired” of shouldering the responsibility of feeding the entire household indicates that the moral obligations of household heads are not one-sided, but involve a complex give-and-take from several, if not all, adult members of the household.

When household structures change or breakdown, the complexity of providing necessities for a household become apparent. In an earlier interview, while still pregnant, Nomonde reflects on the extra burden her new baby will have on household resources. At the time of this interview, Nomonde’s mother is still alive and takes care of all her grandchildren with her meager state pension:

Sarah: Are you worried about money?

Nomonde: Yoh [Wow] I'm worried guys, really. That is why I say, it’s only god knows.

Sarah: Hmm. [Ok]

[...]

Nomonde: My mother’s not working it’s only my sisters working.

Sarah: Ok, and does she have kids too?

Nomonde: Hmm. [Yes]

Sarah: How many does she have?

Nomonde: She has two.

Sarah: She has two.

Nomonde: Hmm. [Yes]

Sarah: Have you, I, have you tried to get a job?
Nomonde: I try, I do, them it’s a, it’s a training [...] so give me [a little money].

Sarah: Oh right uh-huh [yes].

Nomonde: I told you last time ne.

Sarah: Yeah I remember.

Nomonde: It’s in town.

Sarah: Yeah.

Nomonde: So I’m doing that, I’m not gonna say it’s a job, cause.

Minah: But they pay you a little bit of money.

Nomonde: A little, little bit.

Minah: How much do they give you?

Nomonde: For a [train] ticket only. They give me [R]600 end of the month and then that 600 supposed to take 300 for the transport.

Sarah: Oh wow.

Nomonde: Because I’m using bus. The ticket of the bus is 2, is 290.

Minah: That’s expensive.

Sarah: Oh a month.

Nomonde: Ja it’s too late, in the month ja, so the left is 300. I’m supposed to eat with that 300 cause he, he give me only a coffee or a tea. So that 300 is supposed to buy papa [corn porridge], Weetbix [wheat cereal], and then lunch you see.

Sarah: Uh-huh [ok].

Nomonde: So that is why I say no way. I’m with, and I can’t go to, to look the job because you see I’m.

Sarah: Yeah. So, uhm after the baby’s born.

Nomonde: Must wait. Ja. [Yes]

Sarah: Will you, will you try to get a job?

Nomonde: Ja. [Yes]
Sarah: And will your mom take care of the baby?

Nomonde: Uhm, yoh my mom she help, have a lot of, there a lot of child’s at home.

Sarah: Oh how many, how, who is she taking care of?

Nomonde: it’s my mother.

Sarah: Yeah.

Minah: How many kids?

Nomonde: Now?

Minah: Uh-huh [yes]

Nomonde: My sister have two, ne, and my other sister have one and another sister have one and my, my brother who has passed away have one.

Sarah: Ok. So four already.

Nomonde: So it’s five.

Sarah: Five. And your mom raises them.

Nomonde: You see, so, I don’t know what [we’ll do].

[M017_03]

During Nomonde’s first interview, she was cautiously optimistic that her baby’s wealthy father would give her ample child support. But by this, her third interview, Nomonde is starting to doubt that he will provide her with any support and she begins to contemplate whether her mother will be able to care for another small child when Nomonde is not able to contribute.

For many participants, pregnancy is a time of great anxiety when they begin to imagine how their new baby may negatively affect their perhaps precarious household situation. Although Nomonde’s household is currently able to function, she realizes how fragile the system is (Mosoetsa 2011:48). Furthermore, soon to be a mother of her first
child, Nomonde realizes that she has certain responsibilities for providing for her own child, even if her mother is willing to use her pension to care for the baby on a daily basis.

Less than three months after the interview where Nomonde discussed how her baby might stretch her household’s resources, Nomonde’s mother passed away unexpectedly. This rupture in the household system creates great hardship and stress for Nomonde and her two sisters. Nomonde poignantly explains how her mother’s absence is acutely felt with regards to food:

Nomonde: Ndi ndithetha ukuthi like if ne oluhibho bendithetha ngalo ndifuna something. Mhlawumbi isonka asikho isonka umama ngela xesha besikhawuleza siyifumane athi hayi nantsi imali ngoku kuba nzima izinto azifani nakuqala zitshintshile.

Minah: Because nonke aninamali okanye.

Nomonde: Ewe mhlawumbi ingabikho imali. So izinto zitshintshile.

Minah: Say like, “it’s not the same because when my mom was there, if like we say we don’t have bread at least we will quickly get the bread, but things have changed because none of us have money.”

Sarah: Ok. So then when you, oh I see, then when you don’t have it, you don’t have it and there’s nothing you can do?

Nomonde: Nothing gonna do.

[...]

Sarah: So do you just, do you guys go hungry or you have no nappies [diapers] for the babies sometimes?

Nomonde: Sorry?

Minah: Uye usoloko uye ulambe ungabi namanaphukeni for umntana okanye niye nilale ningatyanga.

Nomonde: Mhh asifani silale singatyanga siyazama.

Minah: Say “we try; no we have never gone without food.”
Nomonde explains that it is very difficult to cope now that her mother is gone because she provided a certain amount of security regarding daily necessities. Now, when they are out of food, they must scramble to figure something out as they have limited and inconsistent incomes. They have “never gone without food,” she assures us, but the stress of living with this new level of food insecurity is incredibly difficult. After her mother’s death, Nomonde was reluctant to speak directly about her feelings of loss; instead she focused on the material manifestations of her loss; i.e. how the household has changed for the worse now that her mother is gone. When Nomonde and her sisters run out of food for the household comprised mostly of young children, they feel the loss of their mother.

With Nomonde’s mother’s passing, the household structure must be reorganized. In Xhosa households, gender and age determine how resources are allocated (Mosoetsa 2011:34); thus, with the eldest member of the female-headed household gone, Nomonde and her sisters are not only left without their mother’s contribution from her state pension, but with a household structure that conforms less to Xhosa cultural norms (i.e. elder as household-head). After the funeral, the elders in Nomonde’s extended family, who do not reside in the household, tried to reorganize the household to encourage the pooling of resources among the three adult sisters. Nomonde explains how they try to obey their elders, but the new system is not viable with two of the three sisters unemployed and she receiving no child support from her baby’s father:

Nomonde: Sometimes la 250 yam, si...sibetha ihundr...uyazi uba sikhe sibethe i100 rand kula
Minah: Uhm.

Nomonde: No Nhesi, sibethe i100, kula 250 yakhe naye.

Minah: Uhm.

Nomonde: Sidibanise for ukutya, sonqena uba sibe sithethisana. Ibe ndibaxelele uba kodwa umntwana wam uncinci, uyabo? Because kufuneka athengelwe amanapkin, uyabo?

Minah: Uhm.

Nomonde: So, kule nyanga, mhlawumbi, kufuneka...hayi, kufuneka sibetheni i250 like, ngoku umama ebegqiba kusweleka ne? Kwabizwa imeeting apha endlini. For ifamily.

Minah: Ok.

Nomonde: Kwabuzwa uba kule meeting ukuba, njengokuba nihleli nodwa, nizakwazi ukuhlala mincedisane ekutyeni, uyabo?

Minah: Ok. Says like after the mom died they called the meeting, the elders. Then they said like because your mom had passed away and you must help each other with food, a contribution towards food.

Nomonde: Ke ngoku, bathi ke ngoku uba, emeetingingini, kwathwa kuNhesi, ze sifike sikhupe i100 100 100, uyabo, upeya i250.

Minah: Uhm.

Nomonde: Kkufuneka sikhupe 100 100 100, noba bebengekafumani [Inaudible]. Xa efumane i250 umntu, kufuneka apeye 100 100 100, like u[sisi kakhulu] yena, since uba epeyela abantwana abayi 2, yabo?

Minah: Uhm.

Nomonde: Akhuphe i200 yena. Ibe yila 200 yakhe, since uba behlala apha ooAphiwe. 200 yakhe, ibe yi 100 kalo, ibe yi 100 yam, ibe yi 100 kaPhume, its 500 to make a grocery. Then uPhume uzaku adder more yena, akazukhupha la 100 rand. Kwa ... kwathwa phofu, makakhupe i100 rand, but ke eza...obvious, uza kukhupe more yena since uba ephangele. Qho nge 250. But ngoku...besikhe sayenza u[sisi] ne?

Minah: Uhm um.

Nomonde: Sakhupe 100 100 100 uyabo? And ndiphinda ndathi mna, hayi mna, uba...because mna ndixhomekekile mna, mhlawumbi, uyabona kule inyanga, anduzukwazi ukukhupha 1100 rand. Because, ndicingela kaloku, mna ndingakhutshelwa...la tata walo mntwana angakhuphini necent. Ngoba mna kufuneka ndiforce(ile) uba ndiyayicela uyabo? Angakhuphini necent. Uba ndingakhupha i100 rand, la 150, le
Minah: She said like sometimes she can’t, because she doesn’t have, because she can’t force, she has to force the father to give her the money. So if she puts like the R100 that it was put, that they must put, that contributes, so she will be left with 150 and then she won’t be able to buy nappies [diapers].

Sarah: So what was the deal that the elders said?

Minah: They must [each] contribute a R100, a R100 from their grant money [child welfare].

Sarah: Ok.

Minah: And then for, for food and the sister and the other sister must also put 100, 200, because she’s got two kids and then Phume, she must also put R100, but she adds more.

Sarah: But, but it’s not realistic.

Minah: Ja. [Yes] She says like for some months she can’t and then last month her and [her younger sister] they did it, but this month is gonna be difficult for her.

Nomonde’s experience demonstrates that although the moral economy of a typical Xhosa household is communitarian and flexible, when resources are scarce, tensions can arise as members struggle to make ends meet. Moestota categorizes poor households in three ways, “declining,” “coping,” and “improving,” (Mosoetsa 2011:48) to explain both the heterogeneity of circumstances and the fluidity with which poor households move in and out of dire, neutral, or relatively comfortable situations. With the death of her mother, Nomonde’s household moved from “coping” to “declining,” and Nomonde’s anxiety and despair illustrate the affective consequences of the downward shift. Her emphasis on food insecurity in her story underscores the direness of the situation because if there is no money for food, there is no money for anything.

New mothers, like Nomonde, feel particularly vulnerable when there is food insecurity because they have a young child to feed. Even when others take primary
responsibility for raising the child—like Nomonde’s mother had done before she passed away—the child’s biological mother still bears the ultimate responsibility for the child’s survival and well-being, as I discuss in the next section.

5.3.1.3 FOOD AND CHILDREN: A MOTHER’S RESPONSIBILITY

Regardless of the configuration of their household and who was the primary provider of food for the household, most mothers who experienced food insecurity expressed explicit concern for their own child’s nutritional needs. Especially when their children were infants, biological mothers took primary responsibility for their baby’s hunger:

Sarah: If you won R1 000 in the lottery [what would you do with the money?]

Minah: If uwine I thousand rand kwi lotto.

Nomonde: Eeh!

Minah: Ungenzani ngalo mali.

Nomonde: Oh! Uthi ilotto.

Minah: Mhhh.

Nomonde: First of thing, I’m gonna go to buy my things for my baby.

Sarah: Uh-huh [ok], what do you have to buy?

Nomonde: [...] I’m gonna buy a clothes and then I’m gonna buy a milk [baby formula] and pap [ground corn] everything.

[M017_03]

Although at the time of this interview, Nomonde’s mother fed her infant formula bought with her government pension, when Nomonde imagines winning some money, she says the first thing she would buy is food and clothing for her baby. If she were able, Nomonde would supplement her mother’s assistance with food that she bought herself;
she feels guilty that she cannot currently do this. Mothers often prioritize clothing just after food for their babies and children. A typical Xhosa understanding of babies is that they get cold easily, “like water,” and because of this are usually bundled in several layers even in the summer. Clothing is also a point of pride: mothers do not want their children to look “poor,” which means they try to dress them fashionably even when money is scarce.

Here, Sisiwe explains that she has two sources of money, the child welfare grant and occasional money from her boyfriend. The child grant goes entirely toward her children’s needs; she does not need much, she explains:

Sisiwe: Like sometimes when my mom, she’s working ne, like I can say if it’s today, tomorrow I’m supposed to go and take that money, my mother can tell me today you must buy this and this and this and this you understand. Yes, so tomorrow I will do that.

Sarah: Ok. So if, if you give your grant money to your mom to pay for the kids and then what do you, how do you pay for yourself?

Sisiwe: For myself, for myself like sometimes I get some money from my boyfriend, like I don’t need a lot of money [inaudible] I’m alone and I don’t have children, like sometimes I rather sleep with tea and bread if I don’t have it, money, as long as my children have something to eat at night, you understand.

Sarah: Ok.

Sisiwe: So I don’t.

Sarah: So you don’t need very much money for yourself.

Sisiwe: Nuh-uh (no).

Sarah: Ok and if you need something you ask your boyfriend, not your mom.

Sisiwe: Hmmm. [Yes]

Sarah: Ok so you won’t even say, “I need to keep 20 rands from my grant.”

Sisiwe: Sometimes I keep something like, I don’t use all that grant money for the children, like my mother know that I must have something, you understand, to buy for the, for me for
my house and.

Sarah: Ok. Ok. Oh so you take a little bit of that money to buy some food and.

Sisiwe: Hmm. [Yes] [M034_03; spoken and transcribed in English]

Sisiwe reluctantly admits that sometimes she will take extra money from the children’s grants to buy food, but insists that usually all of the grant money—her entire income—goes toward providing the children with what they need. If she needs anything, she will get that money from her boyfriend. Sisiwe was not the only participant to seem defensive if I suggested that they might use some of the child grant money on themselves: the child’s grant money was for the child only.

Bearing the responsibility for their children’s nutritional needs went beyond performing “good” mothering; it was a matter of survival: Although many mothers have their and their children’s basic needs met as a member of their household, other mothers feel like they have less of a safety net. These mothers, especially, find making sure they have enough food for their children stressful and is a source of anxiety. Many mothers feel constantly worried about their ability to provide food and go to great lengths to try to get the baby’s father to contribute his “share,” or “hustle” in other ways to get extra money for food. As I discuss in the next section, for all Xhosa women, the stakes of having an undernourished baby or child are very high, for physiological as well as cultural reasons.

5.3.3.1 MOTHERS WORRY ABOUT THEIR CHILDREN’S NUTRITIONAL NEEDS

Unlike Nomonde, who would buy extra food for her baby if she could but is not
concerned that her mother's assistance will stop, Siyawaba is constantly worried that she will run out of food for her infant who is small for his age:

Sarah: And how is he eating? Do you have enough food now?

Siyawaba: Yes. The milk [formula] is enough.

Sarah: The milk is enough.

Siyawaba: Uh. [Yes]

Sarah: Are you worried about it?

Siyawaba: Yes.

Although she says she has enough baby formula to feed her baby, Siyawaba does not have a supportive family and her baby’s father, at the time of that interview, had given her very little child support; thus, she shoulders the burden of her baby’s care and this causes her to constantly worry about whether, on any given day, she will have enough food for him.

Thandokazi tells us about a similar worry, though she shares it with her husband, who, at the time of this interview, has a low wage job as a security officer:

Minah: She says “like if, if my husband struggle...”

[...]²

Minah: [She says,] “I struggle...”

[...]

Minah: She said like uhm “I struggle with him. I shouldn’t love him when he’s got money and then when he doesn’t have money I don’t love him, so we struggle together.”

² The Xhosa portion of this interview was not transcribed and is indicated with ellipses.
(Giggling).

Sarah: Shame. And do you feel like he’s, he’s trying?

[...]

Minah: Says “yes, he’s trying.” [Inaudible].

[...]

Minah: Say like when the kids don’t have food, he, he’s, become, he gets worried.

[...]

Minah: She says she wishes like if there were two wages, things will be different. She...

Sarah: Oh, you mean if you were working?

Thandokazi: Uh. [Yes]

Minah: Ja. [Yes] So...

[...]

Minah: She says “yes, most times.”

Sarah: Uh. [ok] Do you, are you trying to get a job or is the baby too small?

[...]

Minah: She says like “I will go even though the baby is young. I, I’m looking for a job.”

[...]

Minah: She said like she wishes she can get someone to look after him, but then people [neighbors, older family members] are worried, because she’s only breastfeeding.

Sarah: Oh.

[...]

Minah: Now she’s teaching him about...

[...]

Minah: After she eats, she gives him the mug.
(Giggling).

Sarah: Oh, she’s teaching him how to drink out of a cup…

[...]

Minah: She wants to work.

[...]

Minah: She said “I don’t give a damn what job.”

[...]

Minah: She says “I don’t care, any job I’ll take.”

Sarah: Have you, have you thought about, you’re gonna express your milk and then put it in a cup?

[...]

Minah: Oh, she said she will teach him to drink the, the, the juice, the children’s juice and then she will [breast]feed him when she goes to work and then when she comes back.

Minah: She says “I’ll be happy, Sarah.”

Sarah: Shame.

Thandokazi: Yoh. [Yes wow]

[...]

Minah: And then says like “in this little money, you can’t even go and buy yourself clothes.”

Sarah: Uh. [Ok]

[...]

Minah: Say “I don’t care…”

[...]

Minah: “As long there’s food and there’s clothes for children, it doesn’t matter if I don’t have anything.”

[...]
Both Thankdokazi and her husband get worried when the children do not have enough food. This scarcity is worrisome enough that it makes Thankdokazi wish that she could get a job to contribute to the income. Many participants indicated that when a child is an infant, the mother should stay home to care for the baby full-time. Most participants are unemployed, which means they stop looking for work until the baby is eating solid foods; for women who are employed, most take their employer’s maternity leave or take their own by quitting and then searching for new employment after they decide the baby is old enough. In Thankdokazi’s case, she did not look for work in the time that we interviewed her; however, she often reprised this conversation in an effort to express her desire to give her family more financial security. As she explains poignantly in this interview, watching her children go without enough food is painful enough to spur her to think seriously about putting her new baby at risk so that the household can eat properly.

5.3.3.2 MOTHERS MUST PROCURE REGULAR AND SUFFICIENT CHILD SUPPORT

Thandokazi was lucky enough to live with the father of her children who was also her husband. She felt that they shared the responsibility and emotional burden of providing for their children. There were few participants like Thandokazi who felt that their partner—whether he was the baby’s father only, or the father-boyfriend, or the father-husband—shared this responsibility with them equally (see also Mosoetsa 2011; Morrell and Richter 2006). Because of the fluidity of women’s relationships with their children’s fathers, and the fact that many women had children each from a different father,
negotiating regular child support payments was a relentless and stressful project.

Although participants told us stories of women they knew who lived an easy life off their partner’s economic support (Bongeka’s sister, for example), for most women in this study, this money was desperately needed to pay for their children’s basic necessities and they felt the sole burden for “making” him pay.

A frequent topic of conversation in our interviews with Siyawaba was her struggles to procure sufficient child support from the two fathers of her two young children. In our fourth interview with her, she shares her frustration she has with the father of her first born—a well-paid government employee—who stopped paying monthly child support for his daughter [“H”] three months earlier:

Siyawaba: Ngoku une lanto une three months engazisi ukutya kwakhe.

*Now it’s been three months since he’s brought food/paying for her food.*

Minah: Utata ka“H”?.

*“H’s” father?*

Siyawaba: Ewe.

Yes.

Minah: Ebekade emthengela kuqala.

*Was he buying food before?*

Siyawaba: Ebemthengela kuqala esithini. Iwesi lipolisa muba ndingayo mbambisa angabhatala imali emore.

*He was buying the food before and doing other things, and it’s worse because he’s a [government worker]! I could go and lay a charge against him and he would have to pay more [for child support]!*

Minah: [to Siyawaba] Yimali ye support.
Is it support money?

[To Sarah] She says like, it’s been three months now he is not giving money for food.

[To Siyawaba] Ebemthengela ukutya okanye ebekunika imali.

Was he buying food or giving you the actual cash?

Sarah: Since he has been married?

Siyawaba: Ebethenga ukutya because ndamxelela ndathi andifuni mali yakhe.

He was buying food because I told him, I don’t want his money.

Minah: So he was buying food because she said, “I don’t want your money. Go buy the food for the baby”. Now he didn’t.

[M010_04]

At the time of this interview, Siyawaba has a new infant whose father was spending more and more time at his new girlfriend’s and barely sleeping at home. Siyawaba was still living in his house, which actually belongs to his aunt who lives in a small house next door; she was the one who insisted that Siyawaba stay and “wait” for her nephew to return. Siyawaba finds her boyfriend’s abandonment extremely upsetting and this compounds the stress she feels at her older daughter’s (“H’s”) father’s refusal to pay child support. During the next interview, we ask her how she is doing:

Minah: So wena usahleli pha kowabo kengoku.

Oh are you still staying in his house [the father of the new infant]?

Siyawaba: Mhhh.

Yes.

Minah: Uyamthengela umntana ukutya.

Does he buy the child food?

Siyawaba: Mhh uyamthengela but kule Nyanga caba akaphangeli kwa ukuphangela. Uphuma abengathi uyaphangela kodwa angaphangeli. Wathi ebebumene iR800 wathi imali
ibishota ayifakwanga yonke.

Yes, he does, but this month I think he doesn’t even work. He goes out as if he’s going to work and then he doesn’t go to work. And then he says he got paid R800 but there was a shortage in the money and it didn’t get out through [deposited].

Minah: Kanti uyaphosisa.So waninika malini nina.

As if he was lying. So how much did he give you?

Siyawaba: Usinike three hundred sathenga ibisi kengoku.

He gave us R300 and we bought milk [formula].

Siyawaba, with two small children, unemployed, and with an unsupportive family, feels defeated by her baby’s father’s manipulation. In the next interview, she tells us sadly that he has stopped giving her money or food for the baby directly, but rather this month he gave a small amount to his aunt so that she could buy food for Siyawaba’s baby:

Sarah: So do you eat at your aunt’s [baby’s father’s mother] or do you not have enough money for food?

Siyawaba: I don’t have enough money for food but we are having food because he only gave his aunt umm, only 300.

Sarah: He gave his aunt 300.

Although the aunt is the head of Siyawaba’s household and thus under typical circumstances would be in charge of resource allocation, she feels that the way that Siywaba’s baby’s father circumvented her by giving money for the baby’s food to his aunt instead of her shows a lack of trust and acknowledgement of their romantic relationship. Yes, he is providing money for the baby (albeit very little), which is his obligation as the father, but he is doing so in a way that emotionally hurts Siyawaba and
undermines her ability to control whether her baby consistently has enough to eat, which is a responsibility, that, as his mother, she takes very seriously.

Nomonde is also manipulated by her baby’s father who promises her a large child support payment and then wires her far less than he promised:

Minah: Shame. She phoned him. I was asking, “did he send the money?” She says [that he said,] “ja, I’m gonna send the 600” and then she phoned him, says “[I] mustn’t go to town and then it’s [only] 300!” and he laughed and then she went to town and it was 300 rands and she already borrowed 50 rands to someone [promised them a loan of R50].

Sarah: Are you serious?

Nomonde: I was in crying in town. The people asking why you crying, say. Guys, yho [whoa]. I was crying in town, because I was supposed to buy a, a, a nappies [diapers] and then milk [formula].

Yhu, ndandikhala nyani. Yhu!

Wow, I was crying for reals. Wow!

Minah: Akana … akakafumani i … i—

Nomonde: Akagezi, ndigezelwa nangumfazi wa … umfazi wakhe! He…

Minah: Sorry.

Sarah: Sorry.

Nomonde becomes agitated when she tells the story of how her baby’s father’s cruel lie drove her to tears at the bank. To cry at the bank, she must have been very upset because Xhosa women do not often cry in front of others, especially strangers. In earlier interviews (discussed above) Nomonde struggles with being able to feed her baby and contribute to the household income pool after her mother dies suddenly. Nomonde is especially frustrated because she knows that her baby’s father is wealthy and could contribute generously to his daughter’s child support if he wanted to. In accordance
with Xhosa norms, Nomonde expects that the baby’s father will contribute to their baby’s basic needs, but knows that ultimately, men are far from trustworthy and it is her responsibility. When he fails to send her sufficient money to care for their baby, she feels the loss of this potential source of support and realizes that her child’s comfort and survival are completely up to her.

Like Siyawaba and Nomonde, Zintle’s baby’s father had started to show her less emotional support and attention once the baby was born. In this interview, she tells us that she thinks he might be cheating on her:

Sarah: Oh, shame sisi.

Zintle: Uhm. [Yeah] Life mos. (laughing)

Sarah: What did she say?

Minah: She says, “it’s life.”

Sarah: Did umm how often do you see him?

[...]

Minah: Uhm. She says like he comes [to her house] but she thinks he feels like he’s only coming to see the baby and then...

[...]

Minah: And then she feels like he is just like interested in him not in her, [but] then as long as he buys the clothes and the food she is fine.

Sarah: Is that how she feels or how you feel?

Minah: That’s what she thinks.

Zintle explains sadly that her formerly loving boyfriend has lost interest in her. Though he comes regularly to her mother’s house where she lives to see their infant, he acts as
if he is only there to see the baby, which makes Zintle suspect that he may be dating someone else. Although she is personally hurt, she thinks pragmatically about the situation, admitting that “as long as he buys the clothes and food [for the baby I am] fine.” Zintle wants the love and affection of her boyfriend, but knows that now that she has a baby, the most important thing is that she can feed and clothe him. With a new baby, her relationship with her boyfriend has changed to one where pragmatism outweighs romanticism.

5.3.3.3 MOTHERS MUST “MAKE A PLAN” TO MAKE SURE THEIR CHILDREN HAVE ENOUGH FOOD

Failing to provide food, directly or indirectly, for children was not an option for the mothers in the study. Although they experienced moments of despair, many had more moments of optimism where they imagined or strategized ways to get the money and food they needed. When confronted with a roadblock, women would sometimes talk of “making a plan,” which loosely translates to “I’ll figure it out, somehow.” Ross (2010) also found this idiom used among her study participants, who were residents of a coloured township outside of Cape Town. She defines “making a plan” as “dexterity” or “improvisation” (2010:123) when “people, particularly women, attempt to draw on social skills and networks of relations to make ends meet in times of need” (2010:124).

In some ways, everyday life for my participants was possible through skillful negotiations of social networks, but, as Ross points outs, the idiom “making a plan” was only used by her (and my) participants to indicate extraordinary, stop-gap measures; ones that, if employed too frequently, would strain or perhaps ruin important relationships.
In an interview where Nomonde shared how worried she was about not having enough money or food for her baby, she explained a plan she was considering to make up her shortfall in baby formula:

Minah: [Nomonde] says they gonna give [...] milk [formula] to HIV positive people and...

Sarah: At the, at the well baby clinic?

Minah: Ja. [Yeah]

Sarah: That’s what she thinks, yeah.

Minah: And then, but she’s still gonna write the letter to [a NGO that is purported to have a baby formula program], because Nosipho’s giving [the baby] tea and she says tea’s not good for her [Inaudible]...

Sarah: Because you don’t have enough milk?

Nomonde: Uhm. [Yes]

Sarah: Ok.

Nomonde: That’s why sometimes I drink a, a juice, what’s your juice, it’s very, it’s very, it’s wrong for her. This baby it’s nine months, it’s strong juice and the, and it’s a... [interruption]

Nomonde has heard rumors that public Well Baby Clinics are giving free formula to mothers who are HIV-positive and have thus decided not to breastfeed their infants. She wonders if that presents an opportunity to get free formula for her baby, even though she is HIV-negative. She has also asked us to write a letter of reference, along with the managing nurse-midwife at the antenatal clinic, to an NGO that she has heard gives formula subsidies for undernourished babies. Neither of these two plans result in free baby formula for Nomonde, but she continued to keep her ear to the ground and try to access programs in the neighborhood that might help her provide for her baby.
Siyawaba shares a story of how she used social finesse to get what she needed during a visit to the child welfare office where employees are notoriously intractable and officious:

Siyawaba: Izolo ndihambe kakuhle.

Minah: Uhambe kakuhle okay bakunikile iforms.

Siyawaba: Ndigqibe yonke into kwathiwa kufuneka ndibuye next week. And then ndambuza lanto yoba akhonto xa like uphethe yonke into ungakwazi mos usolugqibezele yonke into. Wathi ha ahaa kufuneka uphinde ubuye next week. Benza lonto ngoku. Ndathi ndiyakucela torho gqirha andizukwazi uphindha ndize apha. Wandifakela wandifaka elistini ndaphinda ndabizwa. Yonke into ndayigqiba uzakupeya ngoJanuary.

Minah: Oh that’s nice.

Sarah: What?

Minah: Oh, she got her… Can you give me some [coffee] please? Her… the grant.

Sarah: Oh good.

Minah: Like, she would… but he will start paying in January because normally they do it and then you have to come the following week. So she says to this… she told this and said, “bhuti I can’t do it. I can’t come next week. Can I please do everything today?” and then that guy managed to shift her…

Sarah: Someone was nice.

Although Siyawaba has been despairing and frustrated with her baby’s father’s antics (described above), she shares this moment of triumph to indicate that she is still trying to get the money she needs any way she can. Her story is one of “good” Xhosa motherhood: a mother will always try to figure out a way to get what she needs for her children (see Chapter 6). Later in the same interview, she continues the narrative of the “good mother” by explaining how she will invest some of the money she has just received from the welfare office to try to stave off running out of money for food again:
Sarah: So now... So now that you get the grant, will you be able to buy milk and cereal for him?

Siyawaba: Uh. [Yes]

Sarah: [To Baby] are you feeling better now that your head’s not falling off? [Referring goofily to his eczema]

Siyawaba: Ndizakwenza nesavings next year. And izaba yi R500.

Minah: Izaba yiR500 next.

Siyawaba: Kaloku izaba nguye nguKuhle.

Minah: Oh!

Siyawaba: So ngoJanuary yena uzakufumana iR560. So izakudibana nale kaKuhle. So izaba yi into so ndifuna ukwenza nesavings every month ndimana ndithatha iR100 pha. Kulamali then enye iR100 ndriyise kwa Shoprite for izitampu.

Minah: Oh for ukutya okay ngo January oh!

Sarah: [To Baby) hi.

Siyawaba: Mhhh.

Sarah: [To Baby] you are looking better. You’re looking better.

Minah: Oh, she said she is going to save it. There is a saving – she is gonna save R100...

Sarah: Uh-huh. [Ok]

Minah: And then another R100 she will go to Shoprite and buy them so that in December you get like food vouchers.

Sarah: Ok, so is that a special scheme [program]?

Minah: Yeah, Shoprite scheme [investment program run by the local supermarket]. [M010_09]

With this plan, Siyawaba uses her creativity and knowledge of local resources to gain some control over her income. Relying on her baby’s father had become a problem, and feeling empowered by her ability to get her child grant early, she decides that this is a good opportunity to grow her money for the future.
Xhosa mothers go to great lengths to ensure that their children have enough food because the stakes are so high. The emotional undercurrents to mothers’ stories about food insecurity underscore the physiological and cultural importance of having a well-fed—“fat,” even—baby.

5.3.3.4 MOTHERS UNDERSTAND THE HIGH STAKES OF HUNGRY INFANTS

Child hunger is high stakes for mothers because infants are vulnerable to malnutrition and mothers are vulnerable to social sanction for having a “thin” baby. The following excerpt is from a conversation Minah and I had regarding Siyawaba’s infant. From a few weeks of age, her infant had painful-looking eczema all over his scalp. While this condition was worrisome to Siyawaba and she took him to the baby clinic several times, once with our accompaniment, to get effective treatment, the baby’s apparent small size and listless demeanor was even more worrisome to me and Minah. Furthermore, we had observed Siyawaba feed the baby from a bottle of watery-looking formula. When Siyawaba leaves the room briefly during a home visit, I wonder out loud to Minah whether the baby is malnourished and we should buy her a case of formula:

<table>
<thead>
<tr>
<th>Sarah:</th>
<th>Minah, this baby is not right...I mean I know he looks weirder because his head had eczema....But look at his [Inaudible]. He doesn't look like... he is acting like he is a month old...He can't keep his eyes open.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minah:</td>
<td>Uh. [Yeah]</td>
</tr>
<tr>
<td>Sarah:</td>
<td>He looks like he is not being fed.</td>
</tr>
<tr>
<td>Minah:</td>
<td>I am sure, maybe she doesn't have...</td>
</tr>
<tr>
<td>Sarah:</td>
<td>And really, he does not look like he is eating enough.</td>
</tr>
</tbody>
</table>

3 Diluting baby formula can cause water intoxication and malnutrition.
Minah: Uh. [Yeah]

Sarah: Like, this is the kind of baby they show you in class – the starving babies.

Minah: She doesn’t have money for milk.

Sarah: But she is... and her... is she not breastfeeding?

Minah: I don’t think so.

Sarah: Look at this baby Minah....This baby has no energy. And he is not growing.

Minah: Uh. [Yeah]

Sarah: [To baby] you look like a “starving in Africa” baby. [To Minah] I am serious. Look at his skin and stuff.


Sarah: [To baby] are you smiling? You should know how to smile now.

Minah: Shame Sarah.

Sarah: Seriously Minah. Look at his legs.

Minah: Uh [yeah] and he looks very friendly.

Sarah: [To baby] you look like you’re starving to death. [Giggles to baby] are you feed... are you eating enough? You should be able to smile. You should be big. Good job! [To Minah] He should be able to be awake.

Minah: Uh. [Yes]

Sarah: What can we do?

Minah: I don’t know, but should we get her milk? But how are we gonna maintain that?

Sarah: Can’t we just go and buy her like, 10 things of formula?

Minah: Uh. [Sure]

Sarah: How much formula does a baby go through?

Minah: 10 will be fine.

Sarah: For how long?
Minah: We’ll see how it goes because I think [brand] will be the best milk even though she might... or any other milk.

Sarah: Can you buy that at the store?

Minah: Uh. [Yes]

Sarah: Unless he has a brain problem, but to me he looks like he’s... I don’t know – I am not an expert – but...

Minah: I think.... I think she...

Sarah: He looks like he is starving.

Minah: I think... I think almost like [this situation is] making her mental because she has no one. Maybe because she helps with cleaning the house and stuff. [...] Because I think he should be drinking milk.

Sarah: Well he should be breastfeeding, but if she has already stopped, there is nothing.

Minah: You feel like she is stressed.

Sarah: Then the breast milk will stop.

Minah: You... you sort of like, engorge. You don’t have because you are already uptight like, the baby is frustrated, you are frustrated, they don’t... there is not enough milk coming out.

Sarah: Uh-huh. [Okay] Can umm... Should we say anything to her?

Minah: Hmm...

Sarah: It will just make her more upset?

Minah: No, I was gonna say or we are gonna ask her, would she mind if you get her... we get her some milk – just in a nice way that we are not forcing.

Sarah: Yeah.

Minah: Because I think he needs to drink milk. He needs to have a bottle.

Sarah: We need to go visit her at home next week and see her feed him and like, talk to her more specifically like, how many bottles does he drink a day, what do you feed him... just to see because...

Minah: On Friday.

Sarah: Yeah, but we’ll give her the milk and then we’ll go see how she is using it because she might be underfeeding him anyway.
Minah: I don’t… I think it’s just like, the…

Sarah: [To baby] you’re starving.

Minah: I think [Siyawaba] is crying a lot.

Sarah: Yeah.

Minah: So that means she is in distress. Is that the right English?

Sarah: Yeah. Uh-huh. [Yes] But especially now that we have seen a bunch of babies that are […] two/three months old and they are fat and they are smiling and they are awake and they are sitting up – like [name]. He is like [looking like he’s only] a month old.

Minah suggests that we buy her some formula but “just in a nice way that we are not forcing,” and not ask her directly about her feeding practices because of the social stigma against mentioning when babies look “thin.” Minah and other participants explained to me that this kind of question is seen as rude and accusatory to the mother. However, Minah felt it was culturally appropriate to buy her free formula because if we approached it in the “right way” Siyawaba would interpret it as an act of friendship (much like above when Nomonde felt loved when her friends bought her fruit and maternity clothes); whereas it was highly inappropriate to ask her directly about her baby’s appearance. Also interesting is how Minah understands the connection between the baby’s appearance and Siyawaba’s emotional state: Minah interprets the baby’s listless behavior and thinness as directly related to Siyawaba’s sadness and stress over her boyfriend’s abandonment. Minah notices that Siyawaba has puffy eyes from “crying a lot” and attributes this “distress” as the reason Siyawaba is no longer breastfeeding and is reliant on formula she cannot afford. After much debate and even a trip to a supermarket to price formula, Minah and I decide to refer her to a mothers’ support
group program that we learned about at the antenatal clinic. Unfortunately, and much
to our consternation, this support group was not able to help Siyawaba either. However,
about a month later, Siyawaba on her own finds a public clinic that is offering a nutrition
subsidy program for babies that are underweight; she is able to get enough free formula
that she can feed her baby sufficiently until he graduates to solid food.

Nomonde is similarly struggling from lack of funds and tells us with exasperation
how little the money buys her when she tries to purchase all the food stuffs that she
feels her baby needs:

Nomonde: Osoloko sifuna imali yesonka everyday.

Minah: Akakafumani igrant u ...uZizo?

Nomonde: Ewe, ebfumene igrant yakhe uZizo. UZizo uyabona, uyagula, kula 250 hundred,
          [inaudible] nge 3, kufuneka ndithenge amanapkeni, uyabo? Kufuneka ndithenge
          nebisi elikhulu.

Minah: Oh.

Nomonde: So, i 250, la 250, iyafana ingathi hayi...

Minah: Iphelile

Nomonde: Iphelile, because uZizo utya iveg. Is eating veg now. So I’m supposed to buy a
          Pampers and milk and veg, so 250.

Minah: It's gone.

Nomonde: And pampers, how much now? [inaudible].

Minah: So, and the father why doesn’t...

Nomonde: 200. Then the milk is 80 something, it’s 90, R92...

Minah: Yoh. [Wow]

Nomonde: That's why.

Minah: And the father doesn’t want to send money every month?

Minah: Pampers is R94.

Nomonde: And then the milk is 92. Milk is 90, the, the [Inaudible] big one is 160. That one, eli lingaka ke ngoku, libe yi R92.

Minah: Change?

Nomonde: Hayi, ibe yi 92 eli lingaka.

Minah: Ibisii?

Nomonde: Khawume ndikubonise eli...

Sarah: Mama, could you repeat what she’s saying to the tape, cause I can’t hear?

Minah: She says, um. I was asking about the grant...

Sarah: Yeah.

Minah: And then she says it’s 250 and then she buys Pampers. It’s 200 rand...

Nomonde: Uyabona eli?

Sarah: Oh, wow.

Minah: And milk is 90...

Nomonde: Yi 92 kwashoprite.

Sarah: Uh uh.

Minah: R92.

Sarah: Wow, so that’s it?

Minah: That’s it. So that’s why, so I was asking, because Phume is not bringing them food. They think she’s irritated or tired.

Sarah: Uh uh.

Minah: And then I’m saying does Zizo get a grant? Says yes, but all that money goes to her food and she’s eating veg and then even the money that the father brought, sent, that 300. She bought milk.
Nomonde: And then ke ngoku akasatyi noo Nestum, she don’t eat Nestum, she is eating Nutrific now.

Minah: What is Nutrifics?

Nomonde: Nutrific is, is same like Wheet-Bix?

Minah: Oh.

Nomonde: But Nutrific is for the children.

Minah: Oh.

Nomonde: It’s the same, but.

Minah: Oh, I don’t know what Nutrific, that’s why...

Nomonde: You don’t know Nutrific?

[...]

Sarah: It’s a new thing?

Minah: Ja, she doesn’t eat Nestum. I’m like Nutrific, I’m like ok. (Giggling).

Nomonde: Because mos le nto i...i le nto, i-expensive.

Minah: !Wheetbix?

Nomonde: !Wheetbi...i...ha-ha, no.

Unknown: Ziqinile for umtwana.

Nomonde: INestum.

Minah: Oh ok.

Sarah: Oh, it’s just like, Nutrific.

Nomonde: Ja.

Sarah: It’s just like Wheet-Bix, but it’s cheaper. Is that what she’s saying?

Minah: No, they say it’s softer for your kids.

Sarah: Oh.
Nomonde: Kufuneka nepapa ke.

Minah: Isidudu?

Nomonde: Kufuneka amtshi...Ewe, kufuneka ndimphekele, ndim-change(e), ibe sisidudu, iphindle ibe yiNutrific, emini ibe yi veg.

Minah: Oh, she cooks porridge, she mixes it.

Nomonde: And kufuneka ndibe ne butter.

Minah: Ne butter?

Nomonde: Oko, kufuneka ndibene butter.

Minah: For i veg.

Nomonde: Kufuneka ndiyithenge ibutte, for iveg, and for ne ... ne ... nepapa.

Minah: And then she must have bought...

Nomonde: Because ifish oil andazi noba [Inaudible]

Minah: Oh, then she buys butter every day. Every month. So that for the porridge and then you cook the porridge in butter.

Sarah: Ok.

Nomonde’s attention to detail and the listing of products and their prices illustrate her efforts to make sure the baby has what she needs on a very constrained budget. It also illustrates how little a mother can buy with her child grant money.

Breastfeeding is a “free” and nutritious option for all participants, but although strictly promoted by the antenatal and postnatal clinics and firmly advocated for by Minah, few participants exclusively breastfed. Women spoke about needing flexibility to search for work or start a job and also the fear that their breast milk was not adequate. Women spoke about supplementing their breast milk with maize cereal (pap) for babies
as young as two weeks old. Unfortunately, formula and baby food became a huge expense for many women, which caused them additional stress.

For example, Zipho chooses to bottle feed so she can continue to attend high school, but finds that her child welfare grant—her only source of income—is only enough to buy formula and diapers, not pay for daycare:

Minah: I was asking if she’s got the grant says yes. So I was saying how is she gonna get the money for the crèche [daycare] says she doesn’t know.

Sarah: Uhm.

Minah: Because like it’s one, almost like the money gets finished on the milk and nappies.

Sarah: So you’re not breastfeeding him anymore? Oh you couldn’t cause you were at school...

[MO28_07; spoken and transcribed in English]

Zipho ends up missing so much school that she is threatened with expulsion and is not able to pass her high school exit exams.

Masindi is still exclusively breastfeeding, but has started to worry that her breast milk will not continue to be sufficient for her growing baby:

Minah: Njengokuba ekhula nje lomntu uyambona. Ungathi uyakwazi ngoku nje ngokuba unalomntana njena okanye kule veki iphelileyo uyakwazi ukumelana nezinto, ingxaki. So uyaphumelela ukumelana nezinto okwangoku

But this little one is growing look at him. Can you say you able to manage since you have this child or did you cope with things or problems you had last week. So are managing with things at the moment?


I do think about the problems since he is growing and I am breast feeding and as the times goes on he will not get full those are the problems I am facing but they not here I will see them by that time. I can say that
Minah: She says she can say she is coping at the moment because the only thing that she will think she will worry about is like when he can’t drink he wants solid food.

Sowumenzele igrant?

Have you applied for the government grant?

Masindi: Umh andikamenzeli, inokuba ndizokwenza icertificate next week senziwa ngolwesibini

Umh I have not applied for it, certificates are only done on Tuesdays
[M030_03; transcribed into Xhosa and English; Xhosa translated by The Typing Pool]

Masindi’s best hope for feeding her child once he is weaned is the government grant.

Busi has already determined that her breast milk is not sufficient, so she has started to supplement with formula:

Sarah: Just breastfeeding or did you feed him, too?
Minah: Ubumncancisa ibele lodwa?
Busi: Ha-a. Ibele ebenga ... ebelincanca nje, bekunegkhonto iphumayo.
Minah: Oh. Says like...
Busi: That’s why bendimnika nePelagorn.
Minah: Oh, says like the, the, the, the breast, he was sucking, but there was not much coming out. That’s why she decided to give him Pelagorn.
Busi: Because sometimes bendithi ngoku ndiqqiba kumncancisa, abe elangazelela ibhotile, ayincance ayigqibe.
Minah: Said they like, she will feed him and then he’ll be crying, so what she did she will put, while she’s gonna feed him, do the bottle and then — [to the baby] I’m not talking to you. I’m talking to Sarah.

(Laughing)

Minah: And then will give him the bottle also.
Sarah: Ok.
Minah: Ja. [Yes]
Sarah: Uhm. Have you, so how do you know if your, if your breast isn’t making enough milk?

Minah: Uyazi kanjani ukuba ibele lakho alinabisi elininzi?

Busi: Lento lisoloko, ever linje, litwaku-twaku.

Minah: It’s twuk twuk. It’s very...

Sarah: Twuk twuk?

Minah: Twuk twuk.

Busi: Soft.

Sarah: It’s soft.

(Laughing).

Minah: Twuk twuk. It’s a good thing there are no men standing there.

(Giggling).

Sarah: Ok. Oh, so you feel there’s not a lot of milk in it?

Minah: Ja. [Yes]

Sarah: Ok.

Minah: And then uye alile umntwana?

Busi: Uhm um.

Minah: Kakhulu?

Busi: Uhm um.

Minah: Ok. I was asking does the...

Busi: Alitsale, alitsale, akhale.

Minah: Says like he will be sucking, sucking and crying then there’s no milk.

Sarah: Oh ok. Ok.

Because her breasts seem soft and deflated and her baby cries when he tries to feed,

Busi began to supplement with formula, though she has no source of income besides
the child grant and the occasional generosity of her best friend. For most women who choose to exclusively bottle-feed or supplement their breast milk with formula, buying the formula was a financial hardship and often made food insecurity in their household more acute. However, women did not take the decision to breast or bottle-feed lightly, but tried to choose a strategy that fit best with their perceived needs, lifestyle, and goals for the immediate future.

5.3.4 DISCUSSION: FOOD INSECURITY

As my participants’ narratives demonstrate in this section, food insecurity frames how they understand kin and social relationships, and their place within them. They see in their family’s willingness to help with food procurement that they care and love them. A mother’s love especially is spoken about in pragmatic terms, like “providing for;” but this does not reduce the mother-child relationship to an instrumental one—rather, it frames love with all of its affective and emotional components as linked to provision; that is the way that a mother “shows” her love (see Chapter 6).

With a new baby, the struggles and negotiations to make sure there is enough food takes on a greater significance with responsibility for a young, fragile life. Even when she is supported by an elder, her own mother perhaps, a Xhosa mother knows that she bears the ultimate responsibility for her own children getting fed. Thus, even when Nomonde’s mother is still alive and putting food on the table, Nomonde imagines that the first thing she would do with modest lotto winnings is buy food specifically for her baby. Even when food is momentarily made available by her baby’s father’s child support payment, Siyawaba “worries” about having enough formula for her infant.
Xhosa households are comprised of family with various degrees of relatedness, whose obligations to each other vary according to gender, age, and sentiment. In an ideal world with ample resources, everyone would get what they needed regardless of strength of ties or position within the family structure. However, with frequent scarcity of basic necessities, family dynamics are strained and normative mechanisms that are in place to ensure everyone’s survival breakdown (Mosoetsa 2011; Sagner and Mtati 1999). In these fragile situations, mothers of young children find themselves in challenging situation: as younger members of the household, they can count on being the recipients of resources, but as the mothers of their own children, they must also be agents in securing resources for them. They are often not alone in their efforts to provide for their children: often, elders that provide for the young mother also provide for her children. For example, in Nomonde’s household, her mother ensured that resources were allocated so that all her adult children and her grandchildren were fed. However, in households like Siyawaba’s where the household head was her surrogate aunt, Siyawaba knew that the aunt’s “obligation” to her was tenuous since she was not true kin. And Busi, who had no elders or extended family, was the sole provider (along with her chronically unemployed boyfriend) for herself and her children. Nevertheless, in all three scenarios, mothers felt the burden of responsibility for mobilizing resources for themselves and their children. FIGURE 7 illustrates the typical resources available to a mother in the study. In this model, the mother envelopes the children in her sphere, representing that she will (ideally) ultimately provide for them. An elder, often her own mother, provides much of what she needs to house, clothe, and feed her children and
herself. The different fathers of the children provide somewhat for their needs as well; this is sometimes spread unequally among the children according to the generosity and ability of their own father. Mothers will struggle to make up the shortfalls so that each of their children has equal resources. Sometimes the father’s family will also contribute money to raising their grandchild. The mother manages all of these different, shifting sources of income as well as tries to make up for gaps (gray shaded areas).

![Figure 7. Model of various resources a mother may be able to mobilize for herself and her children](image)

5.4 VIOLENCE

Many participants are witnesses to or victims of violence, or have family members who are victims. They describe distressing incidents that happened in the past, as well as told us when things happened to them or their loved ones as the study progressed. The most
common types of violence that participants spoke about involved neighbors and loved ones as victims of stabbings and gun deaths. As victims themselves, participants reported various forms of gender violence.

All participants dealt with the ubiquity and risk of violence. In some respects violence was seen as a “normal” part of everyday life; this normalization was expressed in humor and dismissive language. But by contrast, participants were also sensitized to violence, which they expressed through the body through umbilini, a transient panic “attack” that predicts harm to family members.

5.4.1 IN THE NEIGHBORHOOD

The ubiquity of violence in participants’ neighborhoods and among their acquaintances creates a highly charged environment where people perceive themselves at risk. Sometimes, the omnipresence also makes violence a “normal” occurrence where participants tell stories in a matter-of-fact or light-hearted way; however, when recounting stories where they or their family are victims of violence, fear and heartbreak are more common emotions.

Sisiwe lives in a notoriously dangerous section of the township. Visiting her neighborhood was one of the only times I saw Minah visibly tense while driving to a home visit. During this interview, Sisiwe tells us the story of her friend who was murdered outside of her shack. She was a witness to the murder and was called to testify in the court case:

Siswe: It was May in the same yard where I’m staying ne but not in my house in the other one here when you are come in it’s in left hand side ne.
Minah: Uhm. [Yes]

Siswe: That house was a shebeen [unlicensed bar] ne so my, one of my friends was sitting there and this guy [who] stay[s] near my house [...] so both of them we have a quarrel ne so this guy touch, touch this lady ne, so this lady said “no don’t do this if my boyfriend come in he would never like what you are doing to me.”

Sarah: So he was touching her body?

Siswe: Yes. This guy stop and this guy start again. So this lady take a bottle of [alcohol] ne and wham with this guy and put it in.

Sarah: Hit him on the head with it?

Siswe: Yes on the head but there is no scar, there is not nothing but the, the bottle was cracked. So this guy stand and got out of the shack and go to his house. [He] came back, he came back. When he came back he called this lady ne he said “you must come out” and even this lady, this lady was drunk, [s]he [went outside]. When this lady came out this guy take out the knife and stab [her], this lady. So we take, we organise a transport so it was me and the sister of this lady take this lady here at the [clinic].

Sarah: Wow!

Siswe: It’s not even five minutes the doctor call me and say no it’s finished.

Sarah: She bled to death.

Siswe: Uhm. [Yes]

Sarah: Wow.

Minah: Did he stab her too much?

Sarah: Where did he stab her?

Siswe: One.

Minah: One?

Siswe: Just one wound, ja [yes].

[M034_06; spoken and transcribed in English]

Places where you can buy and drink alcohol, like shebeens (informal bars), are abundant in the township. Shebeens are often in small shacks that are nestled in between shacks that are family homes. Thus, intoxicated patrons are part of the daily scene of many
neighborhoods. The fact that it was Sisiwe’s friend that was a victim of this incident was upsetting to Sisiwe, but she had likely witnessed other acts of violence and disruption as both a patron and a neighbor.

Visiting Busi at her home, a cozy two-room shack with improvised amenities like a bench seat of a van repurposed into a couch, she and Minah discuss her troublesome neighbors. On our previous visit, a police cruiser had been parked outside her neighbor’s shack:

Minah: And the one who was waye banjiwe what happened? Kula mzu phambi kwakho waphuma?

Busi: Oh hayi wa waphuma kwangoko.

Minah: Oh.

Busi: Waphuma.

Minah: And then zange akhangele abo Bantu babe mbambisile?

Busi: Uhm uhm.

Minah: I was asking about...

Busi: Iski ngathio man ikwayi cabayi waye banjelwe igun cabayi abantwana bapha ngela xesha babe stout.

Minah: Uh.

Busi: Yena umdala wathatha igun yabo so ke wabanjwa ngama polisa nalo gun.

Minah: Oh.

Busi: So ke ngoku bekuvuka elo tyala.

Minah: Oh no, I was asking about that guy, if he, he came out of prison, says yes, he came up, they say, kwanga la mini?

Busi: Uh uh.

Minah: Saying they...
Busi: Wabuya kwanga la mini.

Minah: Same day.

Sarah: The neighbour?

Minah: But he was not arrested for selling weed. He was arrested, he bought a stolen, he took a stolen gun from, they were kids who were robbing and, and then he took that gun from them and he got arrested with that gun.

Sarah: Oh. Oh ok. And they, but they obviously didn’t press charges. They just let him out.

Minah: Ja. Uza kumphinda aye kuxoxa?

Busi: Andifuni kuxoka ke andiyazi?

Minah: Awuyazi. Yes, ok, she doesn’t know the other details. Nanana, nanana…

Busi: Ba nangoku zendive ba igun ngeli xesha ba xoxisanayo no brother bakhe xa bathi wena wawui thathela ntoni igun eyayinga siyo yakho wogqiba uba mdala.

Minah: Oh, she only overheard when the, he was talking with the brothers and they say why did you take a gun that is not yours and you are old [enough to know better].

Sarah: And then what did he say?

Minah: Wathini, zangu mve xa aphendulayo?

Busi: Bagwexa bafuna ukuhlabana.

Minah: Oh, they nearly stabbed each other.

Sarah: The brothers were fighting?

Busi: Yes.

Like Sisiwe, Busi lives with her young children in close proximity to criminality and violence. She tells this story in hushed tones and does not want to share many details. She is aware that her neighbors can see her home just as well as she can see theirs. After all, she knows about their misdeeds because she overheard them talking. Busi takes care to not be similarly eavesdropped on.
5.4.2 TOWARD FAMILY MEMBERS AND PARTNERS

The ubiquity of violence means that no one is immune. Women share stories of their family members who had been victims of violence, sometimes fatally. To an outsider, the narrative style often seems to be at odds with the stories’ content, with the stories told in an impassive way, with not much discernible emotion. This seeming incongruity conforms to a cultural norm of showing emotional restraint once a certain amount of time has passed from the event. Different events have different normative time frames—a participant whose school-aged child died in an accident was “expected” to grieve for a year or more; whereas women who miscarried were told within a few weeks to cease crying lest they make it difficult to conceive again.

Responding to the survey question on the Risk Factor Assessment, “I have had some very difficult things happen to me in the last year,” Siyawaba shares the story of how her cousin was stabbed for using her landlady’s washing line:

Sarah: Ok. Umm, I have had some very difficult things happen to me in the last year like, losing someone close to me, losing my job, moving home, and things like that.

Siyawaba: There’s only when I lose my cousin.

Sarah: You lost your cousin.

Siyawaba: Uh. [Yes]

Sarah: When was that?

Siyawaba: That wasn’t a year ago.

Sarah: Ok.

Siyawaba: It was three years ago.
Sarah: Was that very hard?

Siyawaba: Uh. [Yes]

Sarah: What happened?

Siyawaba: She was stabbed because of line for the washing.

Minah: The washing?

Siyawaba: Uh. [Yes]

Sarah: What do you mean?

Siyawaba: She was stabbed to death for the washing... the line.

Minah: Washing line.

Sarah: Someone wanted to steal the washing line?

Siyawaba: No. Umm, she was renting from another house... with other people at the back [renting a shack in the backyard].

Sarah: Ok.

Siyawaba: So she washed her [...] her kids clothes. There was no washing on the line and she used it. When the lady come back, she take all the clothes and put it in the sand. When she ask why, the lady take a knife and she was like, um— the other baby of my cousin was at the back of my cousin [was wrapped tightly with a towel to her back]— and someone calls her and says, “she’s carrying a knife after you!” and she was looking at the woman [who spoke] and the [other] woman stabs her two times” [smacking sound]

Sarah: In her chest?

Siyawaba: yes

Sarah: so this woman lived in the same [house] as your cousin? And she stabbed her? Is she crazy?

Siyawaba: I don’t know.

Sarah: So did the baby live? And your cousin died.

Siyawaba: yes, she lived. She’s five, six years old now.

Sarah: Who is taking care of her?

Siyawaba: my cousin’s mother
Minah later explained to me that this kind of violence was neither “crazy” (as I had assumed) nor rare. She said in the cramped neighborhoods of the township, people were often driven to violence by seemingly petty missteps or misunderstandings. Washing lines in particular may be charged domains especially for women who are in charge of doing the household’s washing. Washing lines hang between shacks and occasionally across property lines, and hanging laundry is also vulnerable to theft. One day while Minah and I hiked up a bumpy dirt road to get to a participant’s home, we had to weave through some laundry hanging on drooping washing lines. Minah surprised me by whispering a stern warning that I not brush up against anyone’s laundry, even though there did not seem to be anyone around. Rather than being a “random act” of violence, as I originally assumed, washing line violence may be specifically gendered as well as reflect tensions of high density living and blurred lines between public and private zones.

Nolitha explains how her school-aged son often gets injured playing in the street outside of her shack. The dirt road is littered with trash like broken bottles. Homeowners do try to keep the areas around their houses and shacks clean, but front yards blend in with dirt roads and the amount of trash that is dropped or blown in by the constant Cape winds makes for relentless upkeep:

Nolitha: They are playing together but that time we... he was go there, problem man –maney wele hlatywe yiglasi apha phantsi kwenyawo ukhe ubone.

Minah: He got like, a glass thing underneath.

Nolitha: Uh-huh. [Yes]

Sarah: Oh he stepped on a piece of glass.
Minah: Yeah.

Nolitha: Uh-huh. [Yes]

Sarah: Oh. So he was... he was in pain. He...

Nolitha: Uh, he was still in pain. Because mna ndandiyikhuphe mna ngezolo la glasi.

Minah: She took it out one day ago.

Nolitha: Uh-huh. So...

Minah: The day...

Nolitha: The day before.

Sarah: Oh, the day before.

Nolitha: Uh-huh.

Then, Nolitha mentions that the very day that we visited her home, her son—whom we saw playing with a discarded suitcase in the street—was injured by a car. The car ran over his foot. Also on that day, she mentions almost as an aside, her boyfriend was stabbed by robbers:

Nolitha: And iwesi ke heyi ke sana watshayiswa yimoto enyaweni.

Minah: Hayibo!

Nolitha: Kwakwela nyawo.

Minah: Hayibo are you joking. [He] got like... [he] was hit by a car in the same [neighbor]hood that day.

Sarah: Wait, what? What?

Nolitha: On that day you was there to my home.

Sarah: Yeah.

Nolitha: The car was – ndizothini na ndizakuthi yayimnyathele ngaphezulu. – The car was...
Minah: Step in him.

Nolitha: Uh-huh.

Minah: His feet.

Sarah: A car ran over his foot?

Minah: Yeah.

Nolitha: Uh, but I don’t know who.

Sarah: How?

Minah: Wamthatha wamsa ekliniiki.

Nolitha: Mhhh ndamzisa apha eKTC.

Minah: Yho unjani ngoku.

Nolitha: Uright.

Minah: The car stepped on his foot.

Sarah: But it wasn’t broken.

Nolitha: Uh-uh. [Yes]

Sarah: Shame that’s good because kid’s bones are like, soft so they could just...

Nolitha: Iboyfriend yam yahlatywa same day.

Minah: Then her boyfriend was stabbed the same day.

Sarah: You boyfriend was stabbed on Friday?

Nolitha: Uh-huh. [Yes]

Sarah: Is he ok?

Nolitha: [Giggles] he is fine. He is fine.

[M006_03]

Nolitha laughs while telling the story as if having her son injured by a car and her boyfriend a victim of violence was just “one of those days” in her neighborhood.
By contrast, Mbali is visibly upset when she tells us the story of how her grandfather was robbed and murdered coming from the welfare office where he received his monthly pension. This occurred in the rural area, but still contributes emotionally and symbolically to Mbali’s sense of violence in her world:

Minah: Zange wabanayo mhlawumbi ufumanise uba heyi ingathi uyothuka into ezinjalo zange ube nazo ezozinto. Okay, Uyabona ayinzimanga ke. So awufuni undibalisele nje uba bekwenzekel ntomi na kutamkhulu wakhulu wakho heyi utamkhulu wakho eбегула and then weva kanjani uba usweleklele.

You have never had maybe where you feel like you are frightened, things like that. Can you see this (survey) is not difficult? Can you please tell me what happened to your grandfather. Was he sick and how did you find out that he died?

Mbali: Utamkhulu wam khange agule.

My grandfather was not sick.

Minah: Ebengakanani?

How old was he?

Mbali: Qha ucholwe evela epeyini. So wayewarojwa ke.

They found him, coming from getting his pension, so they robbed him.

Minah: Bamhlaba.

Did they stab him?

Mbali: Bambetha mos utata ucholwe esuka khange agule.

They beat him up, so they found him. He did not get sick.

Minah: Bayaziwa abo bantu.

Do they know those people?

Mbali: Mhh babanjiwe. Like yena ebeseye emdala ukuba mdala ebekhange abe kanti uguile alale ebhedeni.

Yes, they’ve been arrested. He was already an old man. He had never been sick [or] admitted in hospital.
Minah: Bambethe ngantoni.

What did they use to hit him?

Mbali: Bambethe ngezinto bambethe apha entloko bamhlaba naso.

They beat him, here in the head, and also stabbed him.

Minah: Yho. Bayithatha yonke imali

Yho. Did they take the money?

Mbali: Mhhh.

Yes.

Minah: Nive ngabani nina.

Who told you?

Mbali: Ubonwe nagabantu ebesendaleleni mos ubonwe ngabantu ebesbeuka epeyini nabo.

He was found by people. He was on the road. He was found by other people coming from the pension.

Minah: Ngoku bamrobhayo.

While they were robbing him?

Mbali: Mhh ngoku sekegqibile ukumrobha caba ebehamba yedwa. But akukudanga.

No, after they finished robbing him. He was walking alone, but he was not that far.

Minah: So shame ngoku ninjani nina.

Shame, how are you guys?

Mbali: Hayi siright.

We are fine.

Minah: Beninjani kuleveki iphelileyo.

How were you last week?

Mbali: Bekukubi kaloku.

It was very bad.

_Yho shame. So it did not affect the (unborn) baby? You didn’t stress too much?_

Mbali: Ha ahaa!

_No._

Minah: Yho shame uxolo uyeva uxxolo shame kakhulu.

_Yho shame, please be fine. Sorry._

Mbali: Okay enkosi.

_Okay, thanks._

Minah: Uxolo shame kakhulu shame bendi ngayazi.

_Sorry, shame, shame, but I didn’t know._

Mbali’s grandfather’s murder had occurred just the week before the interview and it still upsets her to think about it. When Minah asks her how she is, she answers with the normative “I’m fine,” but when Minah asks specifically about the death, she says that her whole family was very upset at the time (“it was very bad”). Asking if her stress affected the baby, Minah reveals another consideration that may contribute to participants’ lack of affect when telling some of these violent stories: there is a pervasive belief among participants and the nurses at the clinic (who are also Xhosa) that women who are pregnant and breastfeeding can negatively affect their fetus and breast milk production by being “stressed.” Thus, part of being a “good” Xhosa mother is controlling your negative emotions while pregnant and breastfeeding.

Although the death of Nomonde’s two brothers and father happened several years earlier, she explains that her feelings of sadness are ongoing:
Minah: So how do you feel about your brothers and your dad who passed away? Do you still think about them?

Nomonde: Ja, I’m still thinking sometimes.

Minah: Are you still sad when you think about them? Do you know what makes you sad? Just that you miss them?

Nomonde: I miss my father, even my brothers, because I see the friends of my brothers. If I see a friend of my brothers, I’m not right because I say oh, my brother.

Minah: Would have been here?

Nomonde: Ja. [yes]

Minah: I also lost my brother last few weeks.

Nomonde: Oh, shame, sorry.

Minah: So I know what you’re talking about.

[M017_01]

Furthermore, in the following interview, in response to a survey question from the EPDS about insomnia, Nomonde shares with us that her brother’s murder haunts her dreams:

Minah: Uthi like kwezintsuku ungalali kuzo kutheni. Sube mhalwumbi uphuphe kakubi sube intone mhlawumbi ekwenza ungakwazi ulala.

In those days that you’re not able to sleep, do you know the reason? What is the reason that makes you not able to sleep?

Nomonde: Sube ndiphuphe kakubi.

Bad dreams.

Minah: Ok, it’s like bad dreams. It’s like when she had a nightmare.

Sarah: Excuse me, when you have nightmares.

Nomonde: Uh. [Yes]

Sarah: What are they about?

Minah: Zingantoni. Uyakwazi uwakhumbula amaphupha wako.
What is about? Are you able to remember your dreams?

Nomonde: Eeh sometimes zi like ubrother wam owaswelekyo ndiphuphe yena ingathi ndihlelinaye kwenzeka lonto yenzekayo uyabona. Sometimes ndiphuphe ingathi sihleli netshomi zethu siyabaleka sifuna udutyulwa sifuna uhlatywa into ezinjalo.

Yes sometimes. Like my brother who passed away, I dreamt that I was sitting with him and then what happened to him, it happens. Sometimes I dream as if I’m sitting with our friends, we are running, someone is trying to shoot us, or being stabbed, things like that.

Minah: Kwakwenzeke ntoni kubrother wakho?

What happened to your brother?

Nomonde: Ubrother wam wadutyulwa esistratweni sam.

My brother was shot in our street.

Minah: So everytime iyafika lanto ingathi iyeneka.

So does that come often to you as if it was still happening?

Nomonde: But xa ndiphuphayo ingathi usekhona kweliphupha ndikulo ingathi Ukhona like.

When I’m dreaming, it’s like he’s still around, like he is still around, he hasn’t been shot.

Minah: Akakadutyulwa.

As if he’s not shot.

Nomonde: Eeh ukhona ndiphupha ekhona engekafi yinto enjalo.

Yes, I have a dream that he’s still alive, that he’s not dead.

Minah: So like, sometimes like, some of the dreams that she has is like, she will have a dream that maybe dream about her brother who passed away – who was shot – and then she will have a dream that he is there – he is alive – and sometimes they would be sitting with her friends and then they are running – someone is trying to shoot them.

In this context, Nomonde explains that her nightmares are a cause of a recent bout of insomnia, but they also recount a frightening and upsetting act of violence and her enduring sadness at losing her brother. Participants were often reluctant to recount
their dreams. Dream interpretation is usually the domain of traditional healers.

Nomonde’s explanation of her dream was rare and memorable in its vividness.

In sum, violence is perceived as so ubiquitous in participants’ lives, it is almost a “normal” occurrence. Watching neighbors and family members be frequent victims heightens women’s sense of risk and danger. They often try to downplay or brush off any negative feelings, but on occasion, the violence hits very close to home leaving women visibly shaken or devastated.

5.4.3 GENDER VIOLENCE

When participants discussed being victims of violence themselves, they were most likely afflicted by gender violence, such as intimate partner violence or rape; or they suffered abuse at the hands of the nurse-midwives at the public maternity clinics.

5.4.3.1 INTIMATE PARTNER VIOLENCE

Three participants were currently in relationships where they were regularly physically or emotionally abused by their partners, but several participants told us stories of experiences in the past with abusive partners. Although there may be some tolerance of intimate partner violence in the Xhosa community (e.g. Minah remembers hearing from her older sister’s friends when she was growing up, “if your boyfriend doesn’t hit you, he doesn’t really love you;” see also Wood and Jewkes 2007), in general, women seemed to feel that it was not okay to be beaten by their partner and knew that there were cultural resources (convening your husband’s family to request an intervention) and community resources (an intimate partner violence project gave periodic
presentations at the antenatal clinic; calling the police who would give a warning to or arrest the abuser) to combat intimate partner violence.

In our first interview Nonyameko had just heard the presentation given by the intimate partner violence prevention project in the clinic waiting room, and perhaps for this reason, was willing to speak at length about her experience with violence at the hands of her husband. Here, she shares her sadness and sense of defeat at being married to a man who has physically and emotionally abused her since the beginning of her marriage:


I got married the Xhosa way. Even when we stayed together, it was not nice in marriage [akwabimnandi emtshatweni]. There were things that were hurtful/sad [ezibuhlungu lit. sore]. Maybe he will hit you. You see things like that but you have to persevere [unyamezele] because you’re not working. Because they’re going to be the one supporting you [support=usapota]. Because my father died in 2002 and now we’re staying with our mother because she just got her grant [pension]. Because my mother didn’t have the grant, now you are dependent on your husband [ngoku uxhomekeke kuey ke ngoku].

Minah: Mmm [yes]

Nonyameko: Utatam uqale watshona ngo202

First my dad passed away in 2002

Minah: Mmm [yes]

Nonyameko: And then sihlala nomama. Kuba nomama usandofumana igranti. Ebekade engenayo. So uqonde sixhomekeke kuye kengoku

And then we stayed with our mother. My mom only recently got her [pension] grant. She did not have it all this while. So he knows we depend on him now

Minah: Kuye nonke?
Nonyameko explains that her financial dependence on her husband is the reason she is defenseless against his abuse. She suggests that perhaps if her mother had had a source of income, like her pension, she would have helped her support her children (she has one child with her husband; is pregnant with another one; and also cares for his child from a previous relationship) and she could have left her husband, or perhaps just leveraged it as a threat. Having no money, she feels her only option is to accept his abuse (see also May and Norton 1997:103).

Later in the interview Nonyameko delves deeper into her desperation that because she is financially dependent on her husband, she is at his mercy:

Minah: Ok. So how do you feel njoba umyeni wakho ekuphethe nje?

Ok. So how do you feel about your husband hitting you?

Nonyameko: Ay, andivakakhle, kulento yokuba ekubethe uyabona? Qha ke sendtsho kuba uye uxakwe ukuba mawuthini

Ay. I don’t feel right, the fact that he hits you you see? But I mean because you don’t know what else to do.

Minah: Mawuthini?

What to do?

Nonyameko: Ndiyenza neeCourse, ndakhe ndenza icourse yeCashier apha ndingafumani msebenzi, ndiyazama Ndingafumane msebenzi, ndihlale

I did courses, I did a cashier course here, I wasn’t getting any work, I tried, I wasn’t getting any work, I just did nothing
Minah: Ucinga xa unophangela, ungakwazi noko ukuzimela?

You think if you were to work, you think you’d be able to stand on your own?

Nonyameko: Xa ndingaphangela, ndingakwazi ukuzimela, ingathi umshiya, ndingamshiya

If I were to work, I would be able to stand on my own, it seems leaving him, I would even leave him

Minah: Ungamshiya nomshiya? Kutheni unga... Awukwazi uyoxelela onontlalontle ukuba kwenzeka ntoni, okanye oyoyika?

You would even leave him? Why don’t you... Can’t you tell the Social Worker what is going on, or are you scared to?

Nonyameko: Sakhe saya ePhillipi Court, sendtsho kwathiwa nje, ndinikwa nje iCourt Interdictukuba angandi bethi, nton, nton, into ezinjalo

We went to Phillipi Court, I mean they just said, they give my just a court interdict so that he doesn’t hit me, and stuff, things like that

Minah: Mmmm [okay]

Nonyameko: Kodwa nalapho andivanto, kuba ndibabuhlungu, uba mhlawumbi uye akandibetha, xa umntu ekuthandanela, akuzubamnandi, uzova kabuhlungu

But even then I didn’t feel anything, because it hurts, if maybe he doesn’t hit you, but he is cheating on you, it doesn’t feel nice, you feel hurt

Minah: Mmm and uzokuphathele neezifo

Yes and he will bring you diseases

Nonyameko: Uyabona?

Yes, you see?

[M008_01; spoken and translated in Xhosa; translated into English by WG]

Nonyameko explains that she has tried training for a job, but was unable to find work; she also took her husband to court and they told him that if he beat her again, he would be arrested. That stopped the physical abuse, she said, but it did not stop his flagrant adultery that she finds painfully disrespectful or his upsetting emotional abuse.

Nokhanyo, by contrast, only mentioned to me at our very last encounter that her
boyfriend, who was the father of her two children (including the one she gave birth to during this study), regularly beat her. With this knowledge, I was able to reflect on our previous interviews and make better sense of her anxiety about accepting his eager invitation to live with him and his family in his mother’s home. It also helped explain why she was so elated to get a part time job: like Nonyameko, having her own income made her feel less vulnerable: if he beat her, she could threaten to leave, or actually leave; she also did not have to ask him for money, which may have incited his abusive.

Sisinde and Sisiwe described vividly abusive relationships they had in the past. Sisinde had two small scars on either side of her nose and explained to us that that was when her previous boyfriend smashed her face with a brick so she “wouldn’t be beautiful anymore.” Sisiwe showed us scars on her chest and abdomen from where a previous boyfriend had stabbed her:

Minah: Heh waphalela phi?
Sisiwe: Ubani?

Minah: Lo boyfriend yakho.

Minah: Yhu!
Sisiwe: Nase mqolo nalapha ezingalweni.
Sarah: He stabbed you?
Minah: Wayetshaya.
Sisiwe: Mhhh inoba wayezitya sambhaqa sekulate inoba wayezitya ezilantuka.
Minah: Yhu usaphila.
Sisiwe: Mhhh uyaphila.
Minah: Unjani xa ekubonayo.
Sisiwe: Uyaphila ndiva nje akasahlali apha eNyanga East ngoku.
Minah: Yhu waye rongo mos yini ade akihlabe ingathi ulwa nomntu.
Sisiwe: Yho not kanye.
Minah: She says like even at the back she’s got like wounds.
Sarah: Is he the father of your, of any of your children?
Sisiwe: Yes, one of my father, my children.
Sarah: One, ok.

[M034_02; spoken and transcribed in Xhosa and English]

5.4.3.2 RAPE

Four participants told us stories of times they had been raped. Two were raped by strangers—a burglar, and a gang rape—one was raped by an acquaintance, and one was raped multiple times by her husband. All four participants seemed encouraged to tell us their stories when we asked the question on the RFA, “I have experienced some kind of abuse in the past (e.g. physical, emotional, sexual, rape). Yes or no?” Given the high rate of sexual abuse and assault in South Africa (Jewkes and Abrahams 2002), is likely that more participants experienced sexual abuse, assault, or rape, but chose not to disclose it.

Nonyameko first describes her intoxicated husband’s insistence that they have intercourse as “emotional abuse” rather than rape (Wood and Jewkes 2007); she explains how unwelcome his sexual advances are and how powerless she feels:

Minah: Ndifumana ingxaki yokuphatheka kakubi kwixesha elidlulileyo umzekelo ngokwasemzimbeni, ngokwesonto okanye ngokudlwengulwa?
I have had a problem of being mistreated/harassed in the past, for example, physically, sexual harassment, or rape? [RFA Question #7]

Nonyameko: Ngokwa semphefumleni.

Minah: Ngengxa yento ba, yintoni ebangela uncwine?

*Because of what, what makes you groan?*

Nonyameko: Kukukhathazeka.

*Being hurt emotionally.*

Minah: Ikhona nje imini akhe abenice kuwe okanye okoko ehleli enjena?

*Is there any day that he’s nice to you or is he always like this?*

Nonyameko: Senditsho ubanice nje, kuba ayingomntu ukhe abeNoluthando olu open ukhe ubone kuba kaloku ungumntu oselayo.

*Are you just saying being nice because he’s not a person who shows love openly because he’s a person who drinks.*

Minah: So xa eshushu ufikela kuwe?

*So when he’s drunk he comes for you [wants to have sex or beat you]*?

Nonyameko: Ngelinye ixesha ufika angandenzi nto atye nje alale qha.

*Sometimes he comes and he doesn’t do anything, he just eats and goes to bed.*

Minah: Angakuthethisi nokuthethisa? So ikukhathaze wena lono leyo?

*And he doesn’t even talk to you? Does that upset you?*

Nonyameko: Indikhathaze senditsho endlini xa ungalifumaniyo uthando ubako ukukhathazeka ngoba into mhlawumbi xa efuna isex kuse nje yena ukuba ufila ngohlobo khang eanke nto kuwe ubamawonwabe.

*Yes it upsets me because when you doesn’t get the love at home it’s upsetting because when he wants sex, just because he feels that way, but he hasn’t doesn’t done anything to make you happy. [he wants sex but just for his own benefit, so it upsets her that she doesn’t get any love from him]*

Minah: Uba mawonwabe. Then nawe awukwazi ukuthi hayi?

*So that you can happy, but you’re not able to say no?*
Nonyameko: Uzakuthi hayi ngenye imini uphinde uvume uyabona.

You say no one day and then you say yes again, you see.

Minah: Xa uthi hayi uye athini mhlawumbi?

So when you say no, what does he do?

Nonyameko: Ngelinye ixesha mhlawumbi uye ayeke.ngelinye ixesha enze, okanye wena kuba ufuna ukungathethi uqonde ukuba kubhetele kuba uwufuni kuxoxa mandimyeke enze.

Sometimes he listens, sometimes he just goes on [has sex with her anyway], and then sometimes because you don’t want to get into an argument, you just let him do it.

[M008_02; spoken and transcribed in Xhosa; translated into English by MK]

Nonyameko describes how, even when her husband is not beating her (for example, in previous transcript excerpt), he emotionally abuses her. Minah notices that she groans in disgust when she mentions the emotional abuse and probes for more details.

Nonyameko explains that the “emotional abuse” includes coming home drunk in the evening and ignoring her; but it also includes insisting that they have intercourse even when she does not want to. She explains that although he lets her say “no” on occasion, other times he insists and then is not “loving” in the way he treats her during intercourse. Sometimes, she says, she will even agree just to avoid an argument. For Nonyameko, this might not count as “rape” because it is between a husband and wife (and sometimes she says “yes” albeit reluctantly), but she does see it as painful emotional abuse. She is not respected or loved in her relationship; being forced to have sex by her drunk, callous husband is just one painful example of that.

During the course of the research, Nonyameko continues to live with her husband, and during the interviews she grapples with her feelings about his behavior and
strategizes ways to decrease his power over her and stop his abuse. By contrast, the
three other participants who shared stories of rape, had experienced it in the past and,
by their own summation, had emotionally recovered to a certain extent from the
experience.

Zola described a harrowing tale of being home alone with her young child and
being robbed and gang raped by burglars:

Zola: When my child was three and a half years old something happened in that house that
we were staying in. There was a burglary and I was raped and they took all my clothes. I
was selling something there. I was selling sweets and chocolates. They took everything.
They took my money and they took my clothes. I went out with what was on me at that
time.

Minah: Where was the baby?

Zola: They didn’t harm the baby. They only raped me and hit me. Inxeba apha kulendawo le
gun [The wound was here [indicates] from the gun]. They were four guys. They all had
guns and they took everything. He [my then-boyfriend, now-husband] was also there,
but because sometimes he goes out with his friends and goes to drink. He’s not drinking
every time, but weekends he’s drinking and it was Saturday that night. When they came
in I was alone and then they did everything to me and then I went for counseling. I went
back home to stay with my parents again and then my mother said “Look what I told
you. You could have gone out of the house and stay with that man. Look what happened
to you now”. We didn’t get along together with my boyfriend at that time [of the rape].
My child was four years old, and when he was five years old, we broke up. For about
eight months we didn’t… He sometimes comes and gives money for me for the kid, but
after I was raped it was like it was my fault, but I didn’t ask those people to come into
the house and rape me. We didn’t get along very well anymore now that I was raped. I
didn’t know why, but he also went for counseling and then I stayed with my parents and
he stayed with his parents. We got people to rent the house at that time. Then he had
an affair with another lady and then he got a baby there also, but I loved him because
he was my baby’s father. When he came I gave him attention and come look after the
baby and then we go out and we go to town and buy kids clothes and everything. We
didn’t get along like before like the time we were staying together, but for a period of
eight months we didn’t see each other at all. That’s why he had that child and then we
got back together again and we started again and then I had another baby with him.

[M003_01; spoken and transcribed in English]

Zola explains how being a victim of rape almost ended her relationship with her
boyfriend who was also the father of her child. She felt like he blamed her for the
assault and they separated and only started dating again after an eight-month break. During that time he had a child with another woman, but Zola perceives that as a consequence of their separation and decided to resume their relationship because she still loved him (“because he was my baby’s father”). It is unusual among my participants that both she and her boyfriend went to counseling after the incident. Zola in particular spoke of seeing a therapist off and on at her work (she worked for a large corporation) when she was going through difficult times; namely, this assault, her first miscarriage, and the miscarriage she had while a participant in our study.

Zipho told us that she had been raped three years earlier (when she was 16) while she lived with her parents in the rural area, but said that she would wait to tell us the details until she was “ready.” During our seventh interview together (in the seven month of our relationship with her), she told us the story of when she had been attacked and gang raped on the street:

Sarah: No you, do you wanna tell us?

Zipho: [to Minah] She does really want to hear this story. [To Sarah and Minah] It’s not a story I like to tell much but ... there were about five of them, they were ... I, I was home with my mama and papa ... they lived in different ... places but my mama was sick uyabona [you see] ... so I was going to my father, to see my father ... so these guys grabbed me ... they all five of them they did what they wanted to do, they beat me up and all. I even broke a rib.

Minah: Hayibo. [Wow]

Zipho: Ja. [Yes]

Sarah: How old were you?

Zipho: I was sixteen.

Sarah: Uhm. And you were with your dad?
Zipho: I was going to see him.

Sarah: Ok.

Minah: Did you know them?

Zipho: No. I didn’t.

Minah: Did you go to the police?

Zipho: Yes I did but nothing came out of it because then I came here [to Cape Town] and started staying here ... I never looked back.

Zipho’s story is similar to Zola’s in that it described a gang rape by strangers. Zipho was taken by surprise—she did not know the men—and badly beaten as well as raped. She explains later that she took herself to the clinic and the police station, but “nothing ever came of it.” Unlike Zola who freely told us a clear and confident narrative about her assault, Zipho told us reluctantly saying that it is not a story she tells often. In Chapter 8, I return to her story to discuss how Zipho coped with the trauma of her assault.

Zintle was not attacked by strangers, but rather was kidnapped and raped by an acquaintance—the ex-boyfriend of her older sister. Like Nonyameko and Zola, Zintle was prompted to share this story by Question #7 in the RFA. She choked back tears when she tells her story, carefully describing each detail in a long Xhosa-only monologue. I have reproduced the story here, but edited out some large sections for the sake of readability; the cuts are marked with [...] ; her sister’s name has been replaced with “Q” and the rapist’s name with “T”:

Zintle: Hay yayinto embi nyani ibiye yenzeka kudala 2005 kangeko bantu ekhaya, then yayindimi nomtana ka sister wam, then kwakushweleke umalume wami yayindim nomtana kasister wam. Usister wam ephangele then sabe sishiyeka sobayitwo qha, and then noba I think ubeku pha ngo nine su ebusuku.
Yes, it was something very sad, it happened in 2005. And there were no people at home. Then it was me and my sister’s child. Then there was my uncle who passed away and me and my sister’s child. My sister was at work and we were the only two alone at home. Maybe I think it was about 9 at night.

[...]

Nini ababa bafuna u"Q"? bathi kebona ke ewe. Ndithi kudala ndisithi u"Q" akhekho inoba ingathi kuthiwani kuni? and then bathi bona hayi Zintle asizanga ngobungozi khazi zize nje for u"Q". Ndithi kemna ke hayi akhekho u"Q" xandibona yila boyfriend ka "Q" eyakudala le eyabanjwa yayibaniwe phofu.

[Two men come to the door and I say,] “Is it you that are looking for "Q"?” And then they said “Yes.” And I said, “I have been telling you that "Q" is not here. What is it that you don’t understand?!” And then they said, “No Zintle we are not here to endanger you cuz [khazi]. We’re just here for ”Q”. And then I said, “no "Q" is not here.” Then I saw that it was her ex-boyfriend who was arrested. Yeah, the one who had been arrested before.

[...]

Okay bathi okay bayahambe ke ngoku bavala umnyango emve kwemizuzu inoba bebeyo plana something [laughs] inoba bebeyo plana something pha phandle. babuye ba phinde ba qonqoze ndibuze ngubani bathi ekse ndim u"T" ndibuze mna ba ufuna ntoni again athi ndisafuna u"Q" ndathi andimazi ba uphi u"Q" benditshilo nje.

Okay, then they said we are leaving now, and then closed the door for a few minutes. I think they were planning something outside. [laughs] They came back and knocked and I asked who is it? They said, hey [ekse], it’s me "T", and I asked, “what is it that [you] are looking for? Are you still looking for "Q"? I said, I don’t know where she is, I already told you.”

Athi khazi ndicelwe uvule kengoku umnyango, and then ndivule abuze Zintle u"Q" awumazi? lboyfriend yakhe ke ngoku uba uhlaphi? ndithi kengoku ndiyayazi ukuba ihlala phi. ndiyayazi ukuba ihlala phi, but andizukwazi uyokunqonqoza ndishiywe nomntana and kusebusuku.

And he said, cuz, can you please open the door? And then I opened the door, he asked, “Zintle, "Q", you don’t know where "Q" is? Where does her boyfriend stay?” Then I said, “I know where he stays, I know where he stays. But I cannot go there and knock and leave the child alone at night.”

wathi ke yena ke so ke Zintle kuzokufunek ehambe ngenkani because sifuna u"Q" kengoku, ndathi okay usindisa umntana washekaya ndinga hamba because ndiyazi into enicingayo nyani ndihambe sayokufuna u"Q" sithe sisesendleleni ikhona indaweni pha iarea kwaphaye e ktc eyamatyotyombe odwa, bathi ke bona masiyofuna i-eintjie apha before sihambe.

And then he said, “so Zintle, you will have to go with us by force. Because now we want "Q".” And then I said “okay,” so I can save the family from harm. I said “yes, I will go with you because I don’t know what you are thinking for real. Must I go so we can look for "Q"?” While we were still on the road, there is a place in our area there in [a section of the township] near the shack where it’s only the shacks, and then they said they are going to get a loose cigarette [eintjie] before we go.
then okay no problem sahamba and then xasifike ematyotyombeni bathi kengoku uba asisafuni u"Q" ke ngoku. Sizohamba nawe because ndiyabona ba asizusamfumana u"Q" usibalekile and then wena uzokwenza yonke lento ibizokwenziwa ngu"Q", like ndathi kemnake izinto ezinjani ?wathi kemna ke ndiyiboyfriend ka "Q" wena uzoyenya yonke lento ibizokwenziwa xa u"Q" etakele mna. and then ndathi mna andizukwazi and umntana ndimshiyedwa and then andizukwazi uyenza yonke lento oyiyithethayo, wathi uzoyenya ngenkani ok absebeyivula imela ndathi kemna ok no problem subasavula imela masinga xabani masiyeke, ok ikphona indawo ibiseza kokhiwa izindlu so inenduli ngenduli nendluli zesandi.

Then, okay, no problem, we went and then when we got there in the shacks, they said, “now we’re no longer looking for "Q", now we’re going to go with you, because I can see that we are not going to get "Q", she ran way from us, so you are going to do everything that "Q" was going to do.” And I said, “things like what?” And he said, “me, I’m "Q"’s boyfriend, so you’re going to do everything that "Q" was going to do if she came to sleep over with me.” And then I said, “I cannot do that, what about the child that I left alone? I’m not going to be able to do all that you are saying.” And he said, “you are going to do it by force, okay?” And then he was already opening a knife. And then I said, “okay no problem, don’t open a knife, let us not fight, let’s just leave it, okay?” There was a place that was being made ready to build house, but it had small piles of sand.

so wandisa phayana so bathi kebona ke okay ichoice yeyakho sizakubulalele apha? okanye uhambé nathi ehokini siyenze njani? and then bathi bazaku ndibulalele apha ndizozqunwya yisanti ndifele apha. andaziwa ngabazali bam ndathi kemnakhe okay no problem "T" yenza lento oyicingayo. wabesevula imela yabaseyi nqanda ichomie yake. Yathi ukuba yilento into oyicingayo yile?ukuka mawumhlabe qala ukhaphemna ke ndigoduke. itshtshtse ichomie yake no ndikhaphemna ke ndigoduke uphinde ubuye and then uwenze lento oyenza because uzofaka nam etyaleni and then simkhaphe kusebusuku I think seziyi past eleven.

So he took me there, and they said “it’s your choice, we can kill you here or you can go with us in my shack, what should we do?” And then they said they are going to kill me there and then the sand will cover me and then I will die there. And my parents don’t know where I am. So I said, “okay, no problem. “T”, do what you are thinking of.” So he opened the knife again and his friend stopped him. And [his friend] said, “if this is what you’re thinking, that you must stab her, the first thing you must do is accompany me to go home.” His friend changed, and said, “take me home and then you can come back and do what you want to do. Because what you want to do, it’s going to affect me too.” And then we took him home, late at night, round about half past eleven.

Minah: Uphi umama wakho ngeloxesha?

Where was your mother at that time?

Zintle: umama wam ukulomalume wam kaloku kuswelekiwe kuba abe eGugulethu eKhayelitsha hayi ke eGugulethu so kuswelekiwe kufuneka ehleli phayana nguyelo omdala awelcome abantu abafikayo yonke lento. okay kwariqhtsi sahamba sakapha ichomie yakhe sabuya sabuyela kwelibala. kuthi ncwe kwelibala angenza yonke lento ayifunayo andibulale arhombe athini andenze yonke lento ayifunayo.

My mother was with my uncle’s family, she was in [township section Y], no [township section Z], no [township section Y], because there was a death there so we was supposed to stay there because she is the older one so she is supposed to welcome people when they come [to pay their respects]. Okay, it was alright, we went to take his friend home, and then we came back to the
same grounds, it was so silent in these grounds. He could do whatever he wanted to do, and kill me, and dig a hole, do whatever he wanted to do.


And then he said “Zintle, we’re back again, what do you want to do?” And I said, “”T”, I don’t know. And I said, do whatever you are thinking of.” I was not in the right mind, I was just talking. And then he said, “okay then Zintle, let’s go. You are going to everything that “Q” was going to do.” We went to his shack in his home. Let me say, the room it’s connected to [his family’s] house, it’s separated by his shack. It’s like a room, you can hear everything when his parents get in, and then he said, “No Zintle, don’t look around, even whatever you do, you can cry out loud and you can look around, my parents are not going to do anything. They know that I am able to do worse things than I am going to do in this room.”

Ndithule ke mna ke ndilile athi noba ungenza inoise engakanani abazu kwenza nto. Nyani ndayenza inoise ndathini ha ah bakhona abantu bakwelacala bayavakala kwestelacala bayacokola baytha thini zange baze. okay kwak’dala kwak’dala wangena ezingubeni yena walala noba seyingo twelve.kupha kuleqela otwele okanye zileqa o twelve walala yena wathi Zintle kwawuzoku hlala apha uzokwenze lento ibizoyenzwa ngu"Q". Ndithe yizolala ngena phantsi kwengubo, ndithi ke mna ke andizukwazi "T" and umntana uyenza and I think umama wakhe uzobuya ekuseni, because umhlabel i ndibuye ebusuku okay athi u"T" hayi awuzu hamba uzohamba xa ugqiba yonke lento ubuzoyenzwa apha, ngoba u"Q" ebezo hamba ngoseven okanye, ebezo hamba nqofwe, wena uzohamba ngeloxesha elahamba ngayu u"Q".

And then I kept quiet and then I cried. And he said to me, “it doesn’t matter how much noise you make, they will not do anything.” Truly, I did that. I made such noise and I could hear that there are other people on the other side and they’re talking. And they did not even come. Okay, after some time, he went to the blankets to sleep. I think it was around about midnight, maybe a little bit after, and he went to sleep, and then he said, “Zintle, come and sleep, you must come and do what you came here to do, the thing that “Q” was going to do.” He said, “come and sleep under the blankets.” And I said, “I’m not going to be able to, "T", I left the child alone. I think the child’s mother is coming back early hours of the morning, maybe if I come very late, okay?” He said, “no you’re not going to leave here, you’re going to leave here once you finish what you came here to do. Because “Q” would have left here around seven or maybe five, so you’re going to leave here at the same time “Q” would have left.”

Afuna ndikhululile ndangena ngejean wathi Zintle kulu la yenza lento bendithe ibizoyenzwa ngu"Q", awuzuhamba na ngomso uba awuyenzanga lento ndizakutixela apha until uqibe lento bendithe uzokyenyenze. Andizuku fostela mxm ndahala ake endibilisela ngukukoli bakhe wbubula la wahala umama wom mtanakhe, wamkhuba imehlo yonke lento endibilisela ngexesha lakhe etrongweni. he kwakudala walala ndamva utiphile ndaphakama ndazama uku indlako emnyango enguvelikayo ayivuleki kanti uphakamile uhlile ngempundu undjoni gile (yoo)uzilalisile. mxm athi Zintle azuhamba awuzukwazi ukuyivula eyi ndakhala ndakhwaza umama yini mama ndicelo undincede wathula ethi quiet engazukhwaza ha ah wathi Zintle awuzukwenziwa nix ngaphandle uyenze lebendithe yenze le. ndizaku khapha ugoduke kwa betha u-one kwa betha u-two ndangena phantsi kwengeso wandifostela kengoku wandi khululisa.
ngenkani amazantsi zange akhulule amantla wandifostela wayenze lento wenza and then...

*He wanted me to take off my clothes. I went in with my jeans on, and he said, “Zintle, take off this, and do what I said you came to do, the thing that was going to be done by “Q”. You’re not going to leave here tomorrow if you don’t do this thing. I’m going to lock you up until you finish what I said you’re going to do. I’m not going to force you.” Agh [mxm] I just stayed and he was telling me stories of how he was a skollie [criminal] and telling me about how he killed people and stabbed the mother of his child, and took off her eye, things like that, he was telling me. His time in prison, it was such a long time until he passed out and I felt like he was asleep. I stood up and I tried to open the door, and I could not open it, I was not able to open it. Only to find out that he sat up, he’s looking at me. Yho, he was pretending to be sleeping! Agh [mxm], He said, “Zintle, you’re not going to be able to leave here.” When he opened up [his pants], I screamed and screamed. Saying, “Mama, please help me, please help me!” And then, he was like, “Zintle, be quiet, you can scream and scream, there’s nothing that is going to happen, you’re just going to do what I asked you to do. And when you’re done, I’ll release you to go home.” One o’clock passed, two o’clock passed, and I just thought, “okay, let me just get inside the blankets.” And he forced himself now and he took off my clothes by force. He took off all the bottom, he didn’t take off the top part. And then he did what he did and then he did and then...*

Minah: wakureyipha?

*Did he rape you?*

Zintle: mmmm and then noba beku ngo-three walala wavuka ekuseni waphinda wathi ndizophinda Zintle so that uzogoduka caba kengoku ndisenazo ezantlungu uzowo phinda afostele hayi waphinda wafostela hayi ke ebedini kunjani ligazi.

*Yes, I think it was around about 3 o’clock when he fell asleep, and then he woke up early in the morning and he repeated and said, “Repeat, Zintle, so that I can take you home!” But by now, I had the same pains, and he forced himself again. Eish. [Gosh] And he repeated and forced himself and by this time the bed was filled with blood.*

Minah: Wawuqala ubanomntu ulala nomntu?

*Was it the first time for you to sleep with someone?*

Zintle: Ndandi ndandiqala ndandingaqali kaloku ngoba zange kwenziwa ngelahlobo yiboyfriend yam, ebenze ngalo yena.

*It was not my first time, but it was my first time to be done that way [raped], my boyfriend never did it that way [by force].*

Minah: Wopha wena?

*Did you bleed?*

Zintle: ndopha kwaba wrongo ebedini waphinda kodwa still kusasa ndaggiba ndanxiba wathi ndingaku khapha okanye ndingaku thini? inoba ngo to six ndagoduka xandi fika estraatweni sam e-areaeyeni yam ndifika kuphuma imiqomo abantu bekupha imiqomo ekuseni. wabe yena wabona utata wase next door endibona xandi khwaza utata wase next door wabaleka xandi fika
ekhaya ndathi ndanqonqoza kwabe sekusithi gqi usiter wam, wabe esithi Zintle usuka aphi? Zintle, bekungeko usister kwabe sekusekusithi gqhi omnye usisi waphaya estratweni ongu Ayenda Wabe yena ephangela yena eqithi ephangela wabe sebuza Zintle usuka aphi? because kudala ufunwa ukhangelwa, ufunwa? ndathi kemna ndizabalisa xandi fika endlini ndasendi khala ngoku bekuthwa yintoni ndasendi balisa ngoku kwa “Q” kange abuye kwathwa asimazi uba uphi

I bled and became wrong [was sick] in the bed, he repeated again when it was the morning. After that, I got dressed and then he said, “I can accompany you now, or what can I do with you?” Maybe it was around 6:00, then I went home. When I got to my neighborhood, I got there, it was the time of the rubbish collection, and people were taking their rubbish bins in the morning. So one man in my street recognized me from next door. When the man was calling my name, [“T”] ran away. When I got home, I knocked on the door, and my sister suddenly appeared. She was already saying “Zintle where did you come from? Zintle?” And then there was not only my sister but another woman from my street, her name is Ayenda, she was going to work. She was passing by going to work, she also asked Zintle, “where were you? Because it’s been a long time, people have been looking for you.” And then I said, “I’m going to tell everything when I get home.” When I got inside the house, I started crying. And then they were already saying to me, “what’s going on?” And I was telling them what had happened. And they informed me that even “Q” didn’t come back, they don’t know where she is.

[M022_02; spoken and transcribed in Xhosa; translated into English by MK]

Zintle’s story is remarkable in its vivid detail and harrowing in the way she was tricked, manipulated, threatened, intimidated, and raped, all by someone she knew. From her story, the listener and reader get a sense of the perils of the township at night and how a perpetrator can use the dark quiet corners of the township against his victims. Her story also gives rare insight into the life of—what seems to me to be—a sociopathic criminal. Both his friend and family are afraid of him and do nothing to stop or report him even when they are fully aware of his intentions (his friend) and his brutal assault (his family). I heard other shocking stories of brutality, violence, and criminality—Sisiwe’s friend’s murder outside of the bar, described above; as I was writing this chapter, Minah called with news that Nomonde’s adolescent nephew was murdered by a group of twenty eight men as gang retaliation—but Zintle’s story was by far the most gruesome story of psychological and physical violence that I was told. I can only hope that, even amongst the ubiquitous violence of the township, a plot that nefarious is a
rare occurrence.

5.4.3.3 ABUSE AT THE MATERNITY CLINIC

The majority of interviews were carried out in a quiet, mostly unused room at the maternity clinic (MOU), but just being near the MOU staff made some participants reluctant to speak at length about negative experiences they had at the MOU. However, a few participants decided to tell about the abuse they suffered at the hands of nurses at different MOUs, others told us snippets or hinted at their experiences, and a few felt more free to talk once they had given birth and they were no longer under the care of the nurses at the MOU. Some participants mentioned that they had changed MOUs after their previous pregnancy because they had “heard” that the nurses at Our Hope MOU were “nicer.” Others were disappointed that they booked at Our Hope because they heard or knew from experience that Our Hope nurses were the “mean” ones. As their due dates drew closer, several participants mentioned that they were glad they had been transferred to the maternity hospital because of high risk deliveries because nurses at the maternity hospital were perceived as kinder and thought to practice better medicine. During an interview at the MOU, a nurse-midwife walked through the interview room to get some medicine stored in the refrigerator, as she walked out, Sisinde whispered to her infant, “Baby, that’s the nurse that was mean to us when you were born!”

Our interview room was across the hall from the delivery ward, and we passively observed several incidents of insensitivity or abuse. Through the walls we often heard women screaming and nurses yelling at them; on one occasion, we could make out that
a nurse was yelling, “No, you cannot go to the bathroom!” Once we heard a commotion, and listened and watched through the small window in the door while a woman delivered on the floor of the hallway. The nurses joked back and forth as they were helping her deliver because she gave birth so quickly they did not have time to take her leggings off. She was out in the hall because she had not attended her prenatal appointments; this was something that the nurses saw as a transgression and they punished these women by making them wait in the hall. This time, the woman waited so long that she delivered in the hall. Thus, even without studying delivery practices directly, Minah and I came to know some of the callous or even abusive practices of the midwives.

These stories coupled with our own observations from spending so many weeks in the small MOU, it became clear that violence was a common part of the maternity clinic experience for Our Hope township women; similar to what was reported in the literature in other public maternity clinics and hospitals in South Africa (Brown et al 2007; Jewkes et al 1998; Kim and Motsei 2002).

Zola describes the upsetting hospital policy of bringing your miscarried fetus to the clinic in a plastic bag; and also how the nurses treated her callously while she was miscarrying:

Zola: Like for instance me, because I saw the fetus coming out of my womb and then I took it and put it [inaudible] and put it into the plastic and then I brought it to the hospital.

Sarah: Wow.

Minah: So did it happen at home?
Zola: It happened at home at night. So to me I’ve still got that picture of my baby – taking my baby out of the bucket and put it… then put him in a plastic, do you understand.

Sarah: Yeah.

Zola: And it came out of me. So I am still not right.

Sarah: Yeah. Did the doctors to tell you to bring it to them?

Zola: Its because if something… if something like this happens and then you tell them, I had a miscarriage, they want the proof – even if you are bleeding.

Sarah: I see.

Zola: They say, where is the blood we don’t see any blood. You mustn’t come here and make up stories. You are not bleeding. If you are bleeding, you must take the pads that you bleed, you put in a plastic – you must show them.

Sarah: Ok.

Zola: That is what they told us there at the clinic [MOU].

Sarah: You… they said if you have any problems you have to bring proof?

Zola: Any problem, you must bring proof.

Minah: What if it was in the public toilet?

Zola: I don’t know.

Sarah: Shame. Was it… how big was it?

Zola: It was like big as maybe this cell phone.

Sarah: Really?

Zola: But there was the clot around it.

Sarah: Oh.

Zola: Big one.

Sarah: And then did they have to clean out your womb?

Zola: Yes, they did the womb scraping [at Hospital A].

[...]

Sarah: So how did they treat you at the hospital?

Zola: At the hospital I didn’t get… on the... in the clinic here? Here I had a...

Sarah: At the day hospital.
Zola: At the day hospital yes – there is no care there because I came from work around, say ten o’clock, I came straight to here and then from here – that day that you saw me – and then they gave me a letter I must come here and there they only took emergencies. [But I was thinking,] this is also emergency because my baby can... I can lose my baby anytime! They say they only see to people that are stabbed, the children, and people that... maybe of guns. They only saw me in the evening at eight o’clock.

Minah: Sjoe. [Wow]

Zola: And then in the ambulance that took me to [Hospital B] only came about half past ten in the night.

Sarah: So you waited there all day...

Zola: The whole day...

Sarah: ... to transfer you.

Zola: ... I was here.

[...]

Minah: Yho. And then, did you find it was nice to come at the MOU? Is it nicer to be this side than that side?

Zola: Even this side they don’t... they don’t... they don’t have care this side. This side, when they deliver babies because you can sit here, they don’t take care of you, they... they walk up and down, you are sitting there... Like for instance, that day I was there, the other girl that came after me, they first saw to her because she was like – she was giving birth – and I was [inaudible] miscarriage and then the sister [nurse] asked me if she can come first and then I said no its fine because she was going to give birth now. I said, no it’s fine you can attend her first, but you saw me – I was sitting here for almost half an hour.

Minah: Sjoe.

Sarah: Yeah and... and was any... did anyone seem sympathetic?

Zola: Huh-uh [no] because the next... I think the following week I came again here – the other nurse said to me, “you are here again you like to be here, what are you doing now here today? You were here yesterday, you were here last week, what is the problem now?” I told them my problem and they say, “you always got problems, every time you have problems, what is it?”

Sarah: Really?

Zola: Yes, as such.

Sarah: Shame.

Minah: Sorry sisi, yho.

Sarah: And what did you say to them?
Zola: I don’t give them answer like... I said “I do have a problem and this is my problem.” “Ok, sit there we are going to write a letter for you. We always told you, you don’t come here if you are bleeding and you... you are not our case you are supposed to go back there to [Hospital B], not here.”

[M003_02]

Zola recounts what happened when she had a miscarriage a week earlier. We had seen her that day, sitting in the hall waiting to be seen by the delivery nurses. She looked very worried and pale and told us that she was bleeding and cramping and was worried she was going to lose the baby. In this interview she explains that they made her wait all day until they finally transferred her to the hospital. They told her that if she miscarries, she must bring the fetus to the clinic or hospital in a bag as “proof” that they actually did miscarry. She describes how emotionally painful, traumatizing even, it was to see the fetus and scoop it into a bag (“So to me I’ve still got that picture of my baby – taking my baby out of the bucket and put it... then put him in a plastic, do you understand. It came out of me. So I am still not right”). Then, when she returned to the MOU, the staff was rude to her, deriding her for returning so soon as if she just comes to the MOU to annoy the nurses. Zola was deeply humiliated and hurt by the clinic “policy” of bring her fetus to the clinic in a bag and by the way the clinic treated her and her unborn baby with disregard and contempt.

Phumeza wept during her prenatal interviews when she told us the story of how her previous pregnancy had ended in a stillbirth, but it was not until her fourth interview that she felt comfortable to tell us about the delivery of her stillborn baby. Here, she explains that she already knew that her baby had died inside her, but the nurses left her alone while she was in labor and when she gave birth the baby fell onto the floor:
Minah: No she said like she, she, maybe she felt free to even talk more [now] ‘cause she said “did I tell you that my child fell?, I’m like “no you didn’t”.

Sarah: What? That your child what?

Minah: Fell.

Sarah: Oh no, when?

Minah: When he was born, said like because there were no nurses and then while she was giving birth.

Sarah: Oh.

Minah: But it was already stillborn and then one of the things that was making her angry was the fact that what if the child was alive and then there was no nurse and the child.

Sarah: Why, did the nurses leave you?

Phumeza: I don’t know andiyazi. Like babe inoba babe ngayazi ukuba ndizakulantuka kwangoko andiyazi.

Minah: Said like maybe, she doesn’t know, because maybe she doesn’t know whether they were, they were going that she was gonna give birth, give birth as soon as possible but she doesn’t know.

Sarah: So the baby fell on the ground?

Phumeza: Hmm. [yes]

Sarah: Shame.

Minah: Zange ophe.

Phumeza: Like yena.

Minah: Mhhh umntana.

Phumeza: Zange ndimnjonge nomjonga ndandiso yika nomjonga mfondini yhu.

Minah: Shame, said she, I said did the child bleed? Said no she was so scared even to look at the baby.

Sarah: But you knew, did you know the baby was gonna be stillborn before it was, before it came out?

Phumeza: Hmm.

Minah: Ja it was already, ja.

Sarah: Ok, ok.
Minah: They gave her the tablets for.

Sarah: Oh ok.


Minah: Zange bakunike umphathe?

Phumeza: Inoba babe soyika nabo mhlawumbi.

Minah: Zange bakunike mphathe.

Phumeza: Bandinika.

Minah: Says like the two of them came and then, the social worker asked her what happened and then said like the [inaudible] came and then they took the baby and then they put, they didn’t even say sorry.

[MO13_04]

Phumeza says that she was “angry” when they left her alone because if the baby was not stillborn, the fall could have killed him/her. Furthermore, she explains that the nurses simply came over and picked up the baby off the floor, they did not apologize to her. This act of violent neglect is part of Phumeza’s traumatic memory of the stillbirth. Her new pregnancy is bringing back memories of the grief of losing her baby, but also her anger at being mistreated by the midwives.

Sisiwe also shared a traumatic story of mistreatment, this time at the maternity hospital where participants often spoke about getting “better” treatment. Minah heard the story the day it happened because Sisiwe called her panicked, asking for help. Here, she recounts the ordeal to Minah and me in an interview, a few days after the incident. She explains that before she gave birth to her baby, her seventh, she told the nurse-midwives that she would like to get sterilized4. However, while she was

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4 Tubal ligation is a type of sterilization where the fallopian tubes are cut and cauterized through an incision in the belly button.
in the postnatal ward after her delivery, she spoke to another mother who said that
the procedure was very painful. Sisiwe changed her mind about the sterilization and
told the nurse. A few hours later when it was time for her and the baby to be
discharged, the social worker said that she was to be discharged without her baby
because they were concerned she was an unfit mother:

Sarah: Uhm, so Minah said you had some problems at [Hospital A], they weren’t very nice to
you.

Sisiwe: Pardon?

Sarah: At, at [Hospital A].

Sisiwe: [Hospital A] oh I did have a problem because they discharge me early, they discharge
the baby first and discharge me, but I, I came at home on, on Wednesday. And then they
say I can’t come with the baby on [inaudible], I must sterilise, they want to sterilise. But I
was scared since I saw the other ladies in the ward, the way he was, the way they were
walking.

Sarah: Oh there were many of them?

Sisiwe: Ah.

Sarah: They looked like they were in pain.

Sisiwe: I was, so I was scared and so I talked to another doctor she said ok, if you scared I can
give you at least six weeks, since it’s winter now at least in summer it will be better. So I
say yes.

Sarah: Why would it be better in the summer?

Sisiwe: Since it’s cold and even in my house, my house, my mother’s house. They are extending
so it’s lot of cement. So I will feel that pain of cold.

Sarah: OK, so the doctor said that’s fine you can do it in the summer.

Sisiwe: That’s fine, ja, hmmm.

Sarah: And then what happened?

Sisiwe: But the social worker doesn’t want me to, she doesn’t say yes ok, you, she’s agree with
her. With the doctor. She said no you can’t, so I talk, I take my mother. She said I must
come with my mother so I go home on Wednesday, on Thursday I go there with my
mother. So my mother said no, there’s no problem and he said to my mother, the social
worker said to my mother, me I can’t manage because this one is the seventh baby. So
my mother told her that no there’s no problem, he help, she, I help her with the children and it’s me who’s doing the washing and everything for the children, so if I said I will do the sterilisation at this time, so they must give me my baby.

Sarah: And they did?

Sisiwe: Hmmm. [no]

Sarah: So what did the social worker say like, she just said, I won’t give you the baby unless you get sterilised or I won’t, you can’t take care of the baby? Does she think that you couldn’t take care of the baby?

Sisiwe: She think I will never take care of the baby and the worst thing (Xhosa 00:08:28). What are you saying, you want me to sterilise by forced, because I don’t, I didn’t have a problem with my children [I don’t want to not have children].

Sarah: Yeah.

Sisiwe: So why she said I can’t take care of this one.

Sarah: And you said, “yes I can” and she said, “no you can’t?” (laughing)

Minah: And then they didn’t give it to you?

Sisiwe: That time.

Sarah: How many days did he stay alone in the hospital?

Sisiwe: Oh. One day, one day.

Sarah: One day, until you came back with your mom?

Sisiwe: With my mom, yes.

Sarah: Yeah. Yeah. And did you know they’re not allowed to force you to sterilise?

Sisiwe: They, ja, and even my aunt told me no they can’t force me.

Sarah: Yeah.

Sisiwe: For sterilisation.

Sarah: Yeah, so do you think now after you had all that trouble you’ll wanna sterilise in the summer?

Sisiwe: I will try.

Sarah: You will try. Shame I wonder why those ladies were in so much pain, I’ve seen, I’ve seen the surgery, it’s not, it’s not very big. They do it through your belly button. At least that’s how they’re supposed to do it. They, cause they open your belly button a little bit.

Minah: Bayenze embhonweni?
Sisiwe: Mhhh apha ezantsi because ioperation zabo zilapha ezantsi.

Sarah: Oh have you had a C-section?

Sisiwe: Hmmm.

Sarah: Oh so yeah, if you’ve had a C-section they can open up the C-section scar but they can also do it through your belly button. Because they just snip your tubes.

Minah: Hmmm.

Sarah: Hmmm.

Sisiwe: Hmmm.

Sarah: So it’s not very big. Shame, that sounds really.

Minah: Sore.

Sarah: Really hard. No, the experience.

Sisiwe: And those ladies said there’s nothing when you do it, neh? After the injection, is finished, it’s when the pain start.

Sarah: Oh, oh ok. So the recovery is hard?

Sisiwe: Hmmm.

Sarah: I could see that. So how did you feel when you were talking to the social worker?

Sisiwe: Yoh. I was not all right, even I was crying that day he told me I must leave my baby I was crying. And when I phone my mom I also cry, my mom said no it’s all right, I will come to you, with you tomorrow. Just come and they say to me there’s no bed for me, those beds were full.

Sarah: Oh so they might have kept you in the hospital too but they said there were no beds.

Sisiwe: Hmmm.

Sarah: Ok and uhm, was the social worker Xhosa.

Sisiwe: No it’s a Muslim.

Sarah: She was coloured?

Sisiwe: Hmmm.

Sarah: Did you feel like she couldn’t understand you?

Sisiwe: She did at the end when my mother was there.

Sarah: Ok.

Sisiwe: She did.
Sarah: So she was understanding you, she just didn’t agree.

Sisiwe: Hmmmm.

Sarah: That’s hard. So how’s it been since you got him, since he’s been home with you?

Sisiwe: It’s alright.

[M034_03]

Sisiwe returned with her mother who explained to the social worker that Sisiwe did not care for her seven children alone, but had her to help with childcare. After speaking with Sisiwe’s mother, the social worker discharged the baby under Sisiwe’s care. Sisiwe tells us in the interview that now that the baby is home with her she’s “alright,” but her narrative includes details of her crying and being scared; and when she called Minah she was distraught and panicked thinking they might never give her the baby. I do not know how common it is for maternity nurses or social workers to try to force mothers to sterilize by refusing to discharge their new infants, but I did hear nurses and staff “advise” mothers who were multiparous or HIV-positive to not have any more children. Nurses in the MOU, and possibly in the maternity hospital where Sisiwe was mistreated, often take a judgemental position toward their pregnant patients, telling them how they “ought” to live. This attitude and behavior creates distrust in the patient-nurse relationship and a cycle of deception and abuse where patients lie to avoid reprisals and nurses become angry or dismissive because they feel disrespected (Walker 1996; Rubin 2011).

5.3.3.4 DISCUSSION: VIOLENCE, GENDER VIOLENCE, AND UMBILINI

Xhosa women’s subjectivity is shaped by the ubiquitous violence that is part of the everyday life of the township. With violence all around them, many participants
distance themselves emotionally from the incidents, even finding them amusing: Nolitha giggles as she recounts the story that son was hit by a car and her boyfriend was stabbed in the same day; Sisiwe tells the story of her friend’s murder with some emotional detachment. But others are shaken by the sudden and senseless loss of loved ones: Nomonde still dreams about her brother who was killed in the street outside her home; Mbali chokes back tears while telling us about her grandfather who was murdered for his meager pension money. Furthermore, participants are less able to distance themselves from their own experiences of domestic and sexual violence. These events are retold in breathtaking detail and poignancy. Similarly, with the abuse perpetrated by nurse-midwives in the maternity clinics, these are deeply personal, deeply upsetting events that mothers rarely tell anyone about. Each type of violence shapes a woman’s understanding of the world around her and the relationships in it.

With violence all around them—on the street, in their homes, in the clinics—it gives life a certain fragility and instability that is manifested in umbilini, a cultural idiom that means “panic” and is a sudden bodily sensation that indicates that one “might get bad news,” such as finding out that a loved one or family member has been hurt or has died. Umbilini was described as the sudden onset of panic-like symptoms—racing heart beat, feeling hot or cold; and it emerged in interviews as a response to Question 5 of the EPDS (“I have felt scared or panicky and I don’t know why”) and Question 11 of the RFA (“I have had serious depression, panic attacks or problems with anxiety before”). However, unlike the Western psychiatric diagnosis of “panic disorder” or Western idiom “panic attack,” my participants do not describe umbilini as a disorder or abnormal;
rather they hold a contradictory view—it is at once mundane and unproblematic, and yet significant in that it can mean imminent, perhaps life-changing, news of death or injury. I posit that umbilini is an embodied anxiety to the frequency of tragedy and violence.

Here, Phumeza explains umbilini that she felt recently. She felt it when she was out, and when she got home, she found out that her brother had been stabbed and brought to the hospital:

Minah: Bendiziva ndisoyika okanye ndinexhala ndingamazi unobangela. Ukhe ubenawo umbilini?

_I was scared and frightened, and I don’t know why. [EPDS Question 5] Do you ever have umbilini?

Phumeza: Hayi andiwuqapheli.

_No, I don’t take notice.

Minah: Awukhe ubenayo uvele ubenexhala nje?

_Don’t you ever have this thing that you just get frightened, just?

Phumeza: Ndibanayo sometimes.

_I do sometimes.

Minah: “Ewe kakhulu, ewe ngamanye amaxesha, hayi kangako?

_Yes, a lot, yes sometimes, not at all?

Phumeza: Ngamanye amaxesha.

_Yes sometimes.

Minah: Sukube kutheni xa unawo?

_What happens?

Phumeza: Sube ndinawo ndingawazi noba usuka phi?

_I have it but I don’t even know where it comes from.

Minah: Ungawazi ukuba usuka phi uvele ubenexhala nje ungayazi ukuba kutheni?Awukhe ucinge ukuba kukho into ezakwenzeka okanye kutheni?
So you don’t know where it comes from and then you are frightened and you don’t know why. Do you think maybe something is going to happen, or what is it?

Phumeza: Ndibanayo sometimes.

I do sometimes.

Minah: “Ewe kakhulu, ewe ngamanye amaxesha, hayi kangako??

Yes, a lot, yes sometimes, not at all?

Phumeza: Ngamanye amaxesha.

Yes sometimes.

Minah: Sukube kutheni xa unawo?

What happens?

Phumeza: Sube ndinawo ndingawazi noba usuka phi?

I have it but I don’t even know where it comes from.

Minah: Ungawazi ukuba usuka phi uvele ubenexhala nje ungayazi ukuba kutheni? Awukhe ucinge ukuba kukho into ezakwenzeka okanye kutheni?

So you don’t know where it comes from and then you are frightened and you don’t know why. Do you think maybe something is going to happen, or what is it?

Phumeza: Ndiyacinga ezozinto ba ikhona into eyenzekileyo mhlawumbi.

I think about those things and then I think maybe there is something that has happened.

Minah: Phi kokwenu?

Where, at home?

Phumeza: Ewe.

Yes.

Minah: Sube ikhona ke ngamanye amaxesha?

When that fear happens, is there something that has actually happened at home?

Phumeza: Sube ingekho.

No, there will be nothing.

Okay, there's nothing, you're just thinking. Is it because people say that when you have umbilini something is going to happen (or something has happened).


Look, yesterday, because I'm used to not sleeping at night and then I cant fall asleep because I sleep a lot during the day, and then I fell asleep, and then I had umbilini and for real there was something that was going to happen.

Minah: Kwenzeke ntoni?

What happened?

Phumeza: Ubrotoker kwambili komntana ozemva kwamuhlatyiwe.

My brother, the one who comes after the child that comes after me, was stabbed.

Minah: Uyaphila?

Is he alive?

Phumeza: Hayi uyaphila.

No, he’s alive.

Minah: Usesibhedelele?

Is he in hospital?

Phumeza: Mhhh.

Yes.

Minah: Bavele samhlaba nje?

Where was he coming from?

Phumeza: Inobebemroba kaloku.

They were robbing him.

Minah: Abamhlabanga kakhulu?

Didn’t they stab him too much?

Phumeza: Andikamboni.

I haven’t seen him.

Minah: Uyiva ngoku kusasa namhlane.
Did you hear about it this morning?

Phumeza: Ndiyiva ngoku ekuseni.

I heard about it this morning.

Minah: So uphi yena, usesibhledle?

So where is he now, is he in hospital?

Phumeza: Use [Hospital B] ngoku.

He is in [Hospital B] now.

[...]

Minah: So she was saying like her brother who is younger... I was asking about “umbilini” which is like this hole where you just get scared. Like normally black people, they say there is something that is going to happen. So I said do you believe it? She said, “yeah” because yesterday she had it because normally she doesn’t sleep at night and then it happened and then only to find out her brother was [stabbed] – he is in hospital.

[M013_02]

Explains that “sometimes” she gets “frightened” without warning for no discernable reason, and she will wonder whether this feeling means that “something bad has happened.” Usually there is “nothing” actually wrong, but the other night she was awoken from sleep with umbilini and found out that her brother had been badly stabbed by thieves and was in the hospital.

Nolitha describes a similar experience, this time mentioning it in response to RFA question 11:

Minah: Like awukhe mhlawumbi ube nexhala okanye wothuke ke?

Like maybe have you ever had fear or panic? [RFA question 11]

Nolitha: Nje esipesini. Ewe ndiba nalo ixhala.

Out of the blue? Yes, I’ve had fear.

Minah: Sube kutheni? Like ubenepanick okanye idepression okanye ube enzayithi ukhe ubenalo ixhala?
When do you have that? Like panic or depression or anxiety? Have you ever had fear?

Nolitha: Ndikhe ndibe nalo ixhala.

Yes, I have the fear.

[...]


I don't know the reason, I just have it, you see. And then sometimes it comes so hard, and then I think sometimes, if you notice sometimes that you feel like you just had umbilini. People say that maybe there's something you're going to hear. And then sometimes I think maybe there's bad news I'm going to hear. I do have umbilini most times, just.

Minah: Okay, so she says like sometimes she does get like panicky and she says like sometimes – the Xhosas we say – when you have that like you know when you feel that heart palpitation and you've got shocked. They say maybe there is something badly that you are going to hear. How many times isenzeka [does it happen]?

Nolitha: Sekukaninzi andiyazi noba ndizakuthi kangaphi?

Most times, I don't know how many times I would say.

Minah: Amaxesha amaninzi?

Often?

Nolitha: Mhhh.

Yes.

Minah: [to Sarah] Okay, do you have any questions?

Sarah: Why does that happen?

Minah: Uyayazi ukuba sukube kutheni xa isenzekayo?

Do you know what is the reason that it happens?

Nolitha: Andiyazi.

I don't know.

Minah: She doesn't know.

Sarah: What do you do to feel better or is it just very quick?

Nolitha: Hayi ndivele ndisele amanzi.
I just drink water and then just sit down.

Nolitha describes a very similar experience to Phumeza as a feeling of fear or panic that comes without warning. Like Phumeza, she does not find the physical symptoms particularly worrisome—she just drinks water and rests—but *umbilini* is upsetting in that it is a sign that something “bad” may have happened to a family member.

Hinton and colleagues describe a fainting syndrome among Khmer refugees that have endured trauma called *Kyol Goeu* (Hinton, et al. 2001). They argue that Khmer understandings of illness and the body (a balanced system of winds) as well as past experiences of sustained and severe trauma (mass violence and torture), shape perceptions of the physical body that trigger a cascade of physical symptoms that then compound feelings of anxiety and panic. In other words, past trauma creates a subjective experience that is implicated in a biofeedback process. *Umbilini* can be understood similarly as a Xhosa woman’s interpretation of certain physical sensations—ones a non-Xhosa may barely notice—as impending social tragedy partly due to a Xhosa conceptualization of kin as intersubjectively linked (see Chapter 6 and 8) and partly due to the ubiquity of violence and tragedy in their everyday lives (see also Tapias 2006).

Two participants described feeling scared at night, one associated it with *umbilini* and one did not. Here, Mafundi explains that since her baby has born, she has been worried of death so that she cannot fall asleep:

Sarah: Okay, what are you afraid of at night?

Minah: Woyika nto ebusuku
What scares you at night?

Mafundi: Ebusuku ndiyoyika ebusuku xa ndihleli ndedwa ndoyika xa ndinofa

At night I am scared if I can die

Minah: She is scared of death.

Usoyika nangoku kukho lomntana

Are you scared [now that] you have this child?

Mafundi: Xa ndinofa ndimshiye apha mhlawumbi ndibe nditshixile

If I can and leave him here maybe I locked the door

Minah: So she is scared if she will die and then and then she locks the door so she has this silly, like I know, she is scared she might die and then leave this child alone and then the door is locked so that’s her fear.

[to Mafundi] Ikhona into ekhe yenzeka lento ibangela woyike ukufa

Is there anything that happened that make you very scared of death?

Mafundi: [Uyalila] hayi andiyazi qha inoba lento umamam wasweleka yo ehamba nam. Wayesithi unesifuthu futhu ndathi masihambe siye ekliniki umhlawumbi une high blood okanye unestress kuba imali yakhe yayisanda...utatam wasendo kusweleka kwi two weeks egqithileyo. So umama wathi kwiveki yesibini unesifuthu futhu so ndathi kemake ndizokumbizela itransport sayotsho ekliniki wasweleka apha kulemoto but mna ndandingamazi ukuba uswelekile ndandicinguba uphelelwe ngamandla kanti uyasweleka ngela xesha aqubudayo so ndandisoloko ndicinga lonto ndcinguba abantwana bam bangasweleka ndihleli nabo.

[Crying] I do not know maybe it is the thing that my mom passed away and I was with her. She said she was feeling hot and I said let us go to the clinic, maybe she had high blood or stress because her money was just...and my father passed away in two week back. So my mother said on the second week she is feeling hot so I said I will call a transport that I can take her to the clinic and she passed away in that car but I did not know she was dead I thought she was struggling to breath but all along that time she was bowing down she passed away so I was thinking of that if it can happen to her kids as well

Minah: So she says like sometimes, I was asking her what is the reason that makes her so scared of death, and especially when it comes to her kids, and maybe because her mother died while she was with her, while she was walking with her, going to the hospital two weeks after her dad died and then her mum got like so hot and then she said maybe, she told her maybe you have high blood lets go to the clinic and she got her transport to take her to the clinic and then she died but she didn’t know she was dead she thought she was loosing her strength only to find out she was dying, so that is why she gets scared, she’s scared of death.
Alone at night in her shack with her infant, Mafundi worries that she might die suddenly like her mother did, and thus leave her baby alone, locked inside the shack. One of Mafundi’s older children had also recently died suddenly while in the rural area being cared for by Mafundi’s aunt. Clearly, she feels that death is capricious and sudden and with a new baby to care for, she is terrified that she might die and leave it uncared for.

Onele also describes being afraid at night, but she associates her fear with *umbilini*:

**Minah:** And then ukhe ube nokuphakuphaku uzive uphaphazela nje?

*And then do you ever get frightened/scared and you feel frightened out of the blue?*

**Onele:** Mhh. Xa kusebusuku mhlawumbi.

*Yes. Maybe at night.*

**Minah:** Xa kusebusuku sube kutheni? Yenzeka ngamaxesha angakanani?

*If it’s at night, what happens/under what circumstances? How many times does that happen?*

**Onele:** Hayi ayenzekei oko. Umzekelo mhlawumbi xa ndiphuma phandle. Then ndive ngoku ndipha ndiphaphazele nje.

*No, it doesn’t happen often. For example, when I’m going outside, then I hear a noise and then I get frightened a little/spooked [ndiphaphazele nje]*

**Minah:** Uqonde ufuna ukubaleka ungene endlini. So ke ewe ngamanye amaxesha iyenzeka.

*She says like, “yes, she gets like panic.” She panics sometimes. So that you feel like you want to run inside. So that happens sometimes…*

**Sarah:** About what?

**Minah:** She says like sometimes when she goes outside at night and then she feels like panic and then she wants to run back home, back inside, but she doesn’t know what makes her scared.
[to Onele] Woyika ubumnyama okanye sube kutheni?

Are you afraid of darkness or why?

Onele: Andiyazi ukuba sube kutheni.

I don’t know why.

Minah: Sube kutheni xa uhamba wedwa?

Why is it because you are walking alone?

Onele: Xa ndihamba ndodwa ndivele ndoyike. Iwesi xa kumnyama.

When I walk alone I get afraid especially when it’s dark.

Minah: She says like sometimes when she walks alone and then when it’s dark, it’s even worse.

Sarah: And then what do you do to make it better?

Minah: And then uye uthini?

And then what do you do?

Onele: Xa ndothukileyo?

When I’m shocked/scared?

Minah: Ewe.

Yes

Onele: Ndiye ndibaleke.

I run away.

Minah: She runs. Ubaleka uye endlini. She runs in the house. Okanye ufike ubaxelele ukuba wothukile okanye ufika uzulise?

She runs. Do you run to the house? She runs in the house. Or do you tell them that you are frightened [uthukile] or do you just come and pretend nothing happened? [uzulise: pretending nothing happened, or that you’re ok, or that you don’t see the person standing there, etc.]

Onele: Ndifika ndizulise nje. [laughing]

Of course I’m going to go and pretend! [ed. because sometimes it’s nothing so you don’t want to make a big deal of it, where people will go outside and check]
Onele explains that sometimes when she is walking alone at night she will feel “a little spooked” or “panicked” and then will run the rest of the way home. Like with common descriptions of *umbilini*, she does not “know” why she feels panicked. She scoffs at Minah’s notion that she tells people, like her husband, in her home that she got a fright outside, because they will go outside to search for what scared her when she knows it was “nothing.” Although Onele says that she is panicked for no reason, a woman walking alone at night in the township is vulnerable to attack, robbery, sexual assault, and murder. Her narrative hints at the possibility that her fear is not based on “nothing,” but is warranted by the danger of her behavior and surroundings; *umbilini* can be understood as a metaphor for fear rather than a mysterious metaphysical panic.

5.5 HIV/AIDS

Although the study did not begin with explicit questions about HIV-diagnosis or its affect on the experience of pregnancy and birth, some participants initiated conversations about their status, experiences with disclosure and treatment, and their baby’s test results. However, over the course of the research, we realized that while only a few were interested in speaking at length about HIV, it was nevertheless a ubiquitous and distressing maternal and community issue. One indication of this was HIV’s strong presence in the maternity clinic meant that “testing positive” was an integral part of the experience of pregnancy and maternity care. We interviewed women between the time
they gave blood for testing and when they learned their status from the VCT counselors; thus our interviews did not capture the immediate emotions of learning the test results. Another indication was when we listened closely, we could catch whispered rumors and fears of HIV among our participants and in the community. The stigma of HIV prevents it from being spoken about openly—it is something that HIV-positive people keep private or try to confine to their homes—but it is whispered and thought about at the funerals of young people who died of “mysterious” illnesses, wondered and gossiped about when partners are unfaithful, and strikes fear in those who fall ill.

In the last twenty years, since HIV rates began to rise in South Africa and its president Thabo Mbeki was decried as an “AIDS denialist” (Fassin and Schneider 2003) there has been a flood of interventions and research on HIV in South Africa. This preponderance of research has helped created highly visible resources for the prevention and treatment of HIV, especially in public antenatal clinics where much of the efforts have been concentrated. Working out of such a clinic that had HIV prevention posters, weekly talks given by nurses to full waiting rooms, a small but visible staff of “mothers-to-mothers” volunteer community HIV counselors, and daily, voluntary testing of all new antenatal patients, I assumed that HIV would be a frequent and painful topic of conversation among our participants. It was not.

Out of 38 participants, only five (13%) spoke with us about their positive HIV status. Two women disclosed in our first interview that they had been living with HIV for some time, were “open” about it and on treatment. Three more women disclosed to us after testing positive in their first antenatal appointment and discussed how they
disclosed to their families. One woman died between the time she was diagnosed and her next interview with us (we subsequently interviewed her mother who shared the story of her illness and death). We suspected that two more participants were HIV-positive, but they did not disclose their status to us.

5.5.1 GETTING PREGNANT, GETTING TESTED

The topic of HIV entered the research conversation early because the women were recruited for the study at their first antenatal appointment, which is the appointment when pregnant women take a routine, but voluntary, HIV test. Bundling the HIV test with the first antenatal appointment makes sense from the clinical perspective because early detection can help prevent mother-to-child transmission; however, knowing they will be tested adds considerable anxiety to an appointment that might already be stressful. Some examples of this stress that came up in interviews included, when the pregnancy was not planned, when the woman had had a complication in a previous pregnancy, and when she had heard rumors that the nurse-midwives were “mean” or abusive (discussed above).

Although it was never mentioned explicitly, the HIV test was a likely contributor to women delaying their first antenatal appointment (“avoidance” as a reaction to stress is discussed with regards to “indirect disclosure” in Chapter 7). Surprisingly, Nomonde was one of few women who mentioned the test as a reason to make the first antenatal appointment. She spoke to us during her first antenatal appointment, after getting the HIV test, but before hearing the results. She said she was looking forward to her first antenatal appointment because she wanted to know whether her baby—her first—was
healthy.

Nomonde’s first visit to the clinic, like most of the participants’, was emotionally charged. Her boyfriend, the father of this baby, had finished his work contract and moved back to a distant South African city to resume life with his wife and children a few months before Nomonde discovered she was pregnant. By her estimation, the last time they saw each other they “were making this [baby],” When she called him to say she was pregnant with their baby he did not believe that she was pregnant, or if she was, he did not believe the baby was his. He demanded that she see the doctor to find out her due date to help determine whether it could be his baby. Even though she knew that this man was the baby’s father, his demand for “proof” added an element of stress and uncertainty to the appointment—if the midwife gave her information that did not confirm his paternity he was unlikely to provide financially for the baby, something that Nomonde would desperately need once the baby was born.

It was in this emotionally fraught context where her dignity and her baby’s financial security were at stake that she spoke to us about why she decided to make this appointment. Her nervously garrulous narrative wove between these two reasons for coming to the clinic—proving the baby’s paternity and learning her HIV-status. Here, Nomonde interrupts her own narrative about her ex-boyfriend’s request to find out the baby’s gestational age with a story of why she wants to get tested for HIV:

Minah: So he thinks it might not be his child. And then, how do you feel about that one?

Nomonde: I’m not gonna say I’m feeling right. I’m not gonna say that ... I’m gonna feel if I’m gonna go to the doctor then the doctor tell me you are six months or five months or whatever and then I must tell my boyfriend. [Then,] I’m gonna say I’m feel right. But now I can’t to say, yes I’m feeling right. But I want to go to the doctor. [...] and then
the doctor gonna ask me how you’re feeling. The baby it’s doing—

Minah: —kicking.

Nomonde: It’s kicking, ja. Sorry, it’s kicking. Because every day, if I’m finish to eat, no matter I’m not eating – the baby it’s kicking. So I want to know my baby is right. I want to know, I want to go to tests to check I’m HIV or I’m not HIV.

Minah: Are you scared?

Nomonde: [Shakes head] Because I’m proud of that. Because I can’t to say no, I’m not gonna go to tests. I can’t to say that. I must, because I don’t have a choice.

We can see that Nomonde describes her well-being as contingent on the doctor saying that the baby is the right gestational age indicating that she is nervous about the possibility that the doctor will not prove her ex-boyfriend’s paternity. By contrast, she portrays her desire to get an HIV test as courageous, proactive, and a positive influence on her baby’s life. She is embarrassed and disappointed at getting pregnant accidentally, out of wedlock, and by a man who, by her reasoning, did not even love her enough to take responsibility for the baby by means of paying “damages,” a form of bridewealth for babies born out of wedlock (Preston-Whyte 1993). From Nomonde’s perspective, where her accidental pregnancy by an unworthy man is regrettable, her brave “choice” to get tested for HIV is an act of “good” mothering (see Chapter 6 for a description and discussion of “good” Xhosa motherhood).

For the most part, my participants told us that while they were shocked or scared at hearing their initial diagnosis, they were comforted when the HIV counselor gave them advice regarding disclosure: the counselors said that although disclosing can be very stressful because of the stigma, women who disclose and are “open” about their HIV status will be healthier and live longer. Both participants and healthcare workers
told us that while HIV stigma can be very hurtful and damaging, secrecy about HIV status is something that can be physically dangerous: keeping the truth about your HIV status “inside” sickens and kills HIV-positive people (Mundell et al 2011:548). The advice of the counselors—to share your status with certain trusted people in your social network—resonates with the Xhosa coping style more generally: sharing your problems with empathic individuals is crucial for your health and well-being (see Chapter 8 for a discussion of empathy and coping).

The women in my study chose to share their status with certain members of their family and intimate social network; usually they started by disclosing their status to the head of their household. In situations where the woman is not married, her mother (or father if he is married to her mother) runs the household. The head-of-household not only earns and/or distributes money and household goods (discussed in the section on foos insecurity), but she or he sets the emotional tone for the household and metes out discipline. Because of the power elders have in Xhosa families, having a household head that knows about and is supportive of her HIV status will ensure that the woman has emotional and practical support for her new life as an HIV-positive person. For example, the household head can make sure that the HIV-positive person is treated fairly and kindly by the other family members. In a household with little privacy, having an elder who helps and looks out for you is perceived to be crucial for emotional well-being.

5.5.2 LIVING WITH HIV

Nolitha was diagnosed with HIV between the time she gave birth to her son who
is about six years old and this pregnancy. She spoke of her struggles to cope with her HIV diagnosis, but with her mother’s help, came to accept her status (see Chapter 8). By the time we met her, she explained that she was happily engaged to a man who accepted her HIV-status and they were excited to be having a child together. Here, we ask her what she is “looking forward to” (Question #1 on EPDS), she replies that she is scared, but excited to see how she will feel on the new antiretroviral therapy (ARVs) they prescribed her at the antenatal clinic to reduce her risk of transmitting HIV to her baby during delivery:

Nolitha: Into endingathetha ngayo ne mna. Since like bendingekafiki kwi ARV’s ne. So yeyona nto bendiqonda ndiyayifuna neh. And then ndiyawisha intobana zindiphathe kakuhle ukhubone.

Something that I can talk about is that since I have not been taking ARVs, it was something that I wanted. And then I was wishing that they would treat me well.

Minah: Eeh. Uyifumene ngoku.

Okay. Did you get them now?

Nolitha: Ndingabina problem so ndiye ndazifumana ndaziqala so yeyona nto ndisajonge kuyo ukuba izakundiphatha njani na.

[I wish] not to have complications. I’ve got them and I’ve started. So it’s something that I’m looking to, that how it will affect me (lit. how will they treat me).


Okay. So can we say ‘as much as I did, or little less than I used to, or a lot less’? Should we take the first one?

Nolitha: Ewe

Yes

[...]

Minah: So she says like as much as she ever did because she was looking forward to the ARV’s and then she is looking forward to see how they are going to treat her. So that’s something she is looking forward to. So she is like coping because she was
wishing she can ever get to because she has never been...

Ubungekabi kuzo?

*Are you not taking ARVs yet?*

Nolitha: Ha ah.

*No.*

Minah: She has never been on ARV’s so now she is looking forward to how she has already started the treatment so that is something that she is looking forward to.

Sarah: What are you looking forward to? What do you think will happen?

Minah: Ucinga ukuba zizakwenza kanjani?

*What do you think the ARVs are going to do?*

Nolitha: Ingxaki yam ndiyoyika neh.

*My problem is, I’m afraid.*

Minah: Ewe

*Yes.*


*People say many things about them. So I had fear that they will also make me sick (lit. to have wrong things). Can you see, maybe, that I have a rash, or *chicken pox*, because people say those are the side effects. So that is the thing that gives me fear.*

Minah: Okay evuyisayo yeiyphi yile yoba umntana wakho ezakusinda okanye.

*What makes you happy, is it the fact that you’re going to have a child and the child is going to be saved/rescued [ezakusinda] or maybe…*

Nolitha: Ndivuyela ukuba umntana wam ezoba rayithi man. Ndizoprotektha umntanam and then ndikhulise umntanam. Erayithi but ke noba kungenzeka mhlawumbi.

*I’m happy that my child is going to be alright. I want to protect my child and then I will raise her right, but if something happens, maybe…*

Minah: Ubuso yika ezo. Ewe.
Are those the things you’re afraid of? Yes.

Nolitha: Ngemistake abe positive but ke andizoba sathini kodwa ke ndibe ndizamile ukumkhusela mos.

Maybe the child can accidentally be positive, but there’s nothing I could do because I would have tried to prevent it.

Minah: No, she said like people are saying things that “you are going to have a rash” and some of them are saying, “you are going to be sick”, but at the same time the most important thing for her is she knows she is going to be protecting her child because even if by mistake her child can be HIV positive, but she will know that she has protected her child and then she is looking forward to raising her child.

Nolitha projects a joyful confident air, but even though she frames her anticipation at taking new HIV medicine as excited and hopeful, she is still afraid that her baby might contract HIV from her. Even after several years of living with HIV with no discernible ill effects, HIV creates uncertainty and anxiety around her pregnancy.

Nokuthula also explains to us during our first interview that she is HIV-positive and open about her status. She is a member of two local Xhosa-run HIV support groups as well as being a member of a HIV gender empowerment work program where she is trained in beadwork and paid for each piece she creates. She is on antiretroviral therapy and seen regularly by a doctor. She occasionally receives the HIV welfare grant from the government. Although Nokuthula has created a system of social and economic support around her HIV-status, she often feels vulnerable and anxious. For example, soon after we met her, her HIV grant was suspended because her CD4 count was too low to qualify for funding. It was bittersweet to hear from the doctor that she was doing well on her medications and had such a low presence of HIV in her blood because now that she was healthier, she had less money to support herself and two children.

Out of four women in the study who disclosed to us that they were HIV-positive,
only one told us that they gave birth to a baby who then tested positive for HIV. Aphiwe showed a surprising difference in coping between learning her own HIV status and her child’s. She was shocked and upset immediately following her own diagnosis, but while disclosing to her sisters, she learned of many neighbors’ and friends’ positive diagnoses. She reported feeling less distressed after disclosing her status because she now perceived her HIV-status as common (see Chapter 8).

However, when she learned of her baby’s positive diagnosis, she was devastated. She only told one person besides us, an elder sister who lived outside the township, over the phone and she cut the brief phone call short saying she had a headache and needed to take a nap. When her baby was first born, she was attentive and loving, but soon after the baby was diagnosed, she started neglecting him, leaving him with her eight year-old son and started drinking heavily. Her family began to complain of her “bad” mothering and tried—in vain—to discipline her. She told us that she had to keep the baby’s status a secret because if anyone knew that the baby was HIV-positive they would refuse to hold him or babysit him, they would reject him, and he would be treated negatively by his family and the community for life (Long 2009:45). Keeping this secret was considered detrimental to her own well-being, but she considered it crucial to her baby’s social survival.

Very sadly, one of the mothers, Anathi died a few months after her baby was born. We only were able to interview her once before she was lost to follow-up. We learned later about what happened to her from her mother, also HIV-positive, who was left to care for Anathi’s two children in her small home in a rural village. According to
her mother, Anathi was taking ARVs and had “good blood tests” when she went to the clinic, but soon after she gave birth, she fell very ill. She hid in her home during her illness. By the time her neighbor became worried that something was wrong because she never saw her leave the shack and went to help her, she was too sick to be saved. Her mother told us that she was so distraught about her daughter’s death that she stopped taking her own ARVs. Minah pleaded with her to start again. After the research was completed, Minah heard from Anathi’s mother one last time. She told us that Anathi’s infant died, perhaps from complications due to HIV she contracted from her mother. Not in contact with Anathi during this tragic ordeal, I do not know her perspectives on the experiences of getting diagnosed, giving birth, learning the positive status of her infant, getting ill, and deciding to stay in her home and not seek medical help. Her mother, however, was clearly heartbroken at the way that HIV had ravaged her family.

5.5.3 DISCUSSION: HIV/AIDS

It was not obvious at first that HIV/AIDS should be included as one of my participants’ top concerns. A main reason was that only five participants, 13% of the sample, disclosed that they were HIV-positive; thus it was not an experience that many participants shared or spoke about directly or at length. By contrast, it seemed that HIV/AIDS was a prominent part of outsiders’ discourses about, and interventions in, the township: HIV testing, prevention, and support were highly visible and active parts of the MOU; HIV/AIDS dominates peer-reviewed publications about South Africa, especially the township context; and South Africa’s high prevalence rate compared to
global figures is known and considered in health, development, and research circles. Thus, my feeling for much of my fieldwork was that HIV/AIDS was seen as problematic for people outside of the township, but not so much for Xhosa women within the township. However, once I had left South Africa and the multiple voices of outsiders shouting about HIV/AIDS from the rooftops were muted, I could finally see that HIV was a significant and worrisome issue for my participants. This was manifest in several contradictory and subtle ways: firstly, the participants who were willing to discuss their HIV status spoke eloquently and poignantly about their experiences. The richness of their narratives is an indication of how significant HIV/AIDS is in their lives. In addition, and somewhat paradoxically, the choice of many participants not to mention HIV directly may be a sign of the stigma so often written about in the HIV literature (e.g. Long 2009; Walker et al 2004). Since this chapter explores fear, risk, and instability as well as concrete problems like insufficient food and violence, the fear, risk, and socially destabilizing consequences of HIV are very real and very problematic aspects of township life. Also, Minah and I attended or knew about many funerals of young men and women—the age mates, cousins, siblings, friends, neighbors of our participants, as well as one of our participants—who died untimely deaths of AIDS or “mysterious” illness that seemed like it might be AIDS. Finally, because of the voluntary counseling and testing (VCT) program in the MOU and the prescription drugs aimed specifically at reducing mother-to-child-transmission (MTCT)—the first HIV-drugs available in South Africa—pregnancy and the postnatal period (i.e. during intensive breast or bottle feeding) is a locus of the illness. It is when the risk of HIV-infection becomes known,
visible, and acted upon.

5.6 CONCLUSION

5.6.1 THE TOWNSHIP PARADOX

So you had people to the left of you, right of you, on top and on the bottom of you. It's a very intense and stressful situation. Everyone is going through different things, and in between all that stress and angst and, you know, having to deal with one another in such close proximity, there's so much love. And there was playing in the johnny pump, and there was the ice cream man who - coming around. And there were all these games that we played. And then it would turn - suddenly, it just - violent, and there would be shootings at 12 in the afternoon on any given day. So it was just - weird mix of emotions. I mean - you know, one day your best friend could be killed; the day before, you could be celebrating him getting a brand-new bike. It was just extreme highs and lows.

Jay-Z, from a transcript of an interview on Fresh Air, 11/16/2010, describing the Marcy Projects in Bedford Stuyvesant, Brooklyn, New York where he grew up

For an outsider, the township presents complexities and paradoxes that are difficult to reconcile. A joyous mood coexists with personal misery. The township “vibe” as locals call it, is joyful, energetic, and lively; but behind the thin walls of shacks, in front yards or on the street, in rooms in the backs of houses, there are people suffering from loss, instability, violence, and illness. Similarly, the warmth and vibrancy of crowded homes belie interpersonal tension and unhappiness. When we would visit Nomonde, for example, I felt relaxed and charmed by the young children playing with each other and her sisters lolling on the couch doing hair and chatting, but we knew from Nomonde’s interviews that there was such intense fighting among her sisters that one night neighbors had come over to calm them down. In addition, as the Jay-Z quote describes above (Jay-Z 2010), the public nature of life creates much excitement and energy in the streets, but also means that personal suffering is rarely private. Part of what made the township so fun to be in was the crowded streets and open doors, but participants described trying to negotiate the difficult moments of life—receiving bad news, being attacked or robbed, having an argument—in full display of family, neighbors, or
strangers. Finally, the kindness and openness of strangers contrasts with the frequency and viciousness of violence and crime. If Minah and I got lost, we would slow the car down near a passerby and if they knew where we were going, they might even get into the backseat to show us the way; but on a different day, sitting in traffic on a township road, we both bristled as two men exited the taxi in front of us and seemingly walked straight for our car. After they kept walking, not stopping at the car, we breathed a collective sigh and started giggling with relief: we had both expected them to approach our windows and steal the car from us at gunpoint. Just another day in the township.

5.6.2 CHAPTER SUMMARY

In this chapter, I described three aspects of township life that participants found problematic and troublesome. I painted a picture of what my participants felt was the “underside” of township life to demonstrate what was at stake for Xhosa women as they tried to live their lives and care for their young children. The first problem I discussed was food insecurity: how providing food for dependents is both a moral obligation and a demonstration of love and compassion; how even in situations where they can rely on kin for daily nourishment, mothers feel particularly responsible for making sure their children have enough food and how this responsibility in a context of scarcity shapes the pragmatic experiences (e.g. negotiating with babies’ fathers for child support) and emotional experiences (e.g. worry and anxiety) of motherhood. Then, I described the omnipresence of violence in the township: how they hear stories of neighbors and acquaintances being victimized; they have multiple family members who have been hurt or killed; how they themselves have been the victims of brutal gender
violence and rape; and how they endure abuse at the maternity clinic at the first and
most vulnerable moments of motherhood. The ubiquity of violence creates an acute
sense of fragility and fear that is frequently experienced through an embodied transient
panic called _umbilini_. I described this cultural idiom and show how Xhosa women
consider it normal and banal, but at the same time disturbing and frightening because
_umbilini_ often (but not always) presages “bad news” of a family members’ Injury or
death. Finally, I discussed the way that routine testing for HIV in the antenatal clinic and
the high prevalence of HIV/AIDS in the township makes HIV/AIDS a reality or potentiality
for all Xhosa mothers. Mothers who are HIV-positive, in some ways, live parallel lives to
other Xhosa mothers as they deal with illness, stigma, medication, the shadow of death,
and the possibility—while pregnant—of transmitting HIV to their unborn baby.

In the discussion, I posited a framework for how Xhosa mothers’ subjectivity is
shaped by these specific ways of suffering. For example, food insecurity creates worry
about children’s hunger that transcends the actual availability of food. Everyday
violence, especially gender violence, creates a sense of the fragility of life,
powerlessness, and impending tragedy. This is embodied in the experience of _umbilini_,
predictive panic. The routine of antenatal HIV-testing makes getting prenatal care a
fraught experience; and although HIV-positive women feel a certain amount of comfort
in the thought that HIV-infection is a “common” problem (see Chapter 8), they worry
about transmitting HIV to their unborn babies; furthermore the possibility of vertical
transmission is so stigmatizing it is rarely spoken about (see Chapter 8).

This chapter has its own story, but it is also meant to serve as a touchstone for
understanding and interpreting the next three chapters. As I share my participants’
anxieties during pregnancy (Chapter 7), their conceptualization of “good” motherhood
(Chapter 6), and their process of coping (Chapter 8), I hope that this chapter might serve
to deepen and broaden the meaning and emotional force of their stories.
Chapter 6
Xhosa Motherhood: Concepts, Norms, and Relationships

Everyone, mother comes first, no matter somebody stabs you, no matter I’m gonna go to, I’m gonna go to deliver, like, my first child. First comes mother, there’s nothing [that happens when] you don’t think of your mother. But just think sometimes, “mother, mother.” One that didn’t do nothing. First thing in your mind, “ngumama,” no matter you are where, no matter you are in darkness. Most especially when your mother leaves you, you will never see life; you will always think of the mother, “mother, where’s mother?”
[M036_03B; spoken and transcribed in English]

6.1 INTRODUCTION

This chapter explores what motherhood means to Xhosa mothers. Reflecting on their own mothering, how they were raised, and their adult relationship with their mother, Xhosa mothers describe motherhood as a social role that has specific normative affective, moral, and practical components. These components can be understood as separate categories, but in practice they are intertwined and mutually constitutive. For example, the emotions that are associated with motherhood have a strong moral component: a “good” mother “should” feel pained when her child is upset. Normative emotions also guide practice: a “good” mother’s emotions “should” compel her to feel empathy toward all children. Practice is also morally defined: a mother “must” provide for her child.

In this chapter, I first discuss the Xhosa concept inimba, which can be loosely defined as maternal empathy or maternal love. However, inimba is more than simply “mother love;” it is a complex concept at the heart of a multi-dimensional social role: inimba is invoked to explain the biological, social, and psychological aspects of Xhosa motherhood. It also elucidates a tension in Xhosa culture between the seemingly mutually exclusive moral imperatives of mothering all children and mothering one’s own
children.

Through the concept inimba, a picture of an ideal or “good” Xhosa mother emerges. The second half of the chapter explores the traits of a “good” Xhosa mother in greater detail. A good mother shows her child that she loves him, and shows him in specific ways.

By examining mothers’ own words about what motherhood is, and should be, we can begin to understand how central motherhood is as a social role and concept in Xhosa culture. Xhosa mothers, by their own estimation, are the agents of justice, empathy, love, and sustenance. Mothers are admired for their intrinsic qualities and positive role in the community, but acutely feel the strain that poverty puts on their ability to care for their own children and care for their community.

6.2 INIMBA: THE XHOSA CONCEPT OF “MATERNAL”

Inimba is a multi-dimensional concept that describes and explains at least three fundamental aspects of Xhosa motherhood: the unique aspects of biological motherhood; the empathic capacity of mothers that allows them to “mother” children besides their own; and the irrationality and power of a mother’s love.

6.2.1 INIMBA IS A SPECIAL BOND THAT ENGENDERS MATERNAL COMPASSION AND EMPATHY

At its core, inimba describes the special love a mother feels for her child. Inimba is a capacity for certain emotions that is forged through the pain of childbirth. Nonyameko explains,

Inimba yinto senditsho mos uye ulunywe apha emazantsi ne kuthiwe yinimba. As soon as uqala
Primarily, *inimba* is explained as a special bond or affective tie that a mother has with her child. This bond is deep and embodied: *inimba* is why, Phumeza explains, mothers can often intuit—perhaps even predict—their child’s pain:


*Okay like what happens, maybe when your child has been beaten and they will say, “the inimba it cuts.” I don’t know how it cuts.*

Minah: Kwenzeka ntoni xa umntanakho ebethwa.

*What happens when your child has been beaten up?*

Phumeza: Kaloku uyava ukuba there is something eyenzekayo emntaneni. [...] Okanye kubekho into ethi khawuyo jonga umntana. Fumanise ukuba nyani nanku uyalila.

*You know, you feel that there is something that is happening to your child. [...] Or there will be something that says, “Oh just go check outside.” And then you will find there he is crying.*

[...]

Sarah: So you’d feel it even before you saw your child?

[...]

Phumeza: Uyiva ngala mzuzu yenzeka ngayo mhlwumbi kulo ndawo.

*You feel it in that moment that it’s happening, wherever.*

For Nonyameko and Phumeza, like most participants, *inimba* originated in, or was caused by, the biological process of birth; thus, it is a capacity or type of sentiment that is related to the biological mother, the physiology of labor, and the embodied “bond”
that the mother has with her biological child. For this aspect of *inimba*, maternal emotion is intrinsically connected to the mother as a physical being who gave life to her child through birth. But in spite of this physical connection, participants struggled to explain exactly what was different between their love for their own children and their love for others’ children, what was different between their love for children and childless women’s love for children, and the apparent ability of some men to show an *inimba*-like compassion for children. For example, Nomfundo explains that although there are many people who love children, their love is just “not the same” because they have never gone through childbirth:

Nomfundo: He inimba yanzima. Eeh inimba yile ibangele uba ubenobubele emntaneni.

Minah: Ja, [inimba] it’s the one that makes you to love the child.

Sarah: Ok, so do people who haven’t given birth, can they have *inimba*?

Minah: Umntu ongenamntana uba nayo inimba?

Nomfundo: Ha ah akayazi.

Minah: No, they don’t know [inimba].

Sarah: Ok, so they can they love kids but it’s not the same?

Minah: Banga bathanda abantwana kodwa ayifani?

Nomfundo: Kodwa bangabathanda abantwana kodwa akufani.

Minah: She says they...

Nomfundo: Nongazange abenaye umntana.

Minah: Says they can love children but it’s not the same because they’ve never had a child.

[M037_03; spoken and transcribed in Xhosa and English]

The difficulty of articulating exactly what makes the love or compassion of mothers and
Although Khetiwe observes that some men will comfort an unknown child in a maternal way, she insists that it is biological motherhood that gives someone inimba, rather than mere compassion.

In contrast, Bongeka realizes that she felt and acted in a maternal way to her siblings before she had her own child:

Sarah: So before, can you have it, can you have inimba when you don't have children?

Bongeka: Depend.

Sarah: It depends. So did you have it before you had your first baby?

Bongeka: Ok. Ndizakuse ndithi ewe ne.

Minah: She’s gonna say yes.

Bongeka: Because ubrother wam let say ubrother wam like ndino brother wam if like ufuna something like kumamam ne and then akanayo yena like mna ndixolele intobana like
Recognizing *inimba* in her pre-motherhood self, Bongeka puzzles over the requirements for having *inimba*. Although to a certain extent compassion for children is seen as an intrinsic trait of mothers vis-à-vis *inimba*, compassion is also understood as a human trait that some people have to different degrees, regardless of their social role. As Bongeka admits, while not a given (“it depends”), it is possible for non-mothers to have compassion for children very much like *inimba*.

### 6.2.2 INIMBA MAKES MOTHERS CAPABLE OF “AS IF” MOTHERING

*Inimba* suggests both an explanation of what makes biological motherhood special and why non-biological mothers can care for other children as successfully as their biological mothers can. In other words, *inimba*, while forged through childbirth, is not only a bond with a particular child, but a capacity for loving all children in a specifically maternal way.

*Inimba* explains the desire a mother has to care for another child as if it was her own child. Some explain this desire to care as compassion; i.e. a mother has *inimba* for her own child and that extends to any child:

Khetiwe: Like xa umhlawumbi iyafana cause uzakuyiqhela lanimba mos xa kulila umntana wakho kuba mawumcomforte umntana wakho but pha ngaphandle uzakuyazi ukuba ngulo ndandi mkhulisile umntana wam ndiyakwazi ukuba mandiphathe kakuhle
Khetiwe explains how the *inimba* she has for her own child, that compels her to comfort him when he cries, is reactivated through an embodied memory of his birth whenever she hears another child crying. Her *inimba* compels her to show compassion for this other child as well. Bongeka describes *inimba* similarly:

**Bongeka:** Inimba ne. eyi ndizakum explayinela like ne Inimba most of the time. Xa umntu enomntana ezele ne.

**Minah:** When someone has a child or is giving birth.

**Bongeka:** And then you must have *inimba*.

**Sarah:** Ok when you give birth to your child you have *inimba*.

**Bongeka:** Yes. Yes. *Inimba*.

**Sarah:** What is *inimba*?

[...]

**Bongeka:** Inimba ne let say umzekelo ndizakuthetha ngam ke ngoku like inimba, inimba and then if umntanan uyalila, umzekelo ne and then ndiyamva mos uba uyalila and then ndizakuphuma mos ndibuze ukuba yintoni like kwezeka ntoni I mean lanto yenziwa yinimba umntanakho uba you feel like andiyazi ukuba kusuke kuthini. Ufila once umntu enze something into emntaneni wakho or if umntana womnye umntu, umzekelo mhalwumbi umntanakhe uyalila then ke ngoku uqonde ukuba une wari because nawe ufikelwa yilanto because nawe uzele. Uqonde like inoba ulilela ntoni umntana ukhubone uqonde ingase umthatho ingase umenze ngokwakho andiyazi kuse kuthini mani.

**Minah:** So [Bongeka] was saying like *inimba*, she will make an example about her, if she hears a child outside crying, that thing that moves you to want to go out and check why that child is crying [...] *Inimba* comes when you see another, [somebody’s] child crying, ’cause all you want to do you want to comfort that child and that is the *inimba*.

[M031_03; spoken and transcribed in Xhosa and English]
While Khetiwe and Bongeka explain *inimba* as the capacity to feel compassion for other children besides their own, others describe *inimba* as causing an empathic reaction to suffering. Here I draw a contrast between compassion, which is feeling sad for or having pity for another; and empathy, which is understanding or feeling someone else’s distress (Hollan and Throop 2008). In these descriptions, *inimba* makes a mother feel the pain of the crying child, much like she would if the child was her own:


Minah: She said like, she is going to make an example about her baby. Like, if you see your baby is in trouble, you know how...you have that compassion. You feel the sadness and that’s what it is.

Thembeka: As if ngowakho.

Minah: Noba ayingowakho?

Thembeka: Noba ayingowakho ewe.

Minah: She said like, even that even goes to even to other people’s children – that’s when you feel their pain.

[M011_04; spoken and transcribed into Xhosa and English]

Thembeka explains that *inimba* means if her own child was suffering she would feel that pain and show him compassion and, by extension, another child’s pain would cause her to feel his pain *as if* he were her own child. Thus, Thembeka’s explanation hints at a feeling slightly different than the compassion Khetiwe and Bongeka felt for the crying children in their hypothetical examples: the cries of the other children that Thembeka hears cause her the *same* pain that her own baby would evoke. In other words, she feels a pain *as if* she is this other child’s mother.
Nolitha also understands *inimba* to be a kind of maternal empathy, which she explains as a type of insight or knowledge about how children should be treated:

Okay masithi ne wena unalo mntana ne, mna ndino Mbali wam ne so wena uyasokola. Mna ndiright ndirich umhlawumbi noMbali wam ukhubone. So ndizakukwazi ukunceda umntana wakho ukhe ubone because nam ndinomntana nam ndiyayazi ipains zomntana. And then ndiyayazi ukuthi umntana bekumene aphile njani ne. So xandnibona ukuthi nina niyasokola kwicala lenu. Ndiyakwazi ukuninceda because ndivela ndicingela ingathi ngowam umntana ndiyiva ingathi ngowam umntana xa ndimbona umntanakho mhlawumbi ehaba ngenyawo abe owam enxibile. So ndine nimba nje ngomzali.

Okay, let’s say like you have this child and I have my [child], so you are struggling and me, I’m alright and rich. Maybe mine, can you see, so then I’ll be able to help your child, can you see, because I also have a child because I also know about labor pains. And then I know about how the child should live. So, when I see that you are struggling on your side, and I’m able to help because I think as if it’s my own child. So like if your child is walking barefoot and mine is wearing shoes, then I have *inimba* like a parent.

[M006_03; spoken and transcribed into Xhosa; Xhosa translated by MK]

Nolitha explains how *inimba*, a type of knowledge about love and suffering gained through childbirth, lets her understand and act towards this other child as if it were her own child. In other words, because she has her own son, she would feel the pain of the other mother who would be anguish that she could not provide for her child’s basic needs, and she would feel the pain of the child as if she were his mother. In this case, Nolitha empathizes with the child *vis-à-vis* empathizing with the mother. Nokuthula echoes Nolitha’s description:

Nokuthula: Ndinayo ngoba ndingaveli ndithande aba bam abantwana ndinabo lo wam umntwana ndinaye. Lo noba seyingengo wam ndiyakwazi ukumcingela lowa wala mntu ngoku ingengo wam ndimthathe as ba ngowam. Like selynambile mhlawumbi umamakhe akeko ndimphakele ukutya atye umntana.

Minah: So she says it’s like because, like even her own child, she knows how to think for her other child because she also has a child. For example if somebody’s child is hungry she would know and then she will give that child food.

[M005_03; spoken and transcribed in Xhosa and English]

Thus, as described by Thembeka, Nolitha, and Nokuthula, *inimba* is an empathetic feeling
toward other children based on a correspondence between a woman’s own child and all children; and a correspondence between a woman’s own experience as a mother and all mothers.

The aspect of *inimba* that creates empathy for other mothers and children, can also, according to some participants, extend to the maternal feeling someone can have toward anyone:

Lungiswa: Inimba luvuyo.

Minah: She says ‘inimba’ is happiness.


Minah: She says like, its happiness or joy or love. It’s like if you… If she is swearing at me and shouting at me and then you will come and be on my side then that is ‘inimba’ because you feel the pain of her shouting at me.

[M009_03; spoken and transcribed in Xhosa and English]

Lungiswa first invokes the loving aspect of *inimba*, but then explains how this love—of humanity, in this case—can swiftly turn to empathic pain if someone is being hurt or treated unfairly. Similarly, for Nonyameko,

Uyamkhathalela wonke umntu ngoba uayazi ukuza komntu kubuhlungu akukho mnandi.

*You care about everyone because you know that the coming of humans is painful, it’s not nice.*

[M008_03A; spoken and transcribed in Xhosa; Xhosa translated into English by MK]

Like others, Nonyameko links *inimba* to the pain of childbirth, but explains that because all humans are born in pain, as a mother, she has empathy for all. Nonyameko’s formulation of *inimba* resonates with the scholar Gobodo-Madikizela. She argues for this expansive understanding of *inimba* as a maternal empathy that extends to all
humans. In her work on South Africa’s Truth and Reconciliation Commission (TRC), she spoke with Xhosa mothers who invoked *inimba* as the reason they were able to forgive their sons’ murderer. *Inimba*, these women explained, originates in the womb, the very home of biological motherhood, and allows them to love *all* people as if they were their own children (Gobodo-Madikizela 2004; 2011b).

6.2.3 *INIMBA* CAN BIAS A MOTHER TOWARD HER CHILD MAKING HER UNJUST OR UNFAIR

In surprising contrast to the warm empathic love imparted to *inimba*, it was also invoked to describe the irrationality of a mother’s love. As described colorfully by Minah, “you become a porcupine, your quills shoot for protection without thinking.” As commonly described, *inimba* can cause a mother to blindly take the side of her own child in a fight with another child, to love a child fiercely despite his wrong doing, or to cause a mother to lie to protect a guilty child. Here, Zintle describes this side of *inimba* in broad terms:

Minah: So [Zintle] said “oh yes it’s like when your child is wrong and you don’t see their wrongs it’s inimba”.

Zintle: Ewe. Umthethelele nyani while erongo. Umthethelele umele. Then kuthiwa yinimba.

Minah: She says like “yea you will stand up for real when your child is like seriously wrong and then that’s *inimba*”.

[M022_03; spoken and transcribed in Xhosa and English]

Many mothers gave specific examples of this aspect of *inimba* that involved defending or lying on behalf of their child even when they did something criminal:

Sisiwe: If ba mandithi sisi ne like umntanam. Mandenze ngomntanam lo uyinkwenkwe uba ngaba umntanam oyinkwenkwe ustowuthi. Kwalapha endlini ndiyamazi nam uba ustowuthi ne. So ndive uba nanko wenze into ethile okanye ndive kuthiwe naku
Akhona and Sisiwe dramatize how a mother may act in front the police. They would brazenly lie to protect their child, even, in Akhona’s example, giving him an alibi (“he was not there”). Similarly, Nomonde gives an example of a mother who “fights” for her child’s innocence when he has engaged in violence against another person:


Minah: Ok she says like, it’s like, uhm, if like you have kids in the house and then they fight, even if like though it’s your child who started the fight, you always take your child’s side. Or if like they go outside and they fight and they stab other people or your child stabs somebody you never take the other person’s side, you always like fight for your child, so that’s how she describes it.

[M017_03; spoken and transcribed in Xhosa and English]
Even in a situation of violence where the child has stabbed someone, Nomonde says a mother who has *inimba* would “always take her child’s side.” In her example, the mother would “fight” for her child who is literally fighting; this metaphor underscores the empathic connection that is seen to cause this type of maternal behavior.

This type of *inimba* is often referred to by the women as “cheat *inimba,*” “wrong *inimba,*” or “biased *inimba.*” It is portrayed as something mothers are predisposed to do, but not something they *should* do. Indeed, Nomava describes the possibility of two different *inimba* behaviors, a mother that acts judiciously and one that acts irrationally in defense of her child:


Minah: Ok she said like the way she understands it is like if like a child is playing outside and then maybe they get cut and then they come back crying and then the mother will have *inimba* because they will either they will go outside and find out what happened or they will go outside and shout at the person.

Sarah: Uh-huh.

Minah: Ja, that’s how she knows of *inimba.*

Sarah: Ok. Do you know why they’re shouting?

Minah: Uyayazi ukuba kutheni lento eshawutisa?


Minah: Says it’s like I don’t know maybe it’s just because, maybe the child birth is painful, so
you don’t just want to let your, if like your child’s in trouble you can’t just let it go so you have to do something about it.

[M019_04; spoken and transcribed in Xhosa and English]

For Nomava, *inimba* creates the need to protect your child (“you can’t just let it go”), but the mother can choose which way she enacts it—judiciously where she speaks to all of the children, or irrationally where she shouts at the other children without finding out what transpired. The imperative to act, but with an awareness of the choices involved, gives this type of *inimba* an explicitly moral component. Nolitha, for example, is explicit about which *inimba* behavior is the “right” one:

_Bakhona omama abanjalo abakwaziyo into yobana akwazi into bana athi xa omnye umntana esliwa nomnye umntana ahambe ayobetha la mntana. Before asazi isistori ukhe ubone. Okanye umhlawumbi ibingwakhe orongo okanye noba owakhe urongo angafuni owakhe kuthiwe urongo orongo ngulowa. Ukhe ubone so which is ayondlela yo yokhulisa abantwana leyana uyamosha mos ngola hlobo but kufuneka uba lungise abantwana kube luxolo kubeluxolo noba ngomphi oright ngomphi obe rongo bona maba xolelane kube right._

_Yes there are mothers like that who are able to, when they know that, when I child is fighting with another child, they go and hit that other child, before she knows the whole story, you see? Or maybe it was your child that’s wrong, but they are not able to say their children are wrong. Can you see? So that means, that is not the right way to raise a child because they are spoiling the children. She must be able to correct both children so that there’s peace. It doesn’t matter which one was wrong, they must forgive each other. Things must be right._

[M006_03; spoken and transcribed in Xhosa; Xhosa translated into English by MK]

Nolitha articulates what many of the women allude to: a good mother is one that is loving _and_ fair; but if a mother loves her children too deeply, she can act unfairly towards other children. “Wrong inimba” highlights a specific morality of motherhood: a mother must act in love and with love, treat all children equally, be a moral compass and impart that morality to her children through discipline. The expression _inimba inamamenemen_, shared with me by Minah, “*inimba* is a hypocrite,” elucidates the awareness that _inimba_ can cause a mother to act so strongly in love for her child that
she acts against her loving nature in another sense. *Inimba*—a deeply felt, embodied maternal sentiment—should compel *good* mothers to act according to those norms.

Here, Minah, our participant Phumeza, and I discuss some of normative aspects of *inimba*. Minah emphasizes how a “good mother” might respond as opposed to the one who acts purely on her *inimba*. A note, Phumeza understands and speaks English, but in this excerpt, besides saying “Ja” (“Yes”), she responds to my English and Minah’s Xhosa in Xhosa.


Phumeza: Like abantwana njani abantywana bam?

Minah: Ha ahaa umntanakho nomnye umntana womnye umntu.

Phumeza: Ewe iyenzeke.

Minah: Uye unqandele omphi umntana.

Phumeza: Kaloku ukuba ungu mama urniture uzabanqanda boba yi two and then uyibuze ukuba ibiqalele phi na qha.

Minah: Uba ungumama orongo.

Phumeza: Uba ungumama orongo uzakuncedisa umntanakho ubethe lo.

Minah: [Giggles] So I was saying like you know, asking about the inimba where people the kids are fighting, says like if you are the good mother you will separate both of them and find out what happened, but if you are the mother who the inimba is, only you choosing one side then you will help your child beating the other child.

Sarah: Ok. So but so a good mother. Do you mean that really like inimba isn’t, makes you not good sometimes?

Minah: Ja.

Phumeza: Ja.

Sarah: How, what do you mean?
Phumeza: Kaloku uchoose isides uqonde mawuncedise umntanakho yedwa.

Minah: Like, like if you are a good mother, it’s that compassion, it’s that maternal instinct right? So a good mother, you have to train yourself to always listen to both sides of the story.

Phumeza: Ja.

Sarah: Oh.

Minah: Because your natural thing is to be on your child’s side, whether they wrong. Because they are in danger, so you not thinking about, they could have been the cause of this problem whatever.

[...]

Sarah: So a good mother trains herself to be fair.

Minah: To be fair at all times and to listen to both sides of the story, or when the child, like for instance I think one of the example that she made was like someone who steals somebody’s thing and then the mother saw that but when the police come say, “No no not my child, not my child,” so a good mother will say uhm, when the kids are playing and then they are fighting and discipline both kids instead of like disciplining the other child.

Minah and Phumeza echo others’ descriptions of “wrong” inimba, however Minah and Phumeza emphasize that it is “natural” for a mother to defend their child even when they are in the wrong. To feel compelled to defend your child is inimba itself, the hallmark of a “good” mother. “Wrong” inimba, by contrast, is when a mother, feeling this natural and good love for her child, has not “trained” herself to be fair and judicious despite her maternal instincts.

Stories of “wrong inimba” are prescriptive and normative. They warn women to be just and fair to all people and children despite their irrational and unjust tendencies. But, at the same time, they forgive mothers for their immoral or irrational behavior, if the cause is this deep, instinctual maternal love.

Mothers with inimba are loving; mothers with “wrong inimba” are also loving,
but act “wrongly” on that love. The only mother that is not a “good” mother, is one that has inadequate *inimba* or none at all:

Sarah: Are there moms that have too much inimba, or don’t have enough inimba?

Minah: Bakhona omama abane nimba eninzi nabangenayo okanye iyafana?

Ntombi: Abanye banayo.

Minah: Mhhh.

Ntombi: Ewe abanye banayo kodwa abanye hayi abanayo.

Minah: Says some they do, some they don’t. Ngabatheni aba bangenayo?


Minah: Says like, I was saying give me an example, says like some moms when like their child who is naughty and then has been beaten up and then he’s been, and then she will say no go on, carry on beat him and then haiybo [wow] it’s your child and then the mother will say I know, but I’ve already had enough of him, he is uhm naughty business.

Sarah: So that’s a mom that doesn’t have enough inimba?

Minah: Ja.

Sarah: Ok. Ok. And one that has too much?

Minah: One nimba eninzi?

Ntombi: Uyamthethelela ngoku amoshayo.

Minah: It’s the one who’s like standing by his side even though he’s in the wrong. [M033_03A; spoken and transcribed in Xhosa and English]

As explained by Ntombi, the mother that “stands by his side even though he’s in the wrong” is acting with the “wrong” type of *inimba* or is not controlling her inimba to act in the best manner, but is still a “good” mother. But the mother who beats her own
child, or encourages someone else to beat him, because she has “already had enough of him” and judges him by his actions (“his is naughty business”) rather than loving him despite them—this is not a good mother by Xhosa standards.

The concept *inimba* elaborates the importance and complexity of empathy and compassion as maternal traits. It also identifies love—both the capacity for and demonstration of—as the most important and fundamental trait of a “good” mother. When participants were then asked to describe motherhood in a more concrete and relational way, they introduced traits, behaviors, responsibilities, and imperatives that, while related to empathy, compassion, and love, gave a more detailed and nuanced picture of Xhosa motherhood. Because of the way the question was worded (“Can you describe what a good relationship between a Xhosa mother and child is like?”), many participants chose to describe an “ideal” mother-child relationship—for some, this was in contrast to their own mother, for some, their own mother was the exemplar.

6.3 LOVE IN THE MOTHER-CHILD RELATIONSHIP: WHAT “GOOD” MOTHERS DO

In a context where most children are raised for at least some of their childhood by their grandmother, often far away in the “village,” “mother” is nevertheless a rich cultural concept and an important person in participants’ young and adult lives. The detail and emotional intensity with which most participants described aspects of an “ideal” mother-child relationship or their actual relationship with their own mother is an indication of its importance to them and in the culture. The importance is also poignantly manifest in the narratives of women whose relationships are, in their estimation, far from ideal or whose mothers have passed away.
Although few participants mentioned explicitly the primacy of the mother-child relationship, those that did were emotional and vivid in their rendering. Nonyameko speaks about the intimacy of breastfeeding and how that builds a bond with the child that makes the mother the most important caretaker in the child’s eyes:

A person who is a mother she’s the one who’s loving towards the child. Because in the beginning, when the child is an infant, she gives the breast, when the child is not well, she’s the one who will feel it in her breast because the child wont want to feed, so she’ll see that the child is not alright. She has that care towards the child. Whatever the child needs, she needs it from the mother. She doesn’t first go to the father.

[M008_03A; spoken in Xhosa; transcribed in Xhosa; translated into English by MK]

Akhona speaks about that same primacy, but from the perspective of an adult. Mothers, she explains, are the forces behind their daughter’s greatest accomplishments and greatest failures. Whether you look back and see all that your mother has done for you, or you look back and wonder where your mother was during your formative years (her mother is an abusive, neglectful alcoholic), “mother” is always foremost in a person’s thoughts:

It works, because there’s a, people they graduate... They say, “because I’m like this now, it’s because of my mother.” Everyone, mother comes first, no matter somebody stabs you, no matter I’m gonna go to, I’m gonna go to deliver, like, my first child. First comes mother, there’s nothing like, you don’t think of your mother. But just think sometimes, “mother, mother.” One that didn’t do nothing. First thing in your mind, “ngumama,” no matter you are where, no matter you are in darkness. Most especially when your mother leaves you, you will never see life; you will always think of the mother, “mother, where’s mother?” But I wish, and I hope that, it will come that day; maybe it will come a mother who gives me that love.

[M036_03B; spoken and transcribed in English]

A surprising answer to my question “Does your mother love you?” also speaks to the sense in which many participants view the mother-child relationship as fundamental
and the love between them as a given—many women simply laughed at me:

Themba: I know she must love me because I’m her child! [Laughing]  
[M016_03; spoken and transcribed in English]

///

Sarah: Uhm, uhm, did your mother--does your mother love you?

Phumeza: [laughing]

Sarah: Did, uh, how do you know?

Phumeza: Yoh undikhulisile mfondini la mfazi.

Minah: “Eh!” [she] say[s], “that woman raised me!”  
[M013_03; spoken and transcribed in Xhosa and English]

///

Sarah: So, oh so, uhm, does your mother love you?

Minah: Umamakho uyakuthanda?

Does your mother love you?

Thandokazi: Ewe yhu! [Laughing]

Yes, wow!

Minah: Yes, yhu! [Laughing]

Sarah: [Laughing]  
[M038_03A; spoken and transcribed in Xhosa and English; Xhosa translated into English by MK]

Although there was this theme of the inevitability of love between a mother and her child, it was more common for participants to readily identify specific acts or attitudes that exemplify or forge that love. Indeed, from most narratives, it was clear that the love they felt their mothers had for them was not inevitable or self-evident, but shown in specific, knowable ways.

The narrative style of my participants is replete with examples and stories that
show rather than tell what they aim to articulate. Interestingly, this “style” corresponds to a powerful cultural theme that emerged throughout the data, that actions speak louder than words. This belief is central to the understanding of how a mother should act toward her child. It was unanimously asserted by my participants that a mother should love her child; but this love is not usually spoken of, but rather demonstrated in her everyday actions. As Vuyelwa puts it,

Vuyelwa: [A mother’s love] is care, when you care a lot for your child and when you honest enough and when you show love.

Sarah: How do you show love?

Vuyelwa: The things that you do.

[M041_03; spoken and transcribed in English]

Indeed, according to all of my participants, an “ideal” mother-child relationship is a loving relationship where the mother shows her love. Saying “I love you” was only mentioned by one participant, and others explained that saying loving things while not showing them, could not be trusted as a true indicator of a mother’s feelings: a “good” mother shows that she loves you consistently through her everyday actions.

For participants, the ways that a “good” mother shows her love can be sorted into two categories, which I call interpersonal and material. The “interpersonal” mode of showing love includes being open and talking with your child about important personal matters, and offering moral guidance to your child explicitly through conversation or implicitly through discipline. The “material” mode of showing love is “providing” for your child’s basic needs and desires, and doing so in a “loving” rather than begrudging or manipulative way.
6.3.1 INTERPERSONAL MODE OF SHOWING LOVE

The interpersonal way of showing love emerged from the concept of “closeness.” Although a mother need not be “close” to her child to be a “good” mother, mothers who are close to their children show their love in explicit and tangible ways. Mothers who are close with their children show their love by talking with their children about their lives in ways that are both emotional and moral. This mother is one “ideal” type of Xhosa motherhood. Participants who have close relationships with their mothers speak about their relationships in glowing terms. Participants who are not close with their mothers are sometimes wistful or bitter; some defend other attributes that make her a good mother, namely, her willingness to “provide” for her children (explored in the next section).

Mothers described by participants as close to their children are open, attentive, and talk about “everything” with their children. “Talking” is not just idle gossip—although casual chatting is also a hallmark of a good relationship—but it is how mothers show their children that they care about their emotional well-being, trust and respect them, and care whether they grow up to be moral and successful adults. The data is mixed as to the development stage of the children in these hypothetical examples; but analyzed together, they provide a general view of a “good” mother’s interpersonal communication with her child of any age.

6.3.1.1 INITIATING DIALOGUE

Initiating dialogue is oft cited as a strong indicator that your mother loves you and cares
about your emotional well-being. Even from a participant who initially laughed at the absurdity of my question, “Does your mother love you?” (see above), she quickly added a specific example of how she “knew” or became aware of her mother’s love:

Sarah: So, oh so, uhm, does your mother love you?

Minah: Umamakho uyakuthanda?

_Does your mother love you?_

Thandokazi: Ewe yhu!

Yes wow!

Minah: Yes, yhu! [wow!] (Laughing)

Sarah: (laughing)

Thandokazi: (laughing) Ebendifowunele nayizolo.

_Even yesterday she called me._

Minah: Even yesterday she called me.

Sarah: How do you know she loves you? She calls you?

Thandokazi: Bendifowunele nayizolo kaloku umamam. Wabuza ukuba sonwabile na.

_She called me yesterday, my mother. She asked me if we are happy now._

Minah: Asking if things are, we are happy now.

Thandokazi: Ndathi ewe.

_I said yes._

Minah: […] Uthi umbona kanjani ukuba uyakuthanda?

_She said, how do you see that she loves you?_

Thandokazi: Yhu ndiyambona kaloku.

_Wow, I can see it!_
Minah: She says yhu I can see.
Sarah: You can see. What do you see?
Minah: Ubona ntoni?

What do you see?
Thandokazi: Kuba kaloku uyambona kaloku xa ekuthandayo uyonwaba na xa uthetha naye efo wunini.

Minah: She says like, you can see when your mother loves you.
Thandokazi: Naxa ekubonayo ngamehlo uyakubona.

Minah: You can see if your mother loves you, even on the phone, even when they see you. You can see how she speaks on the phone, then you can see when she sees you face to face that she loves you.

[M038_03A; spoken and transcribed in Xhosa and English; Xhosa translated into English by MK]

Thandokazi explains that she knows that her mother loves her because she called just yesterday to ask how she and her family were doing. Even on the phone, she continues, she can feel her mother’s love toward her. Thandokazi’s ability to perceive her mother’s love in her voice and in her face when she sees her hints at an intersubjective element of love between a mother and her child. There is a sentiment they share and can communicate to each other that transcends explicit verbalizing.

6.3.1.2 INTERSUBJECTIVITY

This intersubjective aspect is also present in Nomapha’s perception of the different kinds of love her mother and her grandmother feel toward her. For Nomapha, both her mother and her grandmother initiate dialogue with her about her well-being, but Nomapha can sense a difference in the sincerity of their inquiries, which leads her to believe that while her mother and grandmother both love her (they both call her, afterall), only her grandmother truly understands her and cares deeply about her:
Sarah: Uhm, on the whole I have a good relationship with my own mother.

Nomapha: Ja. Pretty much...

Sarah: Yeah.

Nomapha: Do.

Sarah: What...

Nomapha: But...

Sarah: Not totally?

Nomapha: No, I’d [Inaudible] loved it if I had the kind of relationship that I have with my grandmother with my own mother, but...

Sarah: Like what sort of things can you do with your grandmother that you can’t do with your mom?

Nomapha: Can’t talk about my boyfriend with my mom, no.

Sarah: Why?

Nomapha: I don’t know, but like seriously I don’t, she just asks, she’ll ask like, like, like now, because she knows that I have a boyfriend... (Giggling). She’ll just ask how’s he like and we only spoke about him like when, like when she found out I was pregnant and after that no, but my grandmother she’s curious and stuff.

Sarah: She knows everything.

Nomapha: Yes.

Sarah: So you wish that you, you and your mom could talk more about stuff?

Nomapha: Yes, but we, we seriously don’t talk about stuff, talking about TV shows and stuff...

Sarah: Uh uh.

Nomapha: But never about, not never, but rarely about uhm, emotions and stuff.

Sarah: You don’t talk about that kind of stuff. Uhm, so, what do you mean talk about emotions? Like what is your grandma, what do you, what’s, what do you talk to your grandma about?

Nomapha: Well, my grandmother knows when I’m fine and when I’m not. My mother doesn’t. If I say I’m fine and then she’ll be like ok, she’s fine.
Nomapha perceives her grandmother’s intuition that there is another story behind her perfunctory answer of “I’m fine” and her grandmother’s willingness to “go the extra mile” by probing deeper to be a sign that she loves her.

Busi also perceives an intersubjective connection in how a mother speaks to her child. She explains that if a mother and child have a close relationship, they will have “like minds”:

Busi:  Like mna ngokucinga kwam like xa ntidibana ngengqonda udibana ngengqondo njani, like ndikuthathe wena mntana ndikubeke phantsi like ndikuxele into ezi, umzekelo ndikuxelele nge HIV mntanam uzikhusele so na so nge HIV ntoni ntoni naxa une boyfriend wenze so na. Nala mntana athey xana enengxaki aze kumamakhe mama ndathandana ne boyfriend eso na so l e boyfriend yenza like xanan ncebisana.

Minah:  Says like when, she’ll describing it’s someone who is close to her mom is someone who they have like minds who are alike. A similar mindset. Like for example, if you like you’d sit down with your child and say, “Child...” and try to give them advice, even about boyfriends or making up example about HIV, talk about the risk of HIV. And also talk about that child is able to come back to you and say mama, this, this and this is my problem. Ja.

Sarah:  Ok. So you have a like mind?

Minah:  Like-minded and talk together.

In Busi’s example, the mother and child have an intersubjective connection—they are “like-minded”—which is exemplified in the way that they talk to each other. The mother
and child in her example have a mutual respect for each other and show reciprocity in the giving, taking, and asking for advice. In other words, the mother offers pertinent life advice (“Child…” that might help the child not get pregnant before she wants to (“even about boyfriends”) and stay safe from HIV. In addition, she is receptive to the child sharing her problems. The fact that the child comes to her with her problems after receiving advice indicates that the child is both receptive to her mother’s advice and feels safe admitting her struggles to her mother—that her mother will not get angry at her for doing something “wrong.”

6.3.1.3 MORALITY

The connection Busi makes between the importance of dialogue and a mother’s willingness to offer advice and moral guidance was common among participants. Morality emerged, in many instances of interviewing and observation, as a crucial responsibility of mothers. Indeed, many participants explicitly cited moral guidance and discipline as the hallmarks of a “good” mother:

Siyawaba: By giving love to your child.

Sarah: By giving love to the child.

Siyawaba: Uh, and care.

Sarah: And care.

Siyawaba: Uh-huh.

Sarah: So what do you mean by that? What... How do you give love to a child?

Siyawaba: Umm, to show your child how do you love her?

Sarah: How do you show love?
Siyawaba: By letting her to... like, to know what is wrong and what is right.

[M010_03; spoken and transcribed into English]

Here, Siyawaba cites giving a child moral guidance as the main way to show a child love.

Nomava connects moral guidance with a kind of openness that is new to her generation. Indeed, it came up from time to time in conversations that “older” mothers, mothers of past generations, and “traditional” mothers (ones who still live in the rural homeland) are terse and less demonstrative with their children. It is a goal of future research to explore how Xhosa motherhood has changed over time. Nomava, explains that this generation of mothers are able to talk to their children and through this dialogue explain to them the “right” way to live:


I’m saying, can you see, a parent is able to be close to her own child, knowing everything that is out there. Maybe when the child is growing up and is able to sit down with her, and she would say, “When I was growing up, I never had a chance like this, so I would like you to grow up this way, to do this and that, so that your life will be better.”

Minah: Says like the ways she understands, someone who’s close to a child, who will sit down with a child and say, you know what in my time, I never had a chance for someone to talk to me, but I want to talk to you, so that you can see how to grow up, so I never had the chance for anyone to tell me what are the right things that are the wrong things that happen in life.

Sarah: Uh-huh (yes).

Minah: So that’s a close relationship with a mother and a child.

Sarah: So, so, mothers weren’t told by their mothers?

Minah: Abazali benu abadala babe ngaxelwa omazala omama babo babengathethi nabo. All your parents, they were not told by their parents or mothers-in-law, they were not talking to them.

Yes. They were not talking to them. They were not talking about things sometimes, can you see? Things like love, can you see? An old person was not able to sit down with their child and tell them about love and what to do, and that was rare. But now, the mothers of today, they know how to tell us how to grow up, we grow up right, now.

[M019_04; spoken and transcribed in Xhosa and English; Xhosa translated into English by MK]

Ntombi gives a similar example from her own life. According to Nomava’s characterization, Ntombi has a mother of this “new” generation that is willing to reflect on her own life and try to guide her children openly and wisely toward making better choices:


Minah: So she says like, like her mother for example, they have a daughter and then she’s starting a teenage stage and then the mother, a supportive mother will sit down with that child, says I know now you are reaching the stage and you like to go out with your friends and I’m not going to tell you to stop going out with your friends, but there are different kinds of friends, there will be the ones that will be good and some will influence you in a good way, there will be the ones who will influence you in a wrong way and there will be the ones who are drinking, they will want you to drink, but I’m not gonna tell you which ones and I’m not gonna say stop being their friends but I’m giving you wisdom which, like I’m giving you advice that you need to choose the right ones.

[M033_03A; spoken and transcribed in Xhosa and English]

Like other participants, Nomava and Ntombi cite having a dialogue between a mother
and her children as the key to a close relationship; and for them, the thing that makes this dialogue so important in the relationship is that it gives a mother the opportunity to reflect on her own life, share her own stories, and instruct her child on the “right” way to live. Because of this guidance and mentorship, Nomava asserts, children “grow up right, now.”

6.3.1.4 DISCIPLINE

It was common that participants spoke of how “good” mothers would use dialogue to impart wisdom and moral guidance to their children, but some participants added that enacting a certain kind of discipline was also a hallmark of a good mother. Nomfundo describes two child-rearing scenarios and explains how a good mother would act: a) you can give the child everything he wants, but then one day you cannot anymore; and b) a child does something wrong and you need to discipline him.

Nomfundo: Umntu kaloku into ebonisayo umntana umnika into ayifunayo.
Minah: Whatever the child wants.
Nomfundo: Umnike.
Minah: You give it to them.
Nomfundo: Uba urongo kulo ndawo hlala naye phantsi.
Minah: If your child is wrong in some way sit down with that child.
Nomfundo: Ungamngxolisi.
Minah: And don’t shout.
Nomfundo: Uthethe naye.
Minah: Just talk to that child.
Sarah: Ok.

Nomfundo: Luthando ke olo.

Minah: That’s love.

Nomfundo: Uba ufuna into umzekelo uqhele ukumspoyila xa ungenayo ungathi hayi andinayo into ethile uyabona into enjalo. Mxelele kakuhle ke mntanam andinayo into ethile ke ngoku.

Minah: If you are used to spoil your child, and then that time you don’t have, don’t say “hayi hayi hayi” [no, no, no] I don’t have it now, just say, “today I don’t have.”

Sarah: Ok.

Nomfundo: Injalo utethe nje kakuhle.

Minah: It’s like that. And then just...

Nomfundo: And then ungabe umngxolisa umthini

Minah: ...stop shouting and...

Nomfundo: Akutshiwo ukuba awuzokumbetha xa erongo mbethe.

Minah: It doesn’t mean you not gonna spank them, if they are wrong, you spank them.

[M037_03]

The mother in Nomfundo’s first example is willing to “spoil” the child, but when she has no money, instead of “shouting, ‘no!’” she explains to the child that she has no money “today,” implying that when she has more money she will fulfill the child’s request. As I explore in more detail in the next section, in a context of material scarcity, mothers must balance their desire to give their children what they ask for with their limited money and resources; according to the participants, every mother faces this, but “good” mothers handle it by talking to the child. In Nomfundo’s second example, when the child does something wrong, a “good” mother should punish them (“if they are wrong, you spank them”), but they must also use the opportunity to explain why the child is
wrong and teach them the right behavior ("sit down with that child...and don’t shout...and just talk to that child").

Similarly, Nolitha describes the same characteristic of a good mother by using an example from her own relationship with her school-aged son:

Nolitha: [...] Every day [I tell my son], “you must know that your mom she loves you no matter I am beating you because of you did something, you must know that I love you.”

Minah: [Laughs]

Nolitha: He says “hayi, hayi, hayi, hayi, [No, no, no, no] you are beating me with...” and then I say, “uh-uh, it’s because of you are wrong. It’s not that I can beat you because of nothing or what. I am beating you when you are wrong so you must know that I love you”. [M006_03]

In Nolitha’s vivid example, she explains how she explicitly tells her son that she disciplines him because she loves him. She is careful to explain—even in the midst of beating him—that she is not disciplining him capriciously or unjustly. A good mother, Nolitha and Nomfundo emphasize, is one that imparts judicious punishment and makes sure the child is aware of their mother’s judiciousness.

6.3.1.5 OPENNESS

As some of the previous narratives suggest, there is another interpersonal quality that makes for a close mother-child relationship and that is openness of the mother to share her own experiences and “troubles” with her child. Nwabisa describes a “good” relationship as one where the mother is forthcoming with her own struggles and will be open about her own life:

Nwabisa: Okay umntu othandwa ngamakhe. Ngumntu oxelelwa zonke izinto. Mhlawumbi

Minah: She said it’s like when someone is like... someone like that – its someone who like the mother tells you everything, they... even when they go somewhere they will tell you they are going there, month end they will... she will go with you to the shops and buy clothes and buy groceries and pay the shops and she will tell if there is a problem she will tell you and... because the mother will not like all of you, there will be one who is special.

Sarah: Oh.

Minah: [Laughs]
[MO23_03]

In Nwabisa’s example, the mother is open with her child, telling her “everything” including where she goes during the day and if she is having trouble providing for the family. This hypothetical mother provides for her family—perhaps even her adult children’s families (“she will go with you to the shops”)—and because she is close to her child, she will be willing to share some of the emotional burdens of being the household head and main provider, as many mothers are in the township (“if there is a problem she will tell you”). Nwabisa ends her narrative by admitting that this close relationship is rare, perhaps a mother will only have it with her “favorite” child. Minah laughs because that kind of favoritism—while not the hallmark of a “good” mother (judiciousness and fairness are key, see discussion of inimba above)—is a far too common reality in Xhosa families.

Similarly, Bongeka uses an example of mutual openness about finances and money troubles as the hallmark of a close relationship:
Bongeka: Like mna ndithanda ukwenzela umzekelo ngam. Like mna ne mna ndiclose nomama ne because ntoni each and every cent endinayo ne uyayazi ukubangaba ndithi andinayo andinayo nyani ukhube, because soze ndithi ndinayo into apha kum mhlawumbi akho sonka umzekelo endlini or umbane uyaphela and then I mean ayindimanga ndendwa usista wam uyaphangelana nomamam uyaphangelana and then nam ndiyaphangelana . And then kengoku nosista wam naye unomntana so naye ke ngoku mos xa isonka singekhoyo unosithenga isonka ukhubone. But noba sendisitenhenge kanga kanani mna isonka ndiyasithenga isonka noba kungakanani ngemini if asikho asikho. If asikho and then ndiyasithenga because ndiyacinga intobana ndinabantwana and nabanye abantu kufuneka betyile. Andikwazi like imali mani mali ndigcine imali and then naxa ndine problem kengoku mna umamam uyayazi intobana ma kunje nanje nanje otherwise naye athethe otherwise shame akhonto siyifihlayo like uyandixelela everything nam ndiyamxelela everything. Kuyavakala like intobana if mhlawumbi mna mhlawumbi akenantwana yena uba netemba mhlawumbi afowune Thandi akhosonka awuna mali akhonto ithile. Andinamali yophangelana awuna cebo like izinto ezinjalo ukhubone.

Like me, I’d like to make an example about myself. Like, me and my mother are very close because the thing is each and every cent I have she knows about it, if I say I don’t have it, I don’t have it for real, because I wont say I don’t have something because I will never say I don’t have something with me, maybe there’s no bread at home or the electricity is done, and then I mean it’s not only me, I have my sister she’s working also. And my mother also is working, and me too I also work. And then now my sister also has a child because if there is no bread, she could also buy it you see? Even though I have bought so much bread I could buy bread so many times a day if there is no bread. If there isn’t, then I’m buying it because I think “I have children” and also other people need to eat. I don’t know how, like, money and if I have money to keep it to myself, even if I have a problem with my mother, she knows this and that, otherwise she also knows there’s nothing that I hide from her. I tell her everything. You can see that maybe maybe she doesn’t have anything, she has that hope that if she phones Thandie and she has no bread and there’s nothing else. I don’t have money to go to work. Or you don’t have a plan. Things like that.

Minah: So she says like she’s gonna make an example about her and her mother, they very close.

Sarah: Ok.

Minah: Uhm, even like in terms of like, uhm, finances, communication like they talk, like she’s like that kind of a person like even though her mom will know that she will call Bongeka don’t you have a plan, you don’t have bread and like if she’s got problems they will talk and then both of them they will share their hearts together and just like have like a open discussion.

Bongeka explains that because she and her mother are close they are open and honest with each other about their financial situations. Because Bongeka and her mother both work full-time, they share the responsibilities of supporting their extended family.
However, neither of them makes enough money that they have no worries or short falls. She describes that because she and her mother are honest with each other, they can also rely on each other when one of them does not have enough money for food ("bread") for the family. She says even when she is fighting with her mother about something ("have a problem with my mother"), they can still trust each other to be open and honest about money, which is a crucial tool in keeping their large household afloat. Minah's translation during the interview (the translation in italics was done after the interview) highlights the intimacy of Bongeka and her mother's relationship: when Minah translates by using the phrase, "both of them they will share their hearts together," she underscores how being honest about their finances and financial struggles is not an easy or simply pragmatic project, it takes a level of trust and intimacy that Bongeka and her mother are lucky to share.

By comparison, the relationship that Thandokazi describes is also one characterized by open dialogue, but it also includes a notion of authority and respect:

Thandokazi: Si close kaloku zonke izinto siyazithetha sobabini sivane ukuba masithini. Ngoba siyathandana ngela xesa. But uyabona uma xa bendim moshile ndiyakwazi ukuzithoba kuba ndiyaqonda ukuba ndimoshile sivane ke ngolohlobo.

Minah: She says it’s like you are able to talk about everything, you are able, when you have like done something wrong towards your mom, you can humble yourself and apologize and love each other. But is, like if like you saying like someone is close, or making an example about her if she’s close with her mom that is, you talk to each other, you humble yourself when you wrong and you love each other.

[M038_03]

For Thandokazi, a close relationship is one where the mother and child talk openly, but it is one where the child shows respect and deference to her mother by "humbling"
herself if she does something wrong. Like in Busi’s example, the child must be able to trust her mother to not discipline her too harshly if she admits wrong doing—this signifies that the mother is kind and judicious—but Thandozaki’s child also is careful to share her problems with her mother in a way that respects her status as an elder. In exchange for this respect, the mother of this child shows her love despite her faults.

Khetiwe’s also describes a mother-daughter relationship where the closeness derives from openness and respect:

Khetiwe: Mhh. Amamele izinto abazenzayo but into abazenzayo xa bathethane bahlale phantsi.

Minah: So it’s like if you listen to your mom, the things that she wants you to do, or the things that you are doing and then you sit down and talk.

Khetiwe: Bahambe bobabini.

Minah: And then they walk together. Xa besiyaphi?

Khetiwe: Bahlalale be happy naxa besiya evegini beyothenga ivege.

Minah: They’re always together, even when they go and buy veg. Then they must always be happy.

Khetiwe describes a situation where the mother offers advice and the child takes it (“you listen to your mom, the things she wants you to do”), and in return, when the child is honest with her mother about what she does in her daily life, her mother “sits down” with her to discuss it. Also, Khetiwe adds, they spend time together and feel happy when they are together. This positive affective aspect of the mother-child relationship is not often mentioned, but is indicative of how cherished a “close” mother-child relationship is among the participants. Unlike Thandokazi’s hypothetical relationship where the love is built on the serious acts of respect and deference, in
Khetiwe’s mind, the love between them also brings joy. Khetiwe’s own mother is youthful, warm, and filled with entertaining stories; Khetiwe lights up when they are together. Perhaps Khetiwe’s example is not hypothetical, but narrates the best parts of her relationship with her mother.

6.3.1.6 LACK OF OPENNESS

In contrast, some participants’ narratives reflect a bitter disappointment with their lack of closeness with their own mother. Nokhanyo and Akhona echo other participants’ estimation that closeness means having an open dialogue, but they came to this understanding through a perceived lack in their own lives.

Nokhanyo: Mother and daughter. Some relationships, they don’t discuss things – things like sex, boyfriends, and stuff – because the mothers are ignorant.

Sarah: Uh-huh.

Nokhanyo: Yeah. So some people, when you have a younger mother, yeah, then it’s easier to share stuff with them and do things together and stuff.

Sarah: Uh-huh.

Nokhanyo: But I think umm, white people bond much more with their mothers than us.

Sarah: You think so?

Nokhanyo: Because ours don’t talk very much.

Sarah: Ok. So you think the bonding is in talking?

Nokhanyo: It’s in talking, yeah.

Sarah: Ok.

Nokhanyo: Because maybe if I lived with my mom and we shared a lot of things – I talked about sex, boyfriends, and stuff – I wouldn’t be pregnant with my second child now.

Sarah: Oh, you think so?
Nokhanyo: Yes.

Sarah: Ok. So if you... if you lived with your mom you’d were able to talk to her a lot?

Nokhanyo: Uh.

Sarah: Why? What would she have told you?

Nokhanyo: I think she would have told me how she raised us and things like that.

Sarah: Uh-huh.

Nokhanyo: Yeah.

Sarah: Like what other things?

Nokhanyo: Umm, and that I should protect myself – go to the needle [injection birth control] or something.

Minah: Yeah.

Nokhanyo: Encourage me.

Sarah: Ok, but she didn’t.

Nokhanyo: But she didn’t. I wasn’t with her.

Sarah: Ok.

Nokhanyo: And we never talk on the phone that much.

Sarah: Ok. Do you think you’re close with her?

Nokhanyo: We’re very close when I’m with her.

Sarah: Ok.

Nokhanyo: Yes.

Sarah: What do you do when you’re together?

Nokhanyo: When we’re together, we [chat a lot].

[M007_04B]

Nokhanyo makes a comparison not made by other participants, and that is a difference between “white” motherhood and Xhosa motherhood. Perhaps she sees the way that
fictional mothers and children converse on popular American soap operas (which play daily on South African network television in prime time); or perhaps she assumes that because “white” South African women have lower fertility rates and higher rates of marriage, this must be a result of the closeness they have with their mothers.

Regardless of the precise details of her comparison, she sees a direct correlation between her mother’s lack of verbal engagement and her current—and very personally disappointing and distressing—pregnancy. According to Nokhanyo, if her mother had been open with her about her struggles and triumphs, especially with regards to child rearing and her first marriage to Nokhanyo’s father (“telling me how she raised us”) perhaps Nokhanyo would have made better decisions for herself.

Akhona similarly sees open mother-child dialogue as an incredibly powerful tool for a child’s betterment. Earlier in her narrative she tells a detailed story about her neighborhood age-mate who did well in school, went to university, and has not yet gotten pregnant. Akhona credits her neighbor’s successes to her close relationship with her mother. Her friend’s mother, Akhona explains, is deeply involved with her life, gives her advice and encouragement, and shows her a lot of attention. By contrast, Akhona’s mother has a different approach to motherhood that Akhona finds deeply disappointing:

Minah: So wena ungathi indoni ubuhlobo oburayithi phakathi komama nomntanakhe bumele bubenjani?

So for you, how would you describe a good relationship between a mother and her child, how should it be?

Akhona: Kuthetha nomntana.
To talk to the child.

Minah: Kuthetha nomntanakhe.

Talk to her child?


To talk and chat and play with him. And then give yourself to sit down with the child. And not always be up and down [leave home a lot]. And then you give yourself time to look at their homework. Like my mother has never done that for me. And saying, “take out your books.” Or she will say, “Have they given you homework?” I have never even in a dream to hear such a message her say to me. She never said, “[Akhona], did they give you homework at school today? Is there anything wrong that you have done?” Never has mother asked me those things. It is important that you’re asked those things. “Take it, the letter from your bag and give it to your mother.” Or, maybe you take something, or maybe at school you do art, or like, the first thing that comes out in your mind, maybe a dream of having a perfect family [yi access home phandle kubekho umama notata nomntana]. My mother would never say, “You must take out the picture that I drew,” or “come take out your homework, let me help you” My mother, never.

Minah: So ucinga xa njengoba lonto leyo yi relationship engarayithanga.

So do you think [your relationship with your mother] is a relationship that is not good?

Akhona: Yi relationship engarayithanga at least noba yi one day a week...

It’s a relationship that is not alright. Even if it’s just one day a week...

Minah: Ancokole nawe.

[That she talks] to you?

Akhona: [In] a week uzinike [you give yourself] one day to chat nomntanakho [with your child] it’s not a big thing. It’s not a big thing. It’s a small thing, just a few, maybe two hours, three hours to chat.

Like Nokhanyo, Akhona perceives her mother’s lack of interest in her daily life,
accomplishments, or misdeeds, as directly related to her current predicament as a young, unmarried woman pregnant with her second child. For Nokhayno and Akhona, their mothers fail firstly by not opening a dialogue, and then again by not offering them advice or even caring enough to discipline them. As we have seen in this section, these are crucial—though not the only—hallmarks of a good mother.

Although many participants speak of the closeness and intimacy they experience—or could experience—with a talkative, open, morally demonstrative mother, it is also suggested that in some ways this characteristic is welcome, but not wholly necessary. Indeed, Nomava speaks of the past generations of mothers not being communicative with their children, Nwabisa hints that mothers are only truly open with their “favorite” children, Nomapha describes the differences in the love that her mother and grandmother show her suggesting that there are better and worse versions of a “good” mother, and Nokhanyo says that her mother is more open with her when they are together but it is the distance that keeps her mother from being wholly “good” at mothering. Thus, there is room for the possibility that while interpersonal communication is often and emphatically cited as an “ideal” characteristic, someone can be a “good” mother without it.

By contrast, participants explain that “providing” for your child is a necessary act of motherhood. Except in rare cases (explored below), a mother who provides for her child’s basic needs is a “good” mother because providing for your child is necessary for their survival and comfort and shows that you love them.
6.3.2 MATERIAL MODE OF SHOWING LOVE

The most common answer to questions about mother-child relationships was that a “good” mother showed her love by “providing” for her child. However, in some ways, providing was spoken of as any mother’s most fundamental responsibility: it is a mother’s moral obligation to ensure that her children have three basic needs met: food, clothing, and education. Even in circumstances of material scarcity, mothers are expected to use their acumen and resourcefulness to provide for their children. And a kind, thoughtful mother might supplement those needs by fulfilling some of her child’s desires as well. Indeed, although mothers should provide for their children, what they provide and how they approach the obligation were perceived by my participants as powerful indicators of maternal love and affection.

6.3.2.1 INTIMACY AND CARE OF PROVIDING

Here, Nokuthula describes the mother’s imperative of providing as holistic and nurturant. Her elegant description evokes a mother who is attentive to her child’s intimate, daily needs:


Minah: She said like if you see, if you see your child is dirty you wash your child, if you see your child is hungry you give your child food. If you see your child is sick you take your child to the doctor, that is the closeness of the relationship that the mother has with the child.

[M005_03]

With a similar sentiment, but focusing on material needs, Mbali draws an explicit
connection between her love for her child and that she provides for him:

Mbali: Intobana ndiyamthanda.

Minah: Okay, I love my child.

Mbali: Ndiyazama uba ndimnike yonke isupport or care.

Minah: Ok, so she tries all to give the child support and care.

Sarah: What do you mean by support?

Minah: What do you mean?

Mbali: Isapoti.

Minah: Mhhh.

Mbali: Isapoti kaloku ndiyamthengela ukutya.

Minah: I would buy food.

Mbali: Clothes.

Minah: Clothes.

Mbali: Ndimnike imali yasesikolweni.

Sarah: I would give him money to go to school.

[M015_03]

Mbali explains that *because* she loves her child, she would “support” him by buying him clothes, food, and money for school fees (in South Africa, even public schools have extra costs and fees). Although the word participants use most commonly to describe this practice is “providing,” here Mbali uses borrowed English words “support” and “care” instead. Some participants also use the word “care” as a synonym for “compassion” and “love.” Mbali’s choice of words underscores the conceptual links between providing for a child and loving them.
Sisiwe inverts the obligation, saying not that mothers are obliged to provide for their children by virtue of the maternal social role, but that children have a right to be provided for by virtue of the child’s social role:

Sisiwe: Lo mntana ubumzele mgokwakho. And la mntana uziswe nguwe emhlabeni. Zange azicelele nmos uba makeze emhlabeni.

Minah: So she says like that child, you gave birth to that child and that child you are the one, the reason that child is on earth. That child didn’t ask to come on earth.

Sisiwe: So wena kufuneka nantoni na ayifunayo la mntana wena kufuneka umenzele nantoni na. Amalungelo akhe.

Minah: So whatever that child wants you must give it to her or him or whatever because those are his rights.

[Mo34_03]

Although Sisiwe was the only participant to characterize being provided for as a child’s “right,” the sense that providing is not only a mother’s responsibility, but her moral obligation was reflected in many participants’ narratives (see Sagner and Mtati 1999).

6.3.2.2 PROVIDING FOR ADULT CHILDREN

Several participants remarked on the differences between a mother’s obligation to provide for her young child, and the love and compassion she shows by continuing to provide for her child once they reach adulthood. Nokuthula explains that while a mother provides for all of her young child’s needs, she has a different role in her adult child’s life:


Minah: She said like if you see, if you see your child is dirty you wash your child, if you see your child is hungry you give your child food. If you see your child is sick you take
your child to the doctor, that is the closeness of the relationship that the mother has with the child.

Sarah: Ok. Ok. Uhm, how would you describe your relationship with your mom?

Minah: Obakho ubuhlobo nomamakho bunjani.

Nokuthula: Buyafana nobu bomntana but ke umama wam mna ubumntana yena engekakwazi uzenzela nto. Esemncicini mna ndiyakwazi ukuzenzela but ke ngokwe relationship naye uyabonakalisa ngoba andinike ezonto andipha zona ubonakalisa ukuba ikhona irelationship.

Minah: Says it’s the same because not closely the same as the child, so also her relationship with the mother is the same because the mother when she sees she is lacking in something she will help with those things that she’s lacking and, and provide for whatever.

Sarah: Oh but it’s closer when you’re a child. When it’s a mother and a child?

Minah: No she says like because, no she’s saying like because with it, she’s saying it’s not as similar, in terms of like the child you wash and clean.

Sarah: Uh-huh (yes).

Minah: But the only difference with this one is that your mother, because you are old you can do certain things on your own.

Sarah: Oh ok. Ok.

Minah: But she will provide for the things that you need.

[MO05_03]

Although a mother would not bathe her adult child or take her to the doctor, for example, she still provides for her adult child, providing for whatever the adult child cannot provide for herself.

For Lungiswa, the closeness in her relationship with her mother is evident in how her mother still buys her gifts of clothing even though she is married:

Sarah: Ok. Ok. Umm, does your mother love you?

Minah: Uyakuthanda umamakho?

Lungiswa: Eh.
Sarah: How do you know?

Minah: Uyazi kanjani?

Lungiswa: Hayi uyambona mos nokwenzela izinto mhlawumbi intwe ezintle. Akwenzele intwe ntle.

Minah: She said you can see because sometimes she will do like, nice things for you.

Sarah: Like what?

Minah: Into ezinje ngantoni?

Lungiswa: Hayi kuba mhalwumbi nangoku elixesha ndendile uyakwazi andibonele into entle. Into nje ezinto zinxitywayo andithengele kodwa elixesha ndisemzini wam. Andirhalelele kungekuba ndidinga into yokuyithenga kodwa athi hayi ndikurhalelele nantsi into endikurhalelelele yona.

Minah: She says like, “even though I am married, sometimes she buys me things from... even thought I am married, she will see something beautiful, a dress or something, and then say ‘oh, I saw this thing and then I thought you would like it’” and then she’ll give it to her.

[M009_03]

As a married Xhosa woman, Lungiswa’s needs are provided for by her husband and her husband’s family, but her mother continues to show her love by buying her thoughtful presents. In other words, after Lungiswa got married, her mother was no longer obligated to provide, but still uses providing as a way to show her love.

Thandokazi illustrates the mutual love and care that exist in her adult relationship with her mother:


Minah: She says like, I am close with my mom; I try not to do anything rebellious or hurt her purposely. Even if like I do like small things, but even the fact that if she will say, I try by all means to do everything that I can to make her happy, because I’m close to her and like if she says like, she went to bed without food, it bothers her and she will try by all means to make sure that she provides.
Thandokazi shows her mother respect in her words and actions, and in return her mother shows her love and appreciation by giving her food so she never goes to bed hungry. In their adult mother-child relationship, Thandokazi and her mother are aware of each other’s struggles and care for each other as best they can.

6.3.2.3 PROVIDING IN A CONTEXT OF SCARCITY

All of my participants grew up in poverty in the township or rural village and at the time of this research lived in the township with material scarcity of different degrees. Thus, all of their narratives about providing occurred in an environment of material scarcity or inconsistent availability of resources. However, some participants spoke specifically of the challenges of providing for children in context of poverty; some reflected on their childhood and explained how their mother showed them love by providing even in times of scarcity.

Compared to other participants, Nomava had a charmed childhood, but as an adult, she looks back and can see that her mom made a daily effort to provide these special, enriching activities for her:

Sarah: Oh ok. Uhm, does your mother love you?
Minah: Uyakuthanda umakho.
Nomava: Hmmm.
Sarah: How do you know?
Minah: Uyazi kanjani?
Nomava: Ndiyayibona ndibona kaloku ne. Ndiyayazi ukuba uyaninthanda because into
I can see it. Because I know that she loves me because whatever I ask her and she’s able to do she’s able to buy it. Even at school maybe you know like now that I was in school even at school maybe they will say let’s go and watch a book [a play] somewhere [a fieldtrip], can you see, here in Cape Town. We will go out with the school. She was able to afford to give me money and things like that.

Zipho, by contrast, grew up in an environment where her parents had no money for luxuries. In a poignant anecdote, she describes an encounter she had with a social worker as a young child that taught her that, while living in extreme rural poverty, her parents satisfied her basic needs and made her feel loved despite not being able to give her certain items that the social worker said were “necessary” for her to have a happy childhood:

Zipho: Hmm, [if you’re] there for your child [you see]. Even if you don’t have money to provide for anything she wants but at least if ever you are trying to do whatever [you see], then it’s like not about money and all [you see]. So you just have… well, to love your child and be there and talk to her and ever [you see] and give all you can and they can understand if ever you don’t have whatever she wants at that time.

Sarah: Yeah.

Zipho: And make her understand that maybe someday you [will give].

Sarah: So it doesn’t matter if you have nothing, you just explain to your child that you have nothing right now.

Zipho: Uh. Uh. Uh. [Yes]

Sarah: So did you think the social workers have a strange idea about relationships between…

Zipho: Yea, they thought about having everything and all then life is fine. [Friends] and [money]… they are going to make it good everything [you see]. They like telling me about the fridge, yoghurt and all [you see]…

Sarah: Uh-huh. [Yes]
Zipho: There’s a luxuries that you don’t have. They can’t buy love and they can't buy friendship and closeness [you see].

[M028_04; spoken and transcribed in English]

Here, Zipho explains that because her parents showed her love through talking and openness, she understood that they loved her even though they did not have the money to give her “whatever she wants.” Even as a child, Zipho was indignant that the social workers claimed that her parents were not treating her well, and she refused the social workers’ offers to leave her parents. (According to Zipho the social workers were summoned by her older sister—who is now her caretaker—and brother during a family feud). Then and now, with an awareness of the constraints of poverty, Zipho looks to ways that her parents showed her love—closeness and efforts to provide—as proof that they loved her. At the time of the interview, perhaps even more desperately poor than her now-deceased parents ever were, she explains what lessons they taught her about showing love through providing in the context in poverty: money, she says, “can’t buy love and they can’t buy friendship and closeness.”

In the same poor context, but from a different vantage point, some participants spoke of their struggles and strategies in raising their own children with limited resources. As mothers of their own young children, participants speak about making children aware of scarcity and their efforts to provide—not to make them anxious or feel badly about being poor, but to show them that their mother is not saying “no” to certain requests because she does not love them, but only because she does not have the means to buy it “right now.” This strategy reinforces the connection between providing and love, while at the same time teaches children about the realities of
poverty and the ability of a “good” mother to show love even in moments of utter scarcity.

Ntombi talks about using this strategy with her own child to help him understand that while providing shows love, in situations where she cannot provide, a lapse in resources is not indicative of a lapse in her love for him:


Minah: So she says like a, it’s a mother who supports and takes care of their child and then even when they cannot afford you do everything for your child that you can, so when, even if, when you cannot afford for example, your child wants a R1 000 pair of shoes and then that time you don’t have it, then you sit down and tell the child that uhm, “I don’t have that R1 000 now but maybe in November I will be able to afford the shoe because I have budgeted for different things now.”

When a mother explains to her child the realities of poverty that prevent her from being able to provide necessities or gifts, she is reinforcing the normative connection between providing and love, implying that this is what “should” happen under “normal” circumstances. At the same time, she is relying on the other normative mode of showing mother love, interpersonal communication. Through explaining this painful reality of township life, she is demonstrating to her child the closeness of their relationship and the love that she has for him. With two modes of showing a child love, a mother who cannot provide materially can make up for it using the other mode. Nevertheless, Ntombi’s strategy reinforces that a “good” mother will be able to express her love in both ways, under ideal circumstances.
6.3.2.4 MOTHERS WHO DO NOT PROVIDE

Children, having been taught to identify mother love with being provided for, are deeply emotionally affected by mothers who do not provide or who do not explain their lack of provision with compassionate communication. Busi’s story of how her mother refused to give her money for food when she was a young, unmarried woman with a new baby poignantly illustrates how children understand their mother’s love, or lack thereof, through her actions:

Minah: Oh. So they always stay with her grandmother. So when the grandmother passed away they were just the two of them.

Sarah: Ok. And you came to stay with your mom?

Busi: Eeh.

Yes.

Minah: Kwakunjani?

_How was it?

Busi: Nje.

_So so.

Minah: Kwakungemnandanga ne?

_It was not a happy time nhe?

Busi: Mhhh.

_No.

Minah: Nani ngaphethananga kakhule.

_You were not treated well.

Busi: Mhhh.
No.

Minah: [to Sarah] It was not nice.

Sarah: It wasn’t? Why?

Minah: Ngoba?

Sarah: Why?

Busi: Andiyazi but, ndikhumbula nje nngoku utata walo mntana esekhona mos bendimana ndisiya pha ndibuye. Engaphangeli ndimana ndisiya ndibuye.

I don’t know, but, I remember because when the father of this child was still around I used to go there and come back; he was not working but I used to go and come back [she used to visit him, but sleep at home]

Minah: Emaxhoseni.

In the village?

Busi: Ha ahaa e[lokshini]. Ndakhathazeka mini ke ngoku like caba ndandi mkile ke ndabuya, ndifune imali yesonka uba ndilambile maka ndiphe imali yesonka wathi ubana akanakwazi ukundiphakimali yesonke uba ndi over age mandiye kula boyfriend yam kuba bekutheni ze ndithandane ne boyfriend engaphangeliyo mandiye kula boyfriend indinike imali yesonka. So ke ngoku oko nda khubeka ngoko zange ndibe rayithi eeh.

No, in [the township]. I got hurt the day that I went away [to his house] and I got back [home] and I was looking for money for bread. I was hungry, so I asked [my mother] for money for bread, so she said, “you can’t ask for money for bread because you’re over age, you must go back to your boyfriend, why did you fall in love with someone who is not working?” I must go back to the boyfriend to get money for bread. Since that day I was so hurt, I was never alright again.

Minah: Oh, she said like when she came, she stayed there, so she had this boyfriend, but he, the father for the kids. He was not working, so she went and then one day she went and then she came back home and then she asked, she was very hungry, she asked her mom can I have money for bread and her mom says I’m not gonna give you money for bread. You are old enough. You are overage and why did you go out with a man who’s not working? I said since that day things never, were never the same.

As a new mother in a new city, grieving the loss of her beloved grandmother, Busi was particularly vulnerable to her mother’s refusal to give her money for bread and was profoundly hurt. Providing your children with food—the most basic necessity—is seen
by participants as the most fundamental provision. A Xhosa principle that came up in my research in several contexts, to deny a family member food ("not dish for someone") even when it is not strictly life-threatening, is to demonstrate your lack of love and compassion for them and deny their very humanness.

I followed up Busi’s story with a question about her expectations for her mother. She compares her mother’s actions with her grandmother’s who raised her:

Sarah: Ok. What did you wish [your mother] had done?

Minah: Wawuhlalela uba enze ntoni akunike enze ntoni.

What did you want her to do?

Busi: Ndandilhalela like andithathe enye into umntu ebeqhele ukundiphatha ebeqhele ukundiphatha bendimdala ebendiphatha uba ndingumntana because kaloku ndiselapha endlini. Xa ndifuna lo nto wayendini akakhulu wam umntu ebendihlala naye wayendini so apha bendingakwazi ukuzifumana zonke izinto ebendizifuna.

I stayed [with her] so that she would take me like a person who—I was old enough— but she would treat me like her own child because I was still living in the house. When I wanted something, she would give it to me. My grandmother, the person I was staying with, she was able to give it to me. So here, I was not able to get all the things that I needed.

Minah: She said that she wishes she would have treated her like her child, because the person that she grew up with, her grandmother, because she, even though she was old enough, but because she was under her roof and she [as a child] didn’t have anything. She treated her like [her own] child, like whatever she needed will give. So she wishes her mother also could have done the same.

[M020_03; spoken in English and Xhosa; Xhosa translated by MK]

Busi explains that she wished her mother would show her love by providing for her basic needs. Living under her mother’s roof, even though she had a baby and a boyfriend, demonstrates her dependence. Her mother should have treated her with the love a mother has for her child, by providing for her.

In this act of refusal, Busi learned that her mother did not love her the way a
mother should love her child. Thus, when I asked her if her mother loved her, she responded thusly:

Sarah: Did your mother love you?
Minah: Ucinga umamakho wayekuthanda.
Busi: Kancinci.
Minah: A little bit.
Sarah: A little bit? In what way did she love you?
Minah: Wayekuthanda kanjani indlela awayekuthanda ngayo. Yeyiphi indlela awayekuthanda ngayo.
Busi: Wayendithanda xa encokola ebantwini encokola ngam uba, yintombi yam ke le ekhulele ezilalini ntoni ntoni but mna like uthando ndandingaliboni.
Minah: Ok, she said like in, she loved me in the way she talked to people. So she will say “oh, this is my daughter who grew up in the Eastern Cape blah blah blah,” but to [Busi], she did not see that love.
Sarah: Ok.
Minah: For her, she didn’t feel or see the love.

[M020_03; spoken in English and Xhosa; Xhosa translated by MK]

In light of her mother’s mean-spirited unwillingness to provide for her, Busi lost faith that her mother loved her. Perhaps she loved her “a little bit,” she said, but she did not “see that love.” For Busi, like all of my participants, when it comes to mother love, actions speak louder than words.

6.4 DISCUSSION

In this chapter, I argue that the Xhosa concept of motherhood, as described by my participants, entails idealized notions of communality and fairness that are often difficult to enact in a context of material scarcity. This difficulty manifests in the
emotion-laden expression of “wrong inimba” and is strategically mitigated by mothers through initiating communication with their children. In addition, I argue that enactments of “good” mothering, namely “showing” and “providing,” also revolve around, and attempt to solve, the tensions that arise between biological and social mothering in a context of limited resources.

Material scarcity puts Xhosa mothers in a difficult position: on one hand, they are seen as the embodiment of communality, compassion, and fairness who, through their intrinsic capacity for compassion and empathy, must forge and maintain extended social kin networks. Furthermore, in the context of poverty, these networks are crucial for the survival of households which rely on normative distribution of resources to stay afloat (Stack 1974). On the other hand, mothers are also expected to take responsibility for their own child’s survival (see Chapter 5), either directly through providing for the child, or indirectly through financially supporting the child’s caretaker, such as his grandmother. The moral responsibility that a mother has for her biological children is embodied in her intense capacity for love that is seen to originate in the womb—*inimba*. *Inimba* is also seen to extend beyond a mother’s love for her biological children, but tensions can arise when a mother’s loyalty to her own children is tested by her moral obligation to love *all* children—the impulse of “wrong inimba” results. Mothers try to resist the impulse to favor their own children through emotional restraint: Nolitha, for example, explains that a good mother must learn to control her *inimba* and act fairly. Material scarcity also challenges a mother’s ability to show her love for her children through normative behavior. When she is unable to show her love through providing,
some Xhosa mothers initiate dialogue with their children to explain the reasons why the
correlation between love and providing is disrupted. There is some indication that this
type of communication is relatively new and distinguishes this generation of mothers.

Barlow in her work on the Murik of Papua New Guinea (2001; 2004; 2010) argues
that mothers’ emotions and affect are affected by the ideology and practices of
mothering, which are shaped by cultural structures and values. She demonstrates that
what the Murik perceive as “maternal” traits—such as compassion and empathy—are
highly valued in all aspects of Murik culture, not just for mothers and the mother-child
relationship. A mother’s role in the family is to inculcate this expansive understanding of
maternity into her children. Because “the maternal” is the affective substrate that
lubricates all social relationships, the child is enculturated through interaction and
relationships with the wider community, not through exclusive caretaking by his mother
(Barlow 2004). One way that the complex rules of social life are taught to children is by
division of affective roles among different types of mothering figures; for example,
Barlow describes a scenario where a small child transgresses an important cultural norm
of sharing and receiving food. When he takes fish that he is not supposed to, he is
disciplined by his classificatory grandmother and comforted by his own mother. In this
way, the mother maintains the role of empathic protector while another, more distant,
mother-figure teaches the difficult lessons of social life (Barlow 2010). This is an
example of how Murik mothers use multiple mothering to satisfy two contradictory
aspects of the motherhood role: the compassionate intimacy of a biological mother’s
relationship with her child, and the desire to imbue an understanding in the child of the
maternal that transcends the mother-child dyad.

Barlow’s work does not describe women’s emotional narratives that may accompany such mothering behaviors, so it is not known how Murik mothers feel about the complexities and tensions in the mothering role. My work emphasizes mother’s narratives, but does not attend to the daily interactions between mothers and their children as they occur; rather it relies on mother’s reports of these events. Nevertheless, there is synergy between these two descriptions of mothering in that they both complicate the notion that motherhood is either exclusive and intimate or nonexclusive and thus impersonal (see also Seymour 1983; Seymour 2004b); rather, both Murik and Xhosa motherhood roles involve some of both types of mothering. Xhosa mothers’ narratives describe an adherence to cultural norms of intimacy and communality, and the concept inimba embody both of those norms plus the tensions that accompany the dual expectation.

Xhosa mothers’ descriptions of good motherhood revolve around expression of love—“showing”—and attending to children’s material needs—“providing.” Showing love is related to the empathic aspect of inimba: good Xhosa mothers show their love for their children through compassionate communication (i.e. asking how your child is feeling or sharing your own feelings) and intersubjectivity (i.e. empathizing). Participants emphasize that saying, “I love you,” to children is not common, nor is it necessary, because love is communicated through action, not words. Understood in the broader context of Xhosa culture, showing rather than telling makes sense in a community where resources are pooled and redistributed among members of households according
to gender and age, or between households of extended family (Siqwana-Ndulo 2003); in these situations, relationships are forged and maintained through social action. It also resonates with a common Xhosa practice of temporary kin fostering where children are sent for several years—or sometimes their entire childhood—to live with another relative, usually the child’s grandmother, in order to allow the mother to work full-time or care for other children (Collinson, et al. 2003). The “foster mother” will collect the child welfare grant and use that to financially support the child, but since it is meager, the mother also sends extra money for the child. Children are taught to see this money as proof of their mother’s love for them. How Xhosa motherhood is constructed through temporary kin fostering is an area for future research (Bray and Brandt 2007; Rubin 2013).

6.5 CONCLUSION

In this chapter, I explored concepts and practices of “good” Xhosa motherhood. First, I discussed inimba, a multi-faceted cultural concept that means mother love, but also compassion, empathy, instinct, and loyalty. Participants parsed different aspects of inimba, the loving, empathic side and the “wrong” side. “Wrong inimba” is when a mother’s intense love goes unchecked and she shows love and loyalty for her child more than she shows equal love for all children, another aspect of ideal Xhosa motherhood. Next, I examined normative mothering vis-à-vis participants’ discussions of “showing love” and “providing.” We saw that Xhosa mothers are expected, at the very least, to provide materially for their children, and, in the best cases, forge intimacy with their children through communication, guidance, and discipline.
In the discussion, I explored the context that may explain the tension exemplified in the *inimba/wrong inimba* dichotomy. In light of the ideals of social mothering and fairness, *wrong inimba* may represent a rationale or explanation for failing to display the proper amount and properly distributed maternal love. The constructs of showing and providing also illustrated a tension in enacting good Xhosa motherhood in a context of scarcity. If a mother shows her children love by providing for their needs and desires, how does a mother love if she has no money to provide? By contrast, “providing” helps resolve another disconnect in Xhosa mothering, that between showing love and “sending” your child to live temporarily or permanently with another family member. Although a mother cannot see her child often, it is seen as crucial that the child “knows” that his mother loves him. Providing from afar is a straightforward way for a Xhosa mother to show her child love over a long distance.
Chapter 7
Becoming a Xhosa Mother: Social and Emotional Transformations

7.1 INTRODUCTION

In this chapter I argue that pregnancy is a time where Xhosa women are actively aware and engaged in the social processes of becoming a mother. As anthropologists have shown around the world (and I discuss further below), pregnancy is a culturally shaped process of personal and social transformation. It has the power to inscribe and re-inscribe important cultural values on the mother and baby. The mother especially is subject to transformation as she is responsible for raising the baby to be a proper social being and cultural participant. For my participants, pregnancy is a time where they become acutely aware of the moral order of the Xhosa household and of the power and fluidity of social relationships. Their emotional experiences navigating these moral and social realms teach Xhosa mothers about interdependence and obligation in Xhosa family life, the vagaries of male gender and fidelity, and the way that material scarcity raises the stakes for creating and maintaining strong reciprocal relationships.

7.1.1 REPRODUCTIVE NARRATIVES

In order to begin to understand the emotional lives of Xhosa mothers during pregnancy, as soon as we met and recruited women to the study, Minah and I created space in our interviews and interactions where the women might share stories about their previous and current pregnancies (see Harrison and Montgomery 2001). I was especially attuned to the ways that women shared their emotional experiences within these reproductive
narratives. During the first interview, as we attempted to get to know the participant, we often asked her to tell us “the story” of her pregnancy (and previous ones, if applicable), whether it was planned, how she felt about being pregnant, and how the baby’s father and her family reacted to the news of her pregnancy. In the second interview, we administered the EPDS and RFA; the first question of the RFA is “I feel pleased now that I’m pregnant: yes or no.” While some women simply answered in the affirmative or negative, more women used this question (and our follow-up question, “Why?”) as an opportunity to elaborate on whether and why they were “pleased” or not, yielding additional insights into how pregnancy, motherhood, and emotional experience were related.

Certain patterns emerged in the narratives indicating which events carried more cultural and emotional significance: how the participants planned or did not plan the pregnancy, how she discovered that she was pregnant, how she disclosed the pregnancy to the baby’s father and her family.

Personal discovery of her pregnancy and disclosure of the pregnancy to the baby’s father and family were significant and emotionally laden experiences for the participants, who felt elated, excited, dismayed, fearful, regretful, ambivalent, or some or all of these emotions at once. There were also differences in how the women chose to narrate their experiences: a few were explicit and precise in their narrative, but others were more vague, euphemistic, and contradictory. Sometimes the narratives illuminated conflicting and changing feelings. These variations, conflicts, and contradictions underscored the complexities of being pregnant and mothering, the fluid
nature of emotional experience, and the quickly shifting realities of township life.

7.1.2 THE SOCIAILITY OF PREGNANCY AND MOTHERHOOD

As reproductive anthropologists argue, reproductive events—conception, pregnancy, pregnancy loss or birth, breastfeeding—are biological as well as eminently social (Jordan and Davis-Floyd 1993; MacCormack and Strathern 1980). Gestation and birth entail the production of a new life and member of the cultural community; and they also entail the figurative birth of a new social being—the mother (Davis-Floyd 2003). This new social role—like all social roles—is inscribed with important cultural values; and because biological reproduction is also how a social body reproduces itself, reproductive events including the “birth” of a mother are culturally elaborated and symbolically laden across cultures and communities (Ginsburg and Rapp 1995b).

For my participants, becoming pregnant, whether with their first or with subsequent children, also foretold a noticeable shift in their social world. The changes started during pregnancy: for some unmarried women, they anticipated or experienced shame and disappointment both from themselves and their family; for some married women, they felt more secure in their marriage having fulfilled its most important duty. Women worried how their boyfriends and husbands would respond to the news—would he stay in the relationship? Would he formally acknowledge his paternity and pay for the baby either informally or through the Xhosa ritual called “paying damages” (Preston-Whyte 1993)? They also needed to tell their family about the pregnancy, knowing that how, when, and to whom they disclosed the pregnancy would strengthen, change, or perhaps damage these fundamental relationships.
In women’s worries, fears, and ambivalences they demonstrated an explicit understanding of pregnancy as a social phenomenon. Their narratives illustrated their understanding that they were gestating and giving birth to a baby that would soon be in the world. When we asked them, “Are you happy about being pregnant?” this question was interpreted as more than a query about their internal, subjective state, but whether they were happy about becoming a mother to this baby, with all the social and emotional complexities that would entail. Even first-time mothers seemed all too aware of the challenges of motherhood: a new baby transforms a woman into a mother whose primary role is to (re)shape her perhaps unstable, dangerous, unwelcoming, or fragmented social environment into a safe, healthy, nurturing place for the baby to live and grow. As this chapter explores, how each mother imagined and began to enact this task influenced her emotional experiences during pregnancy.

7.2 MAKING PREGNANCY PUBLIC

7.2.1 “I WAS SCARED TO TELL HER”: THE DISCOVERY AND DISCLOSURE OF PREGNANCY

For young unmarried Xhosa women, especially those who live in their natal home, disclosure of their pregnancy was an emotionally fraught event. Much was at stake: having children out of wedlock, though common in contemporary Xhosa township culture, is nevertheless stigmatized (Preston-Whyte 1993), especially while the woman is still pregnant. Older family members, most often mothers and grandmothers—as female-headed households are the norm (Lee 2009)—play a crucial role in defining and maintaining the moral world of the family. How they react to the disclosure profoundly affects the pregnant woman’s emotional well-being as well as her ability to mobilize
resources and social support essential to raising the child.

Because of the stigma and fear of disclosure, many participants reported hiding their pregnancy from their family and friends as long as possible. For these women, being “discovered” as pregnant by female family members or neighbors was common, as was denying the pregnancy—both to others and themselves:

I was scared to tell my mom, but she was keep on telling me I’m getting fat, but I didn’t know nothing at that time and then one of my friend told me that I’m pregnant and I said, “No man!” and then I went to buy the tester and then it say “positive.”
[M031_01; spoken and transcribed in English]

In December, I was getting fat, so other people said that I am pregnant and I said, “No, I’m not pregnant.”
[M034_01; spoken in English]

Oh no shame, the pregnancy treated me very well because I didn’t know, I didn’t understand that I was truly pregnant because there was one elder in our family who kept telling me I was pregnant, and I kept saying, “I don’t have anything; I have nothing.” I only realized when I felt something kicking, then I thought it must be the truth.
[M020_01; spoken and transcribed in Xhosa; Xhosa translated into English by MK]

She didn’t know that she was pregnant. Everyone knew that she was pregnant except her. [...] She was mad at them and said, “I’m not pregnant! What’s wrong with you?” She said that sometimes she would fight with her manager and ask why she is embarrassing her like that saying that she is pregnant. She came to visit her mom and she likes to walk around naked – She is like the only black person who likes to walk around naked. [Laughs] Her mother was like, “Are you pregnant?” and then she was mad at her mother. People in the street asked, “Are you pregnant?” [...] and then she decided to take a pregnancy test and then she found out.
[M019_01; spoken in English by Minah by way of translating]

For some, this “discovery” of their pregnancy was truly a surprise for them, and for others it was a strategy of what I term “indirect disclosure.” The object of disclosure was the head of the household, usually their own mother. Many women chose to disclose the news indirectly through a trusted family member that was perceived as neutral, diplomatic, or happy about their pregnancy; or by letting their elders “discover” the pregnancy as they began to exhibit the tell-tale signs, as described above.
Indirect disclosure is seen as preferable by the pregnant woman because it decreases the chance that she’ll be verbally or physically reprimanded which is upsetting and shameful, and because it shows respect for the elder by not flaunting the transgression. Here, Nomonde, an unmarried woman in her mid twenties, explains how she used “discovery” to indirectly disclose this pregnancy, her first, to her mother with whom she lived:

I was scared to tell my mum I’m pregnant [...] I was scared serious. I didn’t tell anyone. I was seven months pregnant. [...] I didn’t tell my mother. My mother sees me [...] So my mother says why you have the big navel and your face is changing now. You’re white now. And you like to shouting. What’s happening to you, are you pregnant? I say no, I’m not preg... So I was scared really, but I was tell myself, hey, what must I do? Because you know if you’re pregnant sometimes boyfriend ditch you [...] But I decided to say, no I must go to abortion, but I was tell my friend, “I want to go to do abortion, it’s my first baby.” So my friend says to me, “no don’t go to the abortion, because your mother, she knows everything about you. You are pregnant.” So [...] I give up. [...] So now, I’m alright now.

A core element of this exchange between Nomonde and her mother is respect for the head of household. For the younger person, respect is enacted through deference; deference is ideally shown by avoiding rule transgression, but if they do break the rules, then through discretely hiding the transgression. For the older person, respect is engendered through demanding obedience, maintaining a judgmental stance, and ultimately providing support (Preston-Whyte 1993:65-66). Ideally, in an older-younger kin relationship, the younger member shows the older member respect, and in response, the older member gives the younger member emotional and instrumental support (Rubin 2011).

At first glance, it seemed participants were describing a kind of reciprocal relationship where deference is offered in exchange for support; however, as Sagner
and Mtati (1999) note, Xhosa family members, by virtue of their gender, age, and access to resources, are bound by certain moral obligations to other kin, but these are not necessarily reciprocal. In Sagner and Mtati’s work on pension-sharing, they found that elder household heads felt obligated to share their income with younger unemployed family by virtue of their social role as “pensioners,” but did not receive much—e.g. respect or emotional support—in return. Similarly, in my study, some unwed mothers hope that acting deferential and obedient will prompt their elders to act with compassion and support, but do not have direct control over whether this happens.

In Nomonde’s disclosure narrative, we can see that by not telling her mother of her pregnancy, she was both avoiding her mother’s disapproval, and enacting deference by not being explicit about her transgression. For Nomonde’s mother’s part, by bringing up Nomonde’s physical appearance and attitude as “proof” of her pregnancy, she was demanding respect by maintaining a disapproving stance on unacceptable behavior; but by allowing Nomonde’s lie that she was not “preg” to stand unchallenged, she was enabling Nomonde’s deferential behavior, while at the same time leaving the possibility open that she’d offer emotional and financial support once the baby was born. The possibility of support, even after breaking the rules, is Nomonde’s mother’s way of enacting her moral obligation to care for Nomonde, while reminding Nomonde that this support is neither guaranteed nor particularly deserved. Although Nomonde’s deferential indirect disclosure did not ensure her mother’s support, it eased the process: Nomonde’s behavior created a space where her pregnancy could be discovered and care offered while preserving the moral order of the family. Importantly, the perception
that elders “should,” but are ultimately not required, to show compassion or offer support makes disclosure of pregnancy outside of marriage emotionally fraught for the pregnant women (Bray and Brandt 2007:9). Nomonde alludes to the positive outcome—and the feelings of relief and well-being that accompanied it—with her final statement in that narrative: “So now, I’m alright now.”

Similarly, Nompaha is a young, unmarried woman in her first year of university who is pregnant with her first child. Unlike Nomonde who actively hid her pregnancy until her mother discovered it, Nomapha was not aware that she was pregnant; as “proof” of her ignorance, she explained how she went to the clinic for a contraceptive injection after she was already pregnant and did not get a pregnancy test until she felt her stomach “stretching.” However, like Nomonde, Nomapha chose to disclose indirectly and was “rewarded” for her discretion by her aunt agreeing to raise her child so she could return to university. Nomapha’s story of how she plans to disclose to her mother encapsulates her own feelings of disappointment and resignation about her pregnancy and her fear that her mother and grandmother will disapprove, but also her hope that her transgression is not that terrible. In this interview, Nomapha discusses her planned indirect disclosure, beginning by telling us about how she felt sick, went to the clinic, and got a blood test to determine that she was pregnant:

Nomapha: [...] Then I had to tell my cousin... well I had to tell my mother, but I haven’t told my mother yet.

[...]

Sarah: Are you worried?

Nomapha: No, my aunt is going to do the news breaking.
Sarah: So you told your aunt you were pregnant and what did she say?

Nomapha: No, she was shocked at first, but then she said she’s excited, because it is going to be a first grandchild.

[...]

Yes, we’re very close, so now [my the aunt and my cousin are] going to tell my mother and my grandmother today and then I...

Sarah: How do you think they will react?

Nomapha: My mother wont have a problem and the my grandmother, she will be disappointed. My mother will also be disappointed, but my grandmother will be more disappointed.

Minah: Why so?

Nomapha: I don’t know, because I’m an angel.

Minah: So they don’t know that you’re having boyfriends and stuff?

Nomapha: No, my mother knows that I have a boyfriend, but I never told her that I was sexually active.

Minah: Oh and how does your boyfriend feel?

Nomapha: He’s excited.

Minah: And you?

Nomapha: No, I’m not actually.

Minah: Why?

Nomapha: I’m scared.

Minah: You’re scared of having a baby?

Sarah: What are you afraid of?

Nomapha: Losing out on my schoolwork, but my aunt said after I give birth, she is going to take care of the child and then I can go and study again.

[MO21_01; spoken and transcribed in English]

Although her aunt and boyfriend’s positive reactions give her hope that she will have help raising the child, she is still in the middle of her disclosure process, unsure of the
final outcome, emotionally in flux.

Nokhanyo, twenty years old, unmarried, and pregnant with her second child, also chose to disclose her pregnancy indirectly. Like Nomonde, she hid her growing abdomen from her family as long as possible; and when it became too difficult—and an opportune moment arose as the family gathered for a funeral—she asked her younger sister to disclose her pregnancy to her father and grandmother, whom she lived with, and her mother, who was visiting from 300 miles away and was raising Nokhanyo’s first born. During our second interview, she told us that the disclosure went better than expected: her father did not get angry and her mother showed support for the pregnancy by offering to care for the new baby. Her relief was visible as she answered the first survey question of the EPDS:

Sarah: “I’ve been able to laugh and see the funny side of things. As much as I always could, not quite as much now, definitely not as much now, or not at all?”

Nokhanyo: As much as...

Sarah: As much as always?

Nokhanyo: As much as always.

Sarah: What has been going on that’s been funny or that you’ve been laughing about?

Nokhanyo: Well, my family knows that I’m pregnant now, so it’s much easier. I don’t have to—
[to Minah] Yintoni ukuminca ngeEnglish? [What is “ukuminca” in English?]

Minah: Hold your stomach in?

Nokhanyo: Yeah, I don’t have to do that anymore. So it’s much easier and they’re okay now.
[M07_02; spoken and transcribed in English]

However, although she’s feeling better, able to “laugh as much as always,” the disclosure creates uncertainty for her regarding how she will mobilize resources to raise
her baby once he is born. Although her father was not “harsh” with disapproval or punishment, he made it clear that he would not financially support the baby. Her mother offered to raise the baby, but Nokhanyo feels unable to accept her offer for a variety of reasons: her mother is already raising Nokhanyo’s toddler, she lives far away with her new husband and family where Nokhanyo is not welcome (or willing) to live, and she often complains bitterly to Nokhanyo that the monthly child welfare payment she receives from the government is inadequate. Given these circumstances, her mother’s offer was more symbolic of her empathy for Nokhanyo’s predicament than a realistic offer of support. As a response to the next survey question during that interview, Nokhanyo shares that she is worried about the future because she perceives few options for securing resources for her unborn baby:

Sarah: “I’ve looked forward with enjoyment to things. Do you know what I mean to look forward to something?” [Question #2 on EPDS]

Nokhanyo: Yes.

Sarah: “As much as I ever did, a little less than I used to, much less than I used to, or hardly at all?”

Mahlubi: Hardly at all.

Sarah: You’re not looking forward to anything?

Nokhanyo: No.

Sarah: Why?

Nokhanyo: Well, because I live with my dad and he won’t be supporting me. So that’s scary because I don’t know what’s going to happen when the baby is here or anything and I’m sure my grandmother... My grandmother is too old to look after a child when I am at school. So I will have to depend on the father’s side of the family of which I don’t know how they will react or if they’ll want to look after my child or anything. So I’m not looking forward to anything.
Sarah: And what about your mom who said that she would take care of it?

Nokhanyo: I can’t go there because I have school here. So I can’t drop out. I have to finish this year.

Sarah: So you mean you were happy that she offered, but you can’t take her up on it?

Nokhanyo: Maybe.

Sarah: Okay and so are you trying to figure that out, who is going to take care of the baby?

Nokhanyo: Obviously the father’s side [the baby’s father’s family]. They will have to.

Sarah: Okay, because your father doesn’t want anything to do with it.

Nokhanyo: Uh-uh.

Sarah: Do you have any aunts or...

Nokhanyo: Yeah, I do have aunts. They have got their own problems.

Sarah: Okay, shame. So you’ve been talking to your boyfriend about this?

Nokhanyo: Yes.

Sarah: What does he say?

Nokhanyo: He is okay with his mom looking after the child.

Sarah: With his mom doing it?

Nokhanyo: Yeah, but we haven’t spoken to the mom about it.

Sarah: Okay, so he is okay with it, but you don’t know if she is okay with it?

Nokhanyo: Yeah, because she will be looking after the child because he is working. So it’s very difficult.

Sarah: Okay, so you’re worried about that?

Nokhanyo: Yes.

Like for Nomonde above, Nokhanyo had specific hopes for the outcome of her disclosure: that her family would not be angry with her, and that they would promise to help her raise the baby (i.e. money and/or childcare so she can finish school and then
get a job). Disclosing to her family achieved the first goal, but not the second. As she explained to me and Minah in the narrative above, although her boyfriend is supportive of the pregnancy and is trying to help her figure out how the baby will be cared for while Nokhanyo finishes her high school equivalency course and he works, he offers a solution that she is not satisfied with (“He is okay with his mom looking after the child”). She mentions the “difficulty” of this option obliquely, reluctant to share with us at this juncture her reasons for not trusting his mother to provide consistent and generous support for her grandchild. Her emotional state during pregnancy was shaped both by her present reality—her family reacting calmly and not unkindly to her disclosure—and how she imagined the future challenges of raising her yet-born baby—there seemed to be only one option for support and it was undesirable.

The latter consequence created a feeling of hopelessness in Nokhanyo. She portrayed this both in the way she described her future as one with no good options (“nothing to look forward to”) and also in the way she blamed herself for the pregnancy:

Sarah: “I blamed myself when things went wrong and it wasn’t my fault. Yes most of the time, yes some of the time, no not very much, or no never?” [EPDS Question #3]

Nokhanyo: Some of the times.

Sarah: What sorts of things?

Nokhanyo: I have a baby who is going to be turning two and I’m 20 this year. So I blame myself for being so careless because I should have been responsible from the beginning, but I didn’t. So I’m blaming myself and my first child didn’t get the love from me because my mom raised him. So I’m blaming myself.

Sarah: Do you blame your boyfriend at all?

Nokhanyo: It’s not his fault. It’s my fault. Him too, but I should have been the decision maker.

[M007_02; spoken and transcribed in English]
With harsh words for herself, Nokhanyo feels that she bears the responsibility for both of her pregnancies, and deserves additional blame for not being able to spend much time with her child as he grows up. It is common for Xhosa women to feel more shame for having a second baby out of wedlock than the first—people say, the first one is a mistake anyone could make, but the second shows carelessness—and here she internalizes this judgment and feels especially disappointed in herself for this pregnancy because it is not her first. Her statement that she bears the burden of this mistake alone, excusing her boyfriend from most of the responsibility, is a sign of her hopeless and lonely mood: although her mother and boyfriend have empathized with her situation and her boyfriend has made overtures of support (both signs of solidarity that help Xhosa women cope with emotional distress, see Chapter 8), she chooses—at least in this moment—to feel the full weight of her unhappiness by imagining that she bears this burden completely alone.

7.2.2 THE MORALITY OF PREGNANCY

Disclosure is a time where Xhosa women become acutely aware of the moral norms of pregnancy, especially the moral “correctness” of pregnancy within marriage. Many unmarried women hide their pregnancy as long as possible, but during the disclosure process they become exposed to the moral gaze of their family and community.

Sisiwe’s family expressed deep disappointment at her pregnancy in a way that showed disapproval of both her circumstances (pregnant, again, out of wedlock) and her judgment (whom she chose to have this baby with). Sisiwe was pregnant with her seventh child, all of whom are raised nearby to Sisiwe by her mother and sister with
money from government child grants. Sisiwe spoke of her mother and sister’s anger at hearing that she was pregnant with the baby of a man who was abusive to Sisiwe and did not financially support the child they already had together:

Sarah: [...] What did your mom say when you told her that you were pregnant again?

Sisiwe: She was mad this time.

[...]

Sarah: Was it the first time she was upset?

Sisiwe: Hmm. [Yes]

[...]

“How can I have seven children and why this time?” I didn’t have a boyfriend for a long time, since number four, five and six. The father of the other children, I’ve been separated with him, so I just stay alone and I didn’t even have a boyfriend. So I’ve got this one now and I have a child with him and then since I’ve [been pregnant with this baby], I’ve been sitting and doing nothing and we have quarrel with me and my boyfriend – the father of the [last] baby, number six. I was just staying at home and doing nothing so my mother was cross about those things and with that number six we have been fighting with my father’s child. So my mother doesn’t like that and “why did I get pregnant again from that man,” you understand?

Sarah: So your boyfriend now, she doesn’t like?

[...]

Sisiwe: Yeah, I can say that.

[...]

Minah: Why? What were you fighting about?

Sisiwe: Sometimes I need some money for the children to buy some things and he says that he doesn’t have money, but when I hear outside he was sitting there at the shebeen house with his friends drinking and he was the one who spent the money. When I found out, I asked him about that, so that’s when it started.

Sarah: Oh, so he was buying all his friends drinks after you asked him for money?

Sisiwe: Uh huh.
Sarah: Right, so when you got pregnant with this one, your mom was saying that you’re not even getting along with him.

Sisiwe: Hmm. [Yes]

Minah: Do you still fight?

Sisiwe: Not now, we don’t fight now. We are not fighting now; maybe...I don’t know [how it will be] when the baby is here.

Minah: When the baby is born. So but your mom is okay now or is she still cross with you?

Sisiwe: She is okay now. I can say that she is better.

Minah: And your sisters, how do they feel?

Sisiwe: You know my sister, I don’t even talk to her since I’ve got this baby.

Sarah: Why?

Sisiwe: I’m sure it’s because of this baby.

Minah: They don’t like this guy?

Sisiwe: Yeah, I can say that.

Minah: Does he abuse you, the reason they don’t like him?

Sisiwe: Yes, before.

Sarah: But not since you got pregnant?

Sisiwe: Since now, I’m pregnant...

Sarah: He hasn’t?

Sisiwe: Huh uh. [No.]

Minah: So they don’t think he is good for you?

Sisiwe: I can say that, but...

Minah: But you love him?

Sisiwe: Yes.
Minah: She loves him.

Sisiwe’s mother is clear and explicit in her disapproval of Sisiwe’s pregnancy, but by the time Sisiwe makes her first appointment at the maternity clinic and tells us this story, her mother’s anger has faded and she has accepted the pregnancy. Sisiwe’s memory of the disapproval is contributing to her apparent sad resignation, but she is not anxious or fearful of what responsibilities or changes this new baby will bring. Living on the same street as the rest of her family, she knows from her mother’s past behavior and her mother’s eventual acceptance of this pregnancy that she will be supported through the pregnancy and in raising her new baby.

As we see with Sisiwe, even under the moral gaze where family members make their disapproval known, most disclosures end with the family also indicating that the pregnant woman will not be explicitly or harshly punished for getting pregnancy out of wedlock. This show of support, however reluctant, is indicated when someone in the family—often the pregnant woman’s mother—offers to “help raise the child.”

7.3 MOTHERS’ MOTHERS

7.3.1 “MY MOTHER WILL RAISE THIS CHILD”: THE EMOTIONAL IMPACT OF A MOTHER’S OR MOTHER-FIGURE’S PROMISE TO “HELP”

For every unmarried participant who had a living mother or mother-figure while pregnant, this woman was a central figure in their disclosure experience. In their disclosure narratives, what was in the forefront of most women’s minds was how their mother/-figure would react to the news and whether she would offer to raise or “help”
raise the baby. As we saw in Nomonde and Sisiwe’s narratives, the strong feelings of fear, shame, and disappointment that pregnant women feel as they prepare to disclose their pregnancy could be markedly assuaged by their mother-/figure’s offer of support. Participants spoke of different types of mother-figures, such as aunts, grandmothers, mothers-in-law, baby’s father’s mothers, and, in one case, the baby’s father’s aunt.

7.3.2 THE PAIN OF HAVING NO MOTHER TO HELP

The impact of a mother’s offer of support was underscored by the sorrow or despair of pregnant women who did not have a mother or mother-figure to lend support.

Busi, a forty year-old woman pregnant with her third child, lives with her long-time boyfriend, the father of her school-aged daughter and unborn baby. She joked with us about having this baby so late in life, but the humor masked an ambivalence and sadness about her predicament:

Busi: But ke enye into xana umntana wawumplenile andithi mos uyathandaza. Kaloku unothi notha uze emva kwela xesa womkele.

Minah: She says that even though it’s a long time because she prayed about it, so she has to accept even though now it comes at an awkward time.

[Laughter]

Sarah: Why is it an awkward time?

Minah: Because she didn’t expect. She thought that she doesn’t have any children anymore.

Kutheni ucinga ukuba kunzima ngoku kuba sowumdala okanye.

Busi: Hayi noko at least bakhona abantwana basekhaya ngoku xa ndiqhubekeke ndibe ndizala noko at least ndingafani.

Minah: She said that because the younger siblings are the ones...

Busi: Funeka ngoku ndibe ngumakhulu.
Minah: She says the younger siblings are the ones who should be having children now. She needs to be the grandmother.

[Laughs]

Kind of like it’s kind of embarrassing to be having a child now.

In some ways she was pleased to have unexpectedly become pregnant—she thought she was no longer fertile, and her boyfriend was diagnosed as infertile years before—but as she reflected on her pregnancies during our interview, she thought about how her life could have been if her grandmother—whom she was raised by after her father died and her mother remarried—was still alive:

Busi: Umakhulu wam usweleke ngo 98.

*My grandmother died in 1998.*

Minah: Ngo 98. Wayetheni?

*In 1998? What happened? [= what did she die of?]*

Busi: Wasweleka ngo 98 ndabe ndidibana nomntu ke ngoku ngo emveni...

*She died in 1998 and then I met this person [my current boyfriend] after that.*

Minah: Yho yanjani intliziyo yako uba buhlungu ke ngoku.

*Oh my goodness, how sore was your heart?*

Busi: Iwesi ke sasihlala sobabini yayibuhlungu nyani ke.

*The worst part was that we stayed [lived] together, it was painful for real.*

Minah: Usamkhumbula.

*Do you still miss her?*

Yes I still miss her because so many things are failing because she’s no longer here.

Minah: Mhhh. Like into ezinje ngantoni.

Okay. Things like what?

Busi: Like ndineshori yoba uba ebesaphila. Ngendingekho apha eKapa.

Like I’m sure if she was still here I wouldn’t have been here in Cape Town.

Minah: awuthandi apha eKapa ne.

You don’t like Cape Town?

Busi: Apha eKapa ewe ke since ba ndingumhlali but ke bekumnandi kum Emaxhoseni uhlala nomakhulu wam.

Yes, just because I live in Cape Town, but it was nicer in the village because I stayed with my grandmother.

Minah: Mhhh.

Yes.

Busi: Bekumnandi uhlala and ke uyabona indlela endi uyabona kuthe ngoba lapha kwam apha eKapa ndaphetha ngoku ndihlalisana asukhe ubone.

It was nice to stay there, the way that I was living, now that I stay in Cape Town I ended up living with someone, can you see?

Minah: Mhhh.

Yes.

Busi: Kanti ke pha kumakhulu wam qinisikileyo bendingazozenza ezo zinto ezo.

But there with my grandmother I’m sure I wouldn’t be doing these things.

[M020_01; spoken and transcribed in Xhosa; translated into English by MK]

Busi, with her mother and grandmother deceased, has no mother-figure to help her raise her children. Although in some ways she feels grateful to be in a stable, committed relationship with her boyfriend, she feels strongly that this is not a choice she would have made if she had had another option.
While Busi reflects sadly on what “could have been” if she had been under the care of her grandmother longer, Zipho lives a miserable, tumultuous life under the care of her abusive older sister. When Zipho was a teenager, her mother and father, with whom she lived in a rural village, died within a short time of each other, and she was sent to live with her half-sister, twenty years her senior, in the township. Although her sister cared for her in some ways—giving her food and shelter and paying for her to attend the local high school—she did not show Zipho the love or nurturance that Zipho expected from a family member and mother-figure.

In this narrative, Zipho describes how her sister threatened to throw her out of the house when she learned that she was pregnant with her boyfriend’s baby:

**Minah:** [...] So uthini usisi wakho.

*So, what did you sister say?*

**Zipho:** Yho it’s another storie leyo. Usisi wam uthetha everyday.

*Wow, well, it’s another story. My sister [shouts at me] everyday.*

**Minah:** Uthini?

*What does she say?*


*First, she decided to throw me out. And then her friends said, “out of what?” Can you see? So she now talks about buying me clothes. She’s not going to do anything, she’s not going to spend any money on me. She’s not going to do anything, and life goes on, she’s taken me out of her life, can you see?*

**Minah:** Mhhh.

*Yes.*
Zipho: Otherwise into adibene ngayo nam ngoku kukutya. Otherwise akhonto asithethisani.
Asithini.

*Otherwise, what connects her with me is food. Otherwise, there’s nothing, we don’t talk to each other.*

Minah: Ikuphatha njani wena lonto leyo.

*How does that make you feel?*

Zipho: Ayindiphathi kakuhle because yena nguyena mntu ndinaye mos ngoku. Andinabazali andinabani.

*It doesn’t make me feel good because she is the only person that I have. I don’t have parents, I don’t have anyone.*

Minah: Nini nobabini.

*It’s just the two of you?*

Zipho: Mhhh. Andinabazali andinabani.

*Yes, I don’t have parents, I don’t have anyone.*

[M028_02; spoken and transcribed in Xhosa; translated into English by MK]

Still in high school, without parents or other elders to care for her, Zipho feels that she is at her sister’s mercy. Paradoxically, while her pregnancy has given her sister an excuse to act even more cruelly toward her, her unborn baby actually gives Zipho some happiness and solace:

Zipho: Xa ndiphinda ndiba sekhaya fika Bantu base khaya yabona phinde ndilibale yonke lento.

Minah: She says like most times the baby kicks and then she says she enjoys that and laughs [but then she] said that when she gets home that’s when she is not happy.

[M028_02; spoken and transcribed in Xhosa and English]

In fact, Zipho explained in the first interview that she did not get pregnant entirely by accident: she and her boyfriend had been discussing it and stopped using contraception, but never said definitively, “yes, let’s do it.” Since this decision goes against normative
behavior for unwed Xhosa women, she is reluctant to admit that she had “planned” to have a baby out of wedlock, and jokes that it was a decision made in the throes of passion:

Sarah: Uh, is this your first baby?
Zipho: Yeah it is.
Sarah: Did you... did uh, you and your boyfriend plan to have it?
Zipho: Not exactly.
Sarah: Oh, what do you mean?
Zipho: It just happened. It’s not that we went...

Besingayilindelanga lonto leyo uyabona.

We were not expecting that.

Minah: She said like it’s not like something that they were not expecting.
Sarah: Oh ok.
Minah: Yeah, but they didn’t go all the way to plan.
Sarah: So you... you weren’t using contraception?
Zipho: Huh-uh. [No.]
Sarah: Ok.
Minah: No condom nothing?
Zipho: Huh-uh. [No]
Minah: You decided not to use it?
Zipho: Yes, we did talk about it and...
Minah: And you decided otherwise [giggles]. They did talk about it and then they decided otherwise.
Sarah: They did... What do you mean they decided otherwise?
Minah: About using condoms and...

Sarah: Oh, they thought no.

Minah: Uh. [Yes] What were your reasons? [giggles] She says she doesn’t know whether it’s their stupidity... Stupidity or they were just too much in love – love was in the air. [laughs]

[M028_01; spoken and transcribed in Xhosa and English; translated into English by MK]

Zipho is unique in that she is happy to be pregnant, but is unhappy with the way that her pregnancy creates more strife for her at home. Now that she is pregnant, she is starting to realize that not having a mother-figure makes being pregnant and having a baby a truly difficult undertaking.

Data such as Zipho’s narrative suggest that it was not uncommon for young, unwed participants to have planned, but “not exactly” planned the pregnancy with their boyfriend, and then to have regrets or misgivings once they found themselves actually pregnant: Zintle mentioned that this was the case with her as well—that it was her boyfriend who “really wanted” the baby and she “just let it happen.” Nomapha alludes to her boyfriend’s “happiness” about her pregnancy and contrasts it with her own unhappiness, which may be an oblique way of indicating that he desired the pregnancy and she succumbed to his desire. This finding, though nascent, is congruent with studies of power and gender in South African romantic relationships that argue that men wield power over women in sexual partnerships, equating sex with “love” and using that equation as emotional blackmail and also controlling women’s reproduction by limiting or prohibiting her use of contraception (Wood and Jewkes 1997). In Zipho, Zintle, and perhaps Nomapha’s cases, their boyfriends seemed to persuade (if not manipulate or force) them to have sex without contraception leading to a pregnancy that the women
then felt ambivalent, if not unhappy about. In this way, my interviews hinted at complex relationship dynamics that I was only partly able to decode after many months of fieldwork. The private relationship dynamics that lead to pregnancy—in unwed as well as married couples—would be an interesting future project (and see Cole and Thomas 2009; Hunter 2010).

7.4 “MY BABY’S FATHER”

7.4.1 BABIES’ FATHERS’ ATTITUDES AND BEHAVIORS AND HOW THEY AFFECT WOMEN’S EMOTIONAL EXPERIENCE OF PREGNANCY

The baby’s father’s attitude and behaviors during the pregnancy and his anticipated attitude and behavior once the baby was born directly affected the woman’s emotional experiences during her pregnancy. In fact, the father was so important to the emotional lives of some of the women, whether they were happy about the pregnancy at all seemed to hinge on the baby’s father’s attitude and behavior.

Umawande was a married woman in her early thirties pregnant with her second child. On one hand, she was very happy to be pregnant after so long (her other child was eight years old at the time); but on the other hand, in light of her husband’s brazen infidelity, she said she had not wanted to get pregnant:

Minah: [Umawande] says didn’t plan the baby, she didn’t want it but her husband did, [but she’s] very happy to be pregnant. This one, did you guys plan this one?

Umawande: No.

Minah: You didn’t?

Umawande: No.

Minah: After eight years!
[Laughter]

What happened? Tell us what happened.

Umawande: Not me, he wanted a baby.

Minah: He wanted the baby and you didn’t want the baby. Why? Kutheni? [What happened?]

[Laughter]

Umawande: Because ebendihlupha man kwi life yam yena umyeni wam.

Because he was troubling me in my life, him, my husband.

Minah: Ebesenzani?

What was he doing?

Umawande: Waye wanenye irelationship ngaphandle and thenwanomnye umntana ngaphandle.

He had a relationship outside and then he had another child outside the marriage.

Minah: Oh, she said that the husband was troubling her, like an extramarital relationship and he had another baby outside. So you [said,] “Okay you want another baby outside?” So, you’re not gonna [give him] another one?

[Giggles]

So what made you to say yes finally?

Umawande: I didn’t say yes because khange ndiyihlabe ndagqibela inaliti kulowa then zange ndiphinde ngala mini ndandiphuma esibhedlele. Then zange ndiphinde ndihlabe inaliti ndahlala nje. But I don’t know why he didn’t wait.

I didn’t say yes because I’ve never used [a contraceptive] injection; the last time I used it was with the first child when I left the hospital. I’ve never returned [to get another one], I just stayed. But I don’t know why he didn’t wait [why it took so long to get pregnant].

Minah: Okay, she said that the last time she had contraceptive was the time she went out of hospital. So all these eight years she didn’t use any contraceptives. She does not know why she was not pregnant until now. So you were saying “no,” [to your husband] but you didn’t have protection anyway.
Umawande: Maybe the ancestors.

[Laughter]

Minah: So Izinto zirayithi ngoku?

So are things okay now?

Umawande: Hmm.

Yes.

Minah: Okay, so I was asking are things okay now. So are you happy to be pregnant?

Kakhulu okanye...? [A lot or...?]

Umawande: Kakhulu.

A lot.

[Laughter]

Umawande’s husband’s infidelity factored largely in her wish to not fulfill his desire to get her pregnant; however, now that she was pregnant, she was happy to have another child. Being married and having the implicit support of the institution (a wife “should” be reproducing with her husband) and the explicit support of her mother-in-law (who was raising her older son), she could compartmentalize the anger she felt at her husband that made her not want to have “his” baby, and feel happy about “her” pregnancy.

7.4.1.1 FATHERS’ UNHAPPINESS: EMOTIONAL AND PRACTICAL CONSEQUENCES

Many unmarried women did not have the security of the institution of marriage that allowed Umawande to feel moments of happiness with her pregnancy despite her
husband’s infidelity. For unmarried women, questions about their baby’s father’s attitude toward the pregnancy and how it might impact their romantic relationship and his future relationship had a significant emotional effect during pregnancy. In their interviews they discussed a range of questions that concerned or plagued them: Was he happy about the pregnancy? Would his attitude change once the baby was born? Would he acknowledge the baby as his? Would he formally acknowledge the baby to her family and pay “damages”? Would he financially help with the baby after it was born? A large part of the pregnancy experience for these women was navigating their sometimes rapidly shifting relationships with their baby’s father in an attempt to answer these questions.

In her first interview, Lungiswa told us about the emotional distress she experienced during her first pregnancy when her baby’s father denied his paternity:

Minah: So wawunjani ngoku wawu pregnant amkhanyeleyo?

_How did you feel when you were pregnant when he denied [that he was the father]?


_I’m just saying there was nothing, do you understand sisi, that’s maybe when you’re pregnant you’re always following someone like you have that kind of love, because me, I didn’t have it. [Some people who are pregnant fall madly in love with the man who impregnated them, but she didn’t feel that way]. I struggled a lot because he was saying that [he wasn’t the baby’s father]. The thing that was making me to struggle, it was the thing that he said he didn’t know me [he told my family that he didn’t have a relationship with me]. And I thought I understood that this thing is hitting me is that I know it’s him [What struck her the most was that she knew that he

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was the father]. That was the only thing that was hitting me, because I didn’t have anyone else [I didn’t have another boyfriend]. [...] And [then] I gave birth to the child. Now, he started trying to look for my number and call me until he got to me, asking me to forgive him.

Minah: Wamxolela wena?

Did you forgive him?

Lungiswa: Eh.

Yes.

Minah: Wawutheni uzumxolele kuba uyamthanda?

Why did you forgive him? Is it because you love him?

Lungiswa: Ewe.

Yes.

As Lungiswa describes, her baby’s father’s refusal to acknowledge his paternity shaped her emotional experience of her pregnancy. His refusal was, on one level, a personal betrayal of their relationship and love for each other; but, it was also a public betrayal in the sense that he denied that it was his baby in the context of the formal ritual of “damages” where the woman’s male relatives ask for recognition of paternity in the form of payment, akin to “lobola,” the bridewealth payment in traditional Xhosa marriages (Preston-Whyte 1993). When a Xhosa man is asked to acknowledge his paternity in this ritual and he does not wish to, he says, to all the men in her family, “I do not know this woman;” in essence, denying both his part in making the baby and his relationship with the woman altogether. It also implies that when she told her family that he was the father, she was lying or having intercourse with too many men to know who the father was. Most Xhosa women would see what Lungiswa’s baby’s father did in
this instance as a profound and humiliating betrayal. However, in Lungiswa’s—and
several other participants’—case, his behavior did not permanently ruin the relationship,
nor wholly predict his future involvement with his child. Not only did Lungiswa forgive
him once the baby was born, but she resumed her romantic relationship with him,
made him, and, at the time of our interview, was pregnant with another child by him.

Although it was common knowledge among Xhosa women that a woman might
forgive a man because of “love” or fatherhood, the vicissitudes of romantic relationships
were also the frequent subject of judgment and gossip. The strong emotions and cruel
gossip that romantic relationships engendered between Xhosa women underscores and
amplifies the importance and impact of baby’s father’s attitudes and behaviors on their
emotional lives. In our second interview with Lungiswa, she reacts strongly and
defensively to a question on the RFA, which, in the context of the history of her
relationship with her long-time-boyfriend-now-husband, she seems to perceive as
Minah judging her and implying that she should not want another child with this
“untrustworthy” man:

Minah: So ke lena ithi kulonyaka uphelelelo izinto ezikwelelelo. Ndiziva ndixolile njengoba
unzima. Uziva uxlilelele njengoba umithi nje? Hayi okanye ewe?

So this one says, last year, thing that have happened to you. I feel at peace now that
I’m pregnant. You feel at peace now that you’re pregnant? Yes or no? [Question #1 of
RFQ]

Lungiswa: Ndiziva ndixolile kodwa kulu nyaka uphelelelo ndandingaxolanga mos kuba
ndandingxolenga naye kulu mntana wam wokuqala. Ndandi ngela tshati.

I feel at peace but last year I was not at peace because I was not staying with my first
child. We were not married.

Minah: Wawungeka tshati. Okay so kulonyaka uphelelelo wawungaxolanga?
You were not married? Okay so last year you were not at peace?

Lungiswa: Mhh.

No.

Minah: Oh kodwa kulo umntana njengoba unzima nje uxolile?

Oh but with this pregnancy, are you at peace?

[...]

Lungiswa: Ewe sendixela noba ndixabebe naye andiyicingi lanto yoba ndingasikhupha hah ah andibinayo into enjalo.

Yes, I’m just saying even though I’m fighting with him doesn’t mean I want to have an abortion, I don’t have something like that.

[M009_02; spoken and transcribed in Xhosa; translated into English by MK]

Mentioning an abortion, something highly stigmatized in Xhosa culture (in Xhosa “abortion” literally translates “to squish it”) signals a defensiveness or impatience with Minah’s line of questioning. She interprets Minah’s questions to imply that her relationship history and current marital strife might have caused her to be so unhappy about her pregnancy that she wanted to terminate it.

Another young woman, Zoliswa, pregnant with her first child, disclosed her pregnancy to her baby’s father and he never called her again. At the time of the interview, he had not called her for several weeks, and she appeared sad and deflated. Here she explains that although she feels happy about the pregnancy sometimes, whenever she reflects on her baby’s father’s behavior, she feels upset and unhappy to be pregnant:

Minah: So kengoku singabuza lena. Uziva kanjani njengoba umithi nje.

So now can we ask you these? How do you feel now that you’re pregnant? Are you happy about your pregnancy?
Yes or no? You can be honest ok?

Zoliswa: No.

Sarah: Why sisi? Kutheni?

*Why sister? Why?*

Minah: Kutheni lento utomntana egeza.

*Why, is it because the boyfriend is being mean?*

Zoliswa: Ewe.

Yes.

Minah: It’s because of her boyfriend.

Sarah: Are you worried that he doesn’t want the baby?

Minah: Uyabuza ukuba unewari na umhlawumbi akafuni mntana.

*She’s asking are you worried that maybe he doesn’t want the child?*

Zoliswa: Yha.

Yes.

Minah: So uyatsho yena okanye akatsho.

*Has he said that, or not?*

Zoliswa: Akatsho.

*He hasn’t.*

Minah: Khange ukhe usiwe kokwabo.

*Have they sent you to his home? [Have the men in your family gone to his home to ask for damages?]*

Zoliswa: Mhhh.

No.

Minah: Awuzosiwa?
Are they not going to take you?

Zoliswa: Andiyazi noba ndizakusiwa okanye andizosiwa andiyazi.

I don’t know whether they’re going to take me or not.

Minah: Okay so yenza ungathandi uba pregnant lonto. Ufilisha kanjalo onke amaxesha okanye ngamanye amaxesha.

Okay so does that make you feel like [this when] you’re pregnant? Or you feel this way all the time?

Zoliswa: Ngamanye amaxesha.

Sometimes.

Minah: Ngamanye amaxesha uyonwaba.

Sometimes you’re happy.

Zoliswa: Ngamanye amxesha ndiye ndonwabe.

Sometimes I’m happy.

Minah: Okay. I was asking if she felt the same like all the time or sometimes. She said no sometimes she is happy and sometimes...

Sarah: Okay.

Minah: So sube kutheni xa ucinga ngaye ne?

So what happens when you think about him?

Zoliswa: Ewe xa ndicinga ngaye.

Yes, it happens [I feel unhappy] when I think about him.

Minah: Okay.

Sarah: What has she been happy about lately?


She’s asking you what is that made you happy? Is there anything that’s made you happy in the past week?

Zoliswa: Khange ndonwabe khange ndikhathazeke.
I was not happy, I was not; I was upset.

Minah: Ubukhathazwe yile nto yale.

What upset you? Is this the boyfriend thing?

Zoliswa: Mhhh.

Yes.

[M024_02B; spoken and transcribed in Xhosa and English; translated into English by MK]

Zoliswa’s answer to Minah’s question that her family has not told her whether they will go ask the baby’s father for damages is an indication that they are not yet in full support of her pregnancy. Perhaps they do not believe Zoliswa that this man is her baby’s father, or perhaps they do not wish to get involved in what they perceive as an illegitimate pregnancy; regardless of their rationale, their inaction signals to the woman that she’s “alone” in her predicament. Losing the support of her baby’s father is a deep emotional blow as well as an indication to her that she will struggle to provide for her baby after its birth without the baby’s father’s financial help.

Like Zoliswa, Nomonde is emotionally affected by her baby’s father’s negative attitude and behaviors toward her now that she is pregnant. Nomonde and her baby’s father stayed in phone contact throughout her pregnancy, causing her emotions to fluctuate in step with his latest promise or insult:

Sarah: [...] Are you pleased about being pregnant? [Question #1 of RFQ]

[...]


Minah: Sometimes you’re happy, sometimes you’re not happy?

Nomonde: Yeah, sometimes I am happy, sometimes I am not happy.
Sarah: Okay.

Nomonde: I am gonna say that. I am not gonna say “yes.” No, because sometimes when I tell my... I am gonna tell myself “No, why I am pregnant because the father is doing that to me,” you see?

Sarah: Uh-huh.

Nomonde: So I am gonna say, “sometimes.” I am gonna say that.

[...]

Sarah: What are you happy about? Like, when you think, “oh I am so happy I am pregnant,” what are you thinking about?

Nomonde: What I am thinking about?

Sarah: Like, are you thinking, oh the baby is gonna be so cute or...?

[...]

Nomonde: Sometimes I am... I was say I am happy... If...my boyfriend is phoning me...

Sarah: Uh-huh.

Nomonde: He say – even on... on Monday he was phone, ok? He say he is coming on next week Tuesday. I was saying “yho I am happy he is coming on Tuesday.”

Sarah: Uh-huh and that makes you happy that you’re pregnant.

Nomonde: Yes.

Sarah: Ok.

Nomonde: So I don’t know about next week Tuesday...

Sarah: Right.

Nomonde: He is gonna say to me what, or when I... in my heart I don’t know.

Sarah: [...] In that moment you were happy that you are pregnant.

Nomonde: Yeah, when I say that this moment I am happy.

Nomonde’s baby’s father was visiting Cape Town on business when they started dating
and she became pregnant. Now that he is back home with his wife and children, Nomonde speaks with him on the phone often; they go back and forth arguing about his paternity, whether and when he is going to send money to help her with the pregnancy, and whether and when he is coming to visit her. For most of her pregnancy, Nomonde feels frustrated by these interchanges, but remains tenaciously hopeful that he will follow through with providing financial support. Yet, the more promises he breaks, the more she doubts his sincerity (“in my heart I don’t know”). It is common that unwed Xhosa women hope that their pregnancy and child will lead to increased intimacy and commitment with their baby’s father, but Nomonde broke up with her baby’s father before learning that she was pregnant, so her needs and expectations are oriented toward securing his financial support (Bray and Brandt 2007:8). Although she desires purely instrumental support from the baby’s father, his reluctance to provide it has emotional consequences. Throughout her pregnancy she expresses disbelief, sadness, regret, and frustration with his behavior. At one point, as she comes to terms with his disinterest in their child, she decides to change the spelling of the baby’s name from the variant common in the father’s language to the spelling more common in Xhosa.

As we have seen, when the baby’s father is not pleased with the pregnancy or behaving in a way that shows the pregnant woman that he is and will be a loyal companion and provider for the child, this can cause the pregnant woman to become unhappy or disillusioned with her pregnancy. On the other hand, as I will now illustrate, when a baby’s father shows great pleasure at the pregnancy, it can spur the woman’s happiness with her pregnancy.
7.4.1.2 FATHERS’ HAPPINESS: EMOTIONAL AND PRACTICAL CONSEQUENCES

During her first interview, Nolitha carefully explained that because she knew she was HIV positive (she was diagnosed two years after the birth of her first child), she did not “plan” to get pregnant this time; nevertheless, with the support of her baby’s father, she was very happy to be pregnant:

Nolitha: No, we didn’t plan to have a baby now because I was already knowing that I am HIV positive ne.

lye yenzeka by mistake, yenzeke by mistake ukuba mandiphinde ndibe preg but ke wabe esithi akazothini naye ukhe ubone, yena akangomxhosa yiforeigner. Wabe esithi xa yenzekile into yokuba ndibe pregnant ke uozoza ukuba naye abesecam komntana and ndabe ndimxelele isitory sam ukhe ubone. Be ndirhaleli ukuba nomntana.

*It happened by mistake, happened by mistake that I am pregnant again but he said there is nothing he can do, you see? He is not a Xhosa; he is a foreigner. He also said when it happened—the thing that I am pregnant—he will try to be supportive and I told him my story you see. I did not want to have a kid.*

[...]

Minah: Oh ok. So wena [you], how do you feel about this baby?

Nolitha: Ndirayit andizuthini, ukhe ubone like...

*I am alright, there is nothing I can do, you see like...*

I feel happy ne, and I wish it can be a girl cause that one is a boy, so I think I can feel much much much happy if it can be a girl.

[M006_01; spoken and transcribed in Xhosa; translated into English by MK]

Having the explicit support and acceptance of both her HIV status and her pregnancy, Nolitha feels happy about this pregnancy and is already looking forward to having the child—perhaps she will have a girl.

However, as we have seen in earlier narratives, merely being pleased with the pregnancy may not induce the woman to feel similarly if she perceives the pregnancy to be problematic in other ways: Nokhayno’s baby’s father is excited about the pregnancy,
but she does not trust his mother to raise her baby; Nomapha’s baby’s father is pleased, but she is concerned that the baby will interfere with her university education; Umawande’s husband is happy, but she feels happy despite him because of her anger with his infidelity. In contrast, Nolitha baby’s father has shown happiness, promised support, and—partly because of his acceptance of her HIV status, partly because of other aspects of his personality and their relationship—Nolitha trusts him to support and help her through the pregnancy and the baby’s life.

7.4.1.3 “MAYBE THE FATHER WILL CHANGE, YOU KNOW, WHEN THE CHILD IS HERE”: IMAGINING FUTURE SUPPORT

In addition to—or sometimes despite—the baby’s father’s response to learning of his girlfriend/wife’s pregnancy, the woman’s expectation of his future attitude and behavior also impacts her emotional experience of pregnancy. A significant aspect of a Xhosa woman’s emotional experience of pregnancy is how she imagines the risks, challenges, failures, and successes of the process of adjusting her social world to accommodate her new baby. We saw how Nolitha, who, based on her baby’s father’s response to her pregnancy and HIV disclosure, imagined a good life for her new baby cared for and raised by a devoted mother and father. Nokuthula, in contrast, found it difficult to imagine her baby’s father supporting the baby once it arrived.

During Nokuthula’s pregnancy her relationship with her baby’s father—the father of her second child—was tense and she found herself getting angry with him often. At first she attributed her anger to ukubukula, a Xhosa verb meaning roughly “to irrationally hate someone while you are pregnant,” but as she answered our questions
over the first two interviews, she shared details about her past and their relationship that—Minah and I felt—gave her reason beyond ukubukula for being angry with him and also not trust that he would stick around to help raise his baby. Here, in our first interview, Nokuthula describes her “bukula-ing,” as Minah refers to it slangily:

Nokuthula: We [the baby’s father and I] don’t see each other anymore, I don’t want to see him anyway.

[...]

Minah: Ngoba?

Why?

Nokuthula: Ngathi okanye siyabukuzana andiyazi but naye emveni koko unqabile kwenzeke lonto

*I could say we are disliking each other because of the baby [lit. because of our hormones], but he has also been scarce after that.*

Minah: She said like the ARVs she thinks like they making her womb become very active in cleaning all the time and the she found out she was pregnant and she’s been telling him to go and test. The like there’s a Xhosa word saying “ukubula”, when you’re pregnant and then there’s this particular person you don’t like even their smell, so she thinks like she’s bukula-ing the father of the baby. Saying “I don’t want anything to do with him” and then she hasn’t also seen him but she’s kinda like happy she feels that she’s bukula-ing him. I don’t know if you have it in English, you just dislike the person when you are pregnant.

Sarah: Ok...So she doesn’t see him now?

Minah: Ngoku awukaphidi umbone?

*Now you haven’t seen him again?*

Nokuthula: Hayi, ndiyambona yena and ukhe wagqitha izolo, wabulisa

*No, I see him and he came by yesterday and greeted me.*

Minah: Kwangase ungamboni? Wambulisa nawe?

*And you felt like not seeing him? Did you greet him back?*

Nokuthula: Hayi, ndiye ndavuma

*Yes, I did.*
Minah: Wabe uqonda ukudikile?

*And you felt annoyed by him?*

Nokuthula: Mh-mh. Naye which mean udikekile... iinyanga... eziyithu bendigasamboni mna, uMarch noApril. Ndizombona kengoku apha kuMay apha ekupheleni

*Yes. He is also annoyed by me, two months I haven’t seen him, March and April. I then started seeing him again here in May, toward the end.*

[...]

Minah: So does he know you are pregnant?

Nokuthula: Andikamxelele into mna. Ndazi cingela uyayazi njengoba enqabile... uba... Abazivabona?

*I haven’t told him anything myself. I though maybe he knows because he is scarce. If... Can’t they feel it?*

Minah: Andiyazi.

*I don’t know.*

She’s asking me ah, she said like after... I asked her if she has told him, she like no, but she thought maybe he found out that she’s pregnant, “don’t they know if they make someone pregnant?”

[laughter]

Sarah: So he knows now?

Minah: She thinks, she’s assuming the he knows because they must have instinct to know that they have impregnated someone because she hasn’t seem him since

[laughter]

[M005_01; spoken in Xhosa; transcribed into Xhosa; translated by MK]

*After attributing their mutual dislike to the irrational antagonism of *ukubukula*, she explains that he has not come around much since she discovered she was pregnant. She wonders to Minah if he had an “instinct” that she was pregnant which made him avoid her. A possible correlation emerges between her *bukula-ing* of him and a plausible reason why she might be upset with him. If he has been avoiding her, perhaps she is not “irrational” in her anger towards him. Nokuthula draws a connection between her*
pregnancy and his avoidance, which is something that makes her sad about her pregnancy. She tells us that she feels miserable when she has no money to satisfy her pregnancy cravings—something that a baby’s father is supposed to help with. She even thinks about killing herself. Her fear that he is leaving her because of her pregnancy and the sadness that follows is not borne of this relationship alone—as she shares in the next interview, she used to fight with her first child’s father and then their relationship ended and he never helped her financially with his child:

Minah: “And then lena ithi lena neh bendingonwabanga kakhulu kwaye bendifumana ubunzima xa kufunekakndilele”. Kukhona apho ukhe ufumane ukulali khona?

And this says, “I was so unhappy that it was difficult to sleep.” Have you found yourself not being able to sleep? [Question #7 of EPDS]

[...]

Nokuthula: Ngalo maxesha not qho.

Some times, not all the time.

Minah: Not okokoko so uyayazi into ebangela uba uphezelwe?

Not always. So do you know what gives you insomnia?

Nokuthula: Ewe ndingatsho.

Yes I can say that.

Minah: Yintoni?

What?

Nokuthula: Ndiyacinga mna gqithi.

I think a lot.

Minah: Ucinga kakhulu?

You think a lot?

Nokuthula: Mhh.

Yes.
Minah: Ucinga ngantoni?

\textit{What do you think about?}

Nokuthula: Ngezinto zam ndingatsho.

\textit{My own issues, I can say.}

Minah: Ngezinto zakho. Ezinje ngantoni?

\textit{Your own issues? Like what?}

Nokuthula: Ndivele ndicinge ndiqonde heyi senditsho ngokubethakala ke ngoku. Kusuke kufike into ndiqonde hayi ngoku bendikhe ndabethakala kwinto ethile ngoku lento ndokuyicinga ke ngoku ndiphethe nobuthongo ukuba ndiyicinga ebusuku ndiqonde heyi hayi ngoku ndiphuthhekwe kuphele nobobuthongo.

Yeah, I think and then I’m just saying things like hardship. Things will come up and I’ll realize eish I’ve had hardship with these things and then I’ll think about all these things and then I’ll end up falling asleep. And I’ll think, “no no no no I’m thinking too much now! I have insomnia, my sleep is gone!”

[...]

Minah: Awufuni ukusixelela ngazo?

\textit{You don’t want to tell us about them (your problems)?}

[...]

Nokuthula: Zinto zam neh ezazisenzeka phofu neboyfiriend yam kutatato mntanan wam lo wokuqala. Ndithi ndozicinga zizo ezi ndimana ndizicinga.

\textit{My own things that have been happening between me and my boyfriend, the father of my first baby. I think about them. Those are the things that I think about.}

Minah: Zinto ezinjani?

\textit{Things like what?}


\textit{Like we quarrel and then we used to quarrel a lot. And then we fight and then I will leave him. Things like that.}

[...]

Minah: Uyoyika ukuba lo tata walo umntana uzakwenza lo nto okanye yintoni ebangela ukuba uzicinge ezozinto?

\textit{Are you afraid that this one is going to do the same thing? That is the reason that you think about those things?}
Nokuthula: Ndivele ndicinge ngezo zinto ndiqonde ukuba ndiyoyika ke ngoku.

*I think about those things and then I feel afraid.*

Minah: Okay, she said like when she thinks about those things, she gets afraid about it that this father also is going to do the similar things.

[M005_02; spoken in Xhosa; transcribed into Xhosa; translated by MK]

Here she describes how, since becoming pregnant, she has insomnia several nights a week because she thinks about all the hardships she has lived through, especially the arguments she had with her first baby’s father that precipitated their breakup and his refusal to financially support his child. She draws a connection between her memories of this relationship and her fears of abandonment from her new baby’s father.

Later in the interview, she describes the intense anxiety she feels when she thinks about the possibility that this baby’s father might abandon her and his responsibility to his child after she gives birth:

Minah: Sekhe waba nayo idepression okanye ukuxhalaba okanye uzibone ingathi uyothuka okanye, uqonde usoloko unewari.

*Have you ever had depression, panic attacks, or do you see yourself getting worried?* [Question #11 of EPDS]

[...]
Nokuthula: Ewe ndisoloko ndinazo.

*Yes, I have all of these.*

[...]
Minah: Kusube kutheni xa uzibona ingathi uxahalabile kusube kwenzeke ntoni?

*What happens when you feel panicked/worried?*

Nokuthula: Sube ndicinga ezonto zam. [...] Ndiqonde ndinexhala. [...] Ndibone ndinewari.

*I’ve been thinking about my own things. [...] And then I think I’m worried. [...] I see that I’m worried.*

Minah: Senditsho sube ucinga ngalo mntana umbelekileyo okanye ucinge nge boyfriend yakho. Sube iyintoni le ikwenza ubene xhala okanye yonke into nje ikwenza ubenexhala?
I’m trying to say, are you thinking about this child or about your boyfriend? What is it that makes you to be worried?

Nokuthula: Ndingathi ngumntana lo ndimthweleyo.

I could say it’s the child that I’m carrying.

Minah: Lo umithiyo okay.

The one you’re pregnant with, okay.

Sarah: What does it feel like when she is panicked?

Minah: Uziva kanjani xa upenikhayo? Yintoni oyoyikayo ngalomntana?

How do you feel when you panic? What are you afraid of? It is the baby?


Because I think of many things, the heaviness of this child, when he’s born, if the father’s going to care about him and then as the time goes he’ll stop caring.

Minah: Angamhoyi.

Not to take care of the child?

Nokuthula: Ama boyfriend uyawazi avele atshintshe. Angafuni ukuhoya umntana into ezinjalo szinto ezivele zindiwarishe.

You know boyfriends, they change, they don’t want to take care of their babies. Things like that, they worry me.

Nokuthula is deeply distressed by the thought that history might be repeating itself and this baby’s father—who she perceives to be pulling away now that she’s pregnant—will change his mind about loving and supporting her and the baby once it is born. She voices an anxiety—and experience—shared by many participants, that “boyfriends change and they don’t want to take care of their babies.” A common problem in South Africa (Morrell and Richter 2006:6-7), several participants deal with delayed, negligible, or no child support from their baby’s father in previous and current pregnancies. In the
material scarce environment of the township, it is crucial that mothers secure sufficient financial resources for their children. The baby’s father is a logical choice in the context of Xhosa culture where there is a normative expectation for fathers to financially support their offspring; his refusal or reluctance can cause great anxiety as this is one less person the mother can rely on to help raise her child. However, the pregnant woman’s emotional ties to her baby’s father are not only financial, but personal and intimate. As illustrated in her narratives, Nokuthula fears her baby’s father’s abandonment not only because of the material consequences but of the emotional consequences as well. As with many other participants, Nokuthula loves her boyfriend and wants him for his companionship, nurturance, and emotional support. Their complex, sometimes antagonistic relationship reveals how high the stakes are for her and her child, for both instrumental and personal reasons. Nokuthula’s emotionally distressing and complex relationship with her baby’s father is not unusual in my participants’ lives and vividly demonstrates the importance of the baby’s father—emotionally, symbolically, and materially—in a Xhosa woman’s experience of pregnancy.

7.5 DISCUSSION

Pregnancy is a socially and personally transformative event in a woman’s life: socially, she is transformed from a mere girl into a woman (e.g. Harrison and Montgomery 2001; Zraly, et al. 2013) or a mere woman into a mother, which has demonstrable effects on her role—both practically and symbolically—in society (Davis-Floyd 2003); personally, this transformation marks a change in her sense of self and the way she perceives the world around her (Berry 2011).
Davis-Floyd (2003) examines the process of the conventional American hospital birth to demonstrate how, like a ritual in the Turnerian sense, women are inculcated with crucial cultural values as they pass through the “liminal” state of pregnancy and become mothers. In this sense, she argues, pregnancy “is both a state and a becoming”—a physiological state of gestation, and the social process of becoming a mother (2003:23). She demonstrates how the perinatal period—pregnancy, birth, and the immediate postpartum—is culturally constructed to heighten the woman’s emotions and make her more vulnerable to cultural imprint. At the end of the ritual, she emerges with an embodied sense of the cultural values; in the American case, of the superiority of technology, the inherent weakness and inferiority of her body, and the power of the medical institution.

In her ethnography of globalization and birth in Guatemala, Berry (2011) looks at how public health interventions aimed to decrease maternal mortality by encouraging women to give birth in the hospital rather than at home disrupt essential cultural processes of (re)shaping kin relations that are ordinarily forged during a Mayan woman’s home birth. She demonstrates how the social orchestration of home birth shapes and solidifies the web of social relations around the birthing woman. Furthermore, this home birth, as well as the alternative hospital birth, shape the birthing woman’s subjectivity—how she understands herself, her body, and her social world.

Both Davis-Floyd and Berry see birth as a formative process in reshaping women’s subjectivity. Whether the cultural actors are a bevy of health practitioners, or the
woman’s own kin, this process also (re)makes the subjectivity of the people involved. In this way, pregnancy and especially birth are intrinsically social processes where cultural values are configured and internalized to (re)shape social, moral, and personal worlds (Ginsburg and Rapp 1995b; MacCormack 1994).

While this chapter does not attend to the physiological aspects of childbirth, it does describe the emotional aspect of “becoming” that a Xhosa woman experiences during her pregnancy. The “ritual” of disclosure, with heightened emotions such as anxiety and trepidation, exposes the pregnant woman to the morality of family life and normative expectations for pregnancy. Becoming a mother also necessitates reshaping relationships, such as those with the baby’s father, which can be highly emotional; for example, women’s experiences of ukubukula, “irrational” hatred. Here the pregnant woman is confronted with the normative—and culturally sanctioned (see Walker 1996)—fickleness of Xhosa men when it comes to their desire to sire but not provide for their children. While pregnant, in the process of becoming, Xhosa women are especially vulnerable to what they anticipate as their new realities of motherhood and negotiating certain relationships—e.g. with their mother and baby’s father—that are seen as crucial to their, and their baby’s, survival in their new role.

As they demonstrate through stories of emotional distress and joy, my pregnant participants are in this process of social and personal transformation. What is striking in their narratives is the poignant awareness of the potential hardships embedded in this new role. This awareness of role change is not confined to first time mothers, often those the most anxious about their pregnancy and its consequences are mothers with
other children—they understand first-hand what it means to bring a new baby into the world. I posit that the anxiety, worry, and sadness—as well as the happiness and excitement—Xhosa women feel during their pregnancy is shaped by their understanding of a mother’s role in negotiating rapidly changing relationships and navigating a moral framework where certain pregnancies are celebrated, others are only tolerated. Thus, a significant aspect of a Xhosa woman’s emotional experience of pregnancy is how she imagines the risks, challenges, failures, and successes of the process of adjusting her social world to accommodate her new baby.

As I explored in Chapter 6, “good” Xhosa motherhood is a complex social role that has affective and social components. As mothers, Xhosa women have inimba, an embodied emotional capacity that gives them an intimate and mutable ability to love; and a “good” Xhosa mother can harness this powerful emotion to channel it into fair and communal social ties rather than unjustly focus it exclusively on her biological children. The “liminal” period of pregnancy is intensely emotional making pregnant women vulnerable to acquiring and adapting new attitudes, role, and behaviors. The practice of indirect disclosure is an example of a ritual of becoming where cultural values—and specific values of motherhood—are inculcated into the pregnant woman. The fear of disclosure reinforces norms about gender, sexuality, and the family: firstly, there is the norm that even though pregnancy out of wedlock is common, it is not proper. In addition, it reinforces norms about hierarchical authority in the Xhosa family and how to properly enact deference. The complexity of renegotiating kin relationships, like those with her mother or other head of household, teach the interdependence of
social relations and the moral obligation of kin relations. The fear and distrust pregnant women have of their boyfriends, signal harsh cultural norms about male power, fidelity, and fertility (see Morrell and Richter 2006; Walker 1996).

The role that the pregnant woman’s family plays in her disclosure is particularly instrumental in shaping how she will approach social relationships as a mother, especially with women and female kin. As I will explore further in Chapter 8, Xhosa mothers have a unique way of coping with emotional distress that draws on intersubjective relationships and a sense of community based on shared experiences. As I illustrated above, aspects of indirect disclosure also rely on intersubjectivity: in Nomonde’s case, for example, her mother and her share an understanding that she is pregnant (out of wedlock) without having to address the problem explicitly; this preserves the mother’s disapproval and authority while allowing her to provide Nomonde with much needed support with regards to future childcare and funds. The support the pregnant women’s aunts, grandmothers, mothers and mothers-in-law show even in cases where the situation is less than culturally appropriate (e.g. pregnant out of wedlock, pregnant while still studying, pregnant while the husband is being flagrantly unfaithful) demonstrates to the pregnant woman that there is solidarity and community in motherhood. By virtue of their own inimba these mothers and mother-figures model the same kind of compassion and empathy the pregnant woman will soon show for her own children.

7.6 CONCLUSION

This chapter explored the emotional consequences of negotiating shifting familial and
romantic relationships in the context of pregnancy. During pregnancy, Xhosa women are experiencing, managing, and making sense of difficult and conflicting emotions. Their narratives show how their emotional experiences are shaped by their perception of the sociality of the pregnancy. Perceiving their pregnancy and their future child in a social world of a family, a partnership, a community, and a culture, they are highly sensitive to the reactions of their family and the baby’s father to their pregnancy and what their responses might indicate for their future involvement in the baby’s upbringing.

In this chapter, I use disclosure narratives as a lens through which to see how pregnant Xhosa women negotiate—or imagine they will soon have to negotiate—important relationships in order to care for their new infant. For unmarried women, disclosure is fraught because having a baby out of wedlock is disruptive to the moral order of the family. Arguably the most important person for emotional and financial support to an unwed woman is her mother (Chapter 6)—she’s also the one who is poised to disapprove the most. Participants who are unmarried describe a carefully strategized process of disclosing their pregnancy indirectly in a way that respects other norms of the Xhosa family, such as respect and deference toward elders, to minimize—they hope—the impact of learning of the pregnancy. The anxiety and trepidation pregnant women feel, as well as the steps they go through to show respect for their mother while breaking the news, elucidates the high stakes—both emotionally and practically (see Chapter 6)—of securing her mother’s support. In addition to pregnancy out of wedlock transgressing Xhosa norms of sexuality, womanhood, and the family, it also places an undue financial burden on the woman’s natal family: while fertility is
prized in Xhosa culture (Harrison and Montgomery 2001; Preston-Whyte 1993) and small children are doted on by men and women of all ages, from the perspective of the mother’s mother, this baby is another mouth for her to feed. In other words, having a baby out of wedlock means that the financial burden is on the mother and her natal family rather than on the father and the father’s family. In the pervasive poverty of the township, mother’s mothers are often the only source of income for a large extended family, so a new baby adds to their financial responsibility.

The baby’s father—who, during pregnancy, was also the mother’s boyfriend for all but one of our unwed participants—is also a crucial relationship that the mother must negotiate. Although in some cases, the boyfriend was the one who “wanted” the baby in the first place, women are also acutely aware that once the baby is born, the majority of boyfriends “change” and no longer want a relationship with the mother or the baby (see Anderson, et al. 1999). The father of Nokuthula’s first baby left her soon after he was born, and she fears that her current boyfriend will do the same thing. Perhaps it is this experience that shapes her feelings for her current boyfriend and makes her “bukula him.” As we saw in Chapter 5, the father is an important source of income, at the very least for support of the child. In context of endemic food insecurity, the mother is responsible for negotiating her relationship with the father of the baby—especially if they are no longer in a romantic relationship—in order to maximize the possibility that he will make regular child support payments. Besides the indignity and heartbreak of having your new baby’s father leave, the mother has very serious pragmatic concerns regarding how she will provide for her baby. This is a key reason why the father’s
emotional response to the pregnancy has the capacity to shape the mother’s perception of her pregnancy. His importance in her and the future baby’s lives is reflected in how his feelings about the pregnancy shape the mother’s feeling about her pregnancy.

In the discussion, using two overlapping frameworks from reproductive anthropology: I interpreted my participants’ pregnancy as a process of becoming—i.e. entering a new social role—and as a transformation of their subjectivity—i.e. how they see themselves, their relationships, and their world. While my participants did not characterize pregnancy and the postpartum as rituals per se, they were aware that pregnancy was a period of transition to a new social role with different responsibilities; namely, as mother they will have to provide for a helpless infant, when many of them were in fact heavily dependent on their own kin or boyfriend for everyday survival. Even for participants for whom this was not their first child, this pregnancy required confronting cultural norms and reshaping of social relationships. This process is highly emotional and inculcates mothers with the Xhosa values of interdependence, hierarchical authority, and moral obligations to kin.
Chapter 8
Sharing, Empathy, and Community: A Xhosa Way of Coping

8.1 INTRODUCTION

As my participants spoke of a wide array of distressing experiences from their past and present, a pattern of coping emerged. Although women reported and showed signs of deeply felt distress at the time of certain events, as time passed, they sought to mobilize cognitive, social, and emotional resources in an effort to diminish their suffering. Most women explained their process of coping as seeking knowledge of, or imagining, others who had suffered from a similar experience—a process I call collectivization. And the main mechanism by which they collectivize their suffering is empathy: empathic interactions create the space for, or directly facilitate, collectivization.

This coping process is predicated on the social context of the Xhosa family and township. The intimacy and extensive system of reciprocity and obligation in the extended Xhosa family coupled with the physical density of township life (Chapter 3; see also Hewlett 1991), create a context that makes coping vis-à-vis social relationships possible, desirable, and consistent with important Xhosa cultural concepts, namely ubuntu and inimba.

In this chapter, I discuss the process of coping described to me, directly and indirectly, by my participants. First, I discuss ubuntu and how it frames some of the concepts embedded in the coping process. Then, I give some examples of the emotional consequences of distress that coping is aimed at ameliorating, namely loneliness and
hopelessness. Then, I describe the coping process itself—sharing, collectivization, and empathy. Within the discussion of empathy, I explore the role of inimba as material empathy, and the role of advice as an instantiation of empathy. Then, I discuss two participants who find it difficult to cope with their circumstances and offer an explanation for their ongoing suffering. Finally, I discuss collectivization and empathy in more depth to argue that the coping process that Xhosa mothers employ gains its meaning and perceived efficacy from the cultural and material contexts in which it is used.

8.2 UBUNTU: COMMUNALITY AND INTERCONNECTEDNESS IN XHOSA CULTURE

The concept ubuntu is a word in both the Xhosa and Zulu languages that is translated roughly as “being human through one’s relationships with others” or “I am because we are” (Gobodo-Madikizela 2011b:14). As the first President of the new democratic South Africa, Nelson Mandela popularized ubuntu as a cornerstone of his vision for the new South African nation, a multiracial and multicultural but unified “rainbow nation.” Bishop Desmond Tutu, another proponent of ubuntu in South African nation-(re)building explains the term:

Ubuntu is very difficult to render into a Western language. It speaks to the very essence of being human. When you want to give high praise to someone we say, ‘Yu, u nobuntu’; he or she has ubuntu. This means that they are generous, hospitable, friendly, caring and compassionate. They share what they have. It also means that my humanity is caught up, is inextricably bound up, in theirs. We belong in a bundle of life. We say, ‘a person is a person through other people’ (in Xhosa, Ubuntu ungamntu ngabanye abantu and in Zulu, Umuntu ngumuntu ngabanye). I am human because I belong, I participate, and I share (Tutu 1999 in (Murithi 2009)).

Ubuntu describes a interconnectedness, intersubjectivity, and communality in Xhosa perceptions of selfhood. In other words, in Xhosa culture, the self is inextricably linked
with the other (Gobodo-Madikizela 2011b:14). In practical terms, this ethos manifests in the Xhosa family in its system of moral obligation and “generalized reciprocity” whereby older and wealthier kin are obligated to provide for younger or poorer kin and can expect to receive something in return, though it need not be precisely equal in kind or value (Sagner and Mtati 1999:400,407). *Ubuntu* is part of a “cultural model” where “people are supposed to be morally engaged and family needs are presumed to surpass self-interest” (Sagner and Mtati 1999:406).

With the instability and poverty of the township, the moral obligation of having *ubuntu* is even more heightened because “kinship is an eminently vital source of social, emotional and financial survival” (Sagner and Mtati 1999:401; see also Stack 1975 for communality as an urban poverty survival technique). Thus, helping and sharing on a daily basis is normative in the township; and some negative consequences of interconnectedness—e.g. gossip; meddling; moral sanction and discipline; betrayal—are seen as normal albeit undesirable.

There is some evidence that the material aspect of kin reciprocity is crumbling with modernization and urbanization, according to some studies (e.g. Sagner and Mtati 1999:410) and my participants’ own perceptions (see Bongeka’s story in Chapter 6 and Nomonde’s story in Chapter 5). However, I found that normative ethos of *ubuntu* is still a robust part of Xhosa culture, and it is an interesting and useful cultural concept for understanding Xhosa mothers’ process of coping with emotional distress.
8.3 A XHOSA WAY OF COPING

8.3.1 IMMEDIATE CONSEQUENCES OF EMOTIONAL DISTRESS

When first confronted with an emotionally distressing experience, participants describe feeling powerful negative emotions that are sometimes externalized by shouting or crying or collapsing. For example, when Zintle went to her boyfriend’s shack one night to see him and she found him cheating on her with another woman, she felt extremely angry. When her boyfriend and his lover got into his car so he could drive her home, Zintle said she started screaming and yelling and threw herself on the hood of his car in a rage. Minah and I looked at her wide-eyed while she told this story because it seemed so incongruent with her sweet, easy-going nature. In another case, Siyawba went to court because she had sued her older child’s father for unpaid child support; when she was confronted by her ex-boyfriend’s new wife she found herself overcome by the humiliation and stress of chronic poverty (Tapias 2006) and became dizzy and collapsed on the floor with a rapid heartbeat and temporary paralysis. In another example, when Sisiwe was told by a social worker in the recovery ward of the maternity hospital that she was unfit to take care of her new baby and was discharged from the hospital without him (see Chapter 5), she cried and cried and called Minah, panicked, for help. These strong experiences of negative emotion were almost always confined to the immediate event that precipitated them and were thus recounted to us, sometimes with restrained tears (e.g. Phumeza, Zintle, Mafundi). I had the sad occasion of witnessing an immediate event with Minah’s family when her brother died in an accident. The one exception, I found, of strong negative emotions being confined to the
immediate event, was the ritualized catharsis of funerals (Desjarlais 1991) (Hollan 1995), which I do not explore in this dissertation.

Beyond these immediate strong feelings and displays of emotion, most participants describe the outcome of distressing experiences as an internal, personal feeling of isolation, loneliness, and hopelessness. For example, here Nonyameko describes the isolation and anger she feels regarding abuse and violence in her marriage (for more of her story see Chapter 5):

Nonyameko: “Ewe bendikwazi ukumelana nezinto ixesha elininzi”.

Yes, I’m able to cope with things most times.

Minah: Ixesha elinizini neh okay. Ngoku yintoni ekwenza ungakwazi?

Most times? So now what is the thing that makes you not be able to cope?

Nonyameko: Andiyazi ukuba ndizakuthi yintoni ngoba ixesha elininzi bendikwazi ukumelana nazo senditsho. Ubone ingxaki zakokwenu zibe over. Uphinde apha emtshatweni uhlukumezeke senditsho nabantu bomzi awuthandeki into ezirongo soloko zibizwa ngawe. So ezonto ezo uzinyamezele umelane nazo kodwa ngox ndinakho ukuba ndingafuna uboni ngathi ndingavipha ingxaki ndawuphangela.

I don’t know what must I say…or what is it, because most times I was able to cope with things. Maybe your family problems are over and also in marriage you’re being abused, even the in-laws they don’t love you, all the wrong things are blamed on you, but you persevere (nyamezela) on those things. You persevere and you cope with all of them, but now I think that I can give up [my marriage and all these problems] if I were to work, I’d be able.

Minah: Emtshatweni? Ucinga ukuba kuza kwenzeka ntoni emntwaneni wakho ifunga givapha?

In your marriage? What do you think would happen to your child if you gave up (your marriage)?

Nonyameko: Senditsho mna emtshatweni akhonto ndiyibonayo ukuba iluncedo. Ngoba andibonanga lluncedo into endiyi bonayo uba likhoboka lomtshato kuba andiboni luncedo andiboni mpumelelo.

All I’m saying now, in my marriage I don’t see anything that is helpful because I
haven’t seen any help, all I can see is that I’m a slave in this marriage. I don’t see help, I don’t see success.

Minah: So akho mntu ukuncedayo akho mntu usecaleni lakho at all?

So there’s no one on your side in your marriage at all?

Nonyameko: Akhomntu usecaleni lam.

No one is one my side.

Minah: Umamakho yena uthini?

And your mom? What does she say?

Nonyameko: Umama womyeni?

My husband’s mother?

Minah: Owakho umama.

Your mother.

Nonyameko: Senditsho umama yena usuke abone ukuba kuxhomekeke kum ukuba ndiyonela ngumtshato.

I’m saying, my mother says it depends on me, if I had enough in my marriage.

Minah: So wena ucinga ukuba mhalwumbi ukuba ungafumana umsebenzi opermanent ungahamba nangomso?

So do you think maybe if you were to get a permanent job, you’d leave tomorrow?

Nonyameko: Nanini na.

Anytime.

Minah: Ucinga ukuba akanokucenga athi buya?

Do you think he would beg you to come back?


My heart will have heard enough (Kuzabe konele intliziyo yam) because I have
heard enough of the hardship (kunzima) that has happened to me. So have seen difficult things and now I see that I can’t cope with it now because it’s going to go to my heart. I don’t know what to do. You see when you’re abused, you’re always angry. Even if something doesn’t need you to be angry. That is being abused.

[M008_02; spoken and transcribed in Xhosa; translated into English by MK]

Nonyameko describes how she tries to cope by persevering through the abuse and unhappiness, but she has become weary of fighting the battle alone (“no one is one my side;” “I don’t see help”). She feels like the unhappiness and anger has become rooted inside of her (“it’s going to go to my heart”) and affected her ability to be happy in general (“you’re always angry”). She receives no support from her in-laws who, by Xhosa custom, are supposed to make sure she is treated well by her husband; and her own mother supports her in whatever decision she makes, but puts the decision squarely on Nonyameko’s shoulders.

Zipho describes a similar feeling of isolation after she was gang-raped as a teenager. The first part of the excerpt is repeated from Chapter 5, but here I’ve reproduced the next section where she explains how she reacted to and coped with the assault:

Zipho: [...] It’s not a story I like to tell much but ... there were about five of them, they were ... I, I was home with my mama and papa ... they lived in different ... places but my mama was sick uyabona [you see] ... so I was going to my father, to see my father ... so these guys grabbed me ... they all five of them they did what they wanted to do, they beat me up and all. I even broke a rib.

Minah: Hayibo. [Wow]

Zipho: Ja. [Yes]

Sarah: How old were you?

Zipho: I was sixteen.
Sarah: Uhm. And you were with your dad?

Zipho: I was going to see him.

Sarah: Ok.

Minah: Did you know them?

Zipho: No. I didn't.

Minah: Did you go to the police?

Zipho: Yes I did but nothing came out of it because then I came here [to Cape Town] and started staying here ... I never looked back.

Sarah: So you weren’t, you left so you weren’t there to press charges?

Zipho: Ja. [Yes] I left. The whole of, the whole of that year I locked myself at home I didn't want anyone at all I was just ... I just shut down. I was on myself and all [blamed herself].

Sarah: Uhm. [Ok]

Minah: Did they have rape crisis there?

Zipho: Hmm? [What?]

Minah: Did they have rape crisis there?

Zipho: (Keeps quiet).

Minah: In the Eastern Cape?

Zipho: Not that I know of but I didn't do much about it anyway I just went to the clinic and checked myself out and go home then I was just, I just locked myself at home.

Minah: Uhm. [Ok]

Zipho: I locked myself and I just stayed there.

Sarah: When, when did you start to feel better?

Zipho: Once I came here then it suddenly seemed safe and trying to be myself again now ... then I didn't want anything to do with boys and all because when I meet a boy or someone who like just reminded me sometimes I just lose it.

Sarah: Uhm. [Okay]
Zipho: Sometimes I just tell myself I’m fine and everything just seems fine but ... yho suddenly it just came, comes up and then I’m just like ... Uyabona? [you see?]. Some people didn’t understand it so ... I tried to tell them to make them understand but now I’m fine.

Sarah: Uhm. You tried to make your friends understand?

Zipho: Ja.

Sarah: Did it work?

Zipho: Ja.

Sarah: So were people supportive of you?

Zipho: Ja.

Sarah: And then when did you meet your boyfriend?

Zipho: I met him in October 2007 uyabona [you see] and then I told him. Uthi [He said] no, it’s no rush uyabona [you see], we can just be together now.

Sarah: What did he say?

Zipho: He said no rush we can just be together and I won’t ... do anything uyabona [you see].

Sarah: Aha.

Zipho: My cousin like explained to him everything. He was fine with it. He had no problem.

Sarah: And so you waited a long time?

Zipho: Ja.

Sarah: And now you’re fine with yourself?

Zipho: Uhm. [Yes]

[...]

Sarah: No thanks for telling us.

Minah: Uhm. So do you think you will ever want to go to ... counseling?

(Short pause).

Zipho: No. I don’t think so now. Maybe...
Zipho’s response to the rape was to deal with it alone—she took herself to the clinic and then went home—and then locked herself away in isolation at home. She describes staying alone “the whole of that year” before she moved to Cape Town and felt “safe” enough to come out into social situations again; then she “tried to be herself” and reclaim a normal type of life. At first she had highly emotional responses when she saw men who reminded her of her rapists, but through a self-initiated process of telling friends and her boyfriend about her experience, “to make them understand,” she was able to feel and behave normally again (more discussion of this type of coping process below). When Minah asks if she would like to be referred to a counselor, she supposes that she has recovered sufficiently and politely declines.

Nonyameko and Zipho exemplify the feelings of isolation, loneliness, and hopelessness that accompany an emotionally distressing experience. Nonyameko is still in the middle of that early stage where she feels alone and despairing about her situation, whereas Zipho has—by her estimation—successfully coped, by sharing her experience with understanding, compassionate people, like her cousin who carefully explained her background to her boyfriend and her boyfriend who kindly assured her that he would take the physical aspect of their relationship slowly. Now, using other examples, I break down the coping process to explain how my participants coped with emotional distress by sharing their distress with empathic others who helped “collectivize” their experience.
8.3.2 THE COPING PROCESS

8.3.2.1 SHARING DISTRESS: “I AM FREE”

One reason that women might initially keep their negative emotions private is that overt displays of emotions—both positive and negative, but mostly negative—are seen as unhealthy (even dangerous) and culturally inappropriate. For example, participants reported being told to not cry, “stress,” or “go on” (meaning, perseverate or become hysterical) about negative things while pregnant or breastfeeding because it can harm the baby. Nomava, a participant who miscarried her pregnancy told us that she endeavors to “control” her feelings of sadness and grief because her boyfriend told her, “there is no point of crying or going on because it’s going to affect [you] physically if [you] continue to [act this way] because [we] are going to try to have another baby anyway. So it’s not like...” Even tears of joy are commented on negatively that it is not appropriate to cry or “go on” at happy events. At funerals and the prayer services the week between the person’s death and the funeral, dramatic displays of grief—sobbing, wailing, loud speeches that implore God—from family and friends are expected, but once the person is buried, people rarely speak about the person at length, and rarely show explicit signs of sorrow, like crying or speaking about lingering feelings of grief. (For example, my beloved grandmother died while I was in the field and a few months months later Minah commented, “You never cry about your grandmother or ‘go on;’ I really respect that; it’s very Xhosa.”)

Another reason women might keep emotional distress private is because certain distressing experiences are stigmatized and can incite discipline from elders or easily
become the fodder for cruel neighborhood gossip. For example, being diagnosed HIV-positive can be stigmatizing (e.g. in Chapter 5 I discussed how MOU nurses address thus stigma while perpetuating it), as can being the victim of adultery, and getting pregnant outside of marriage (Preston-Whyte 1993). Interestingly, all three of those experiences seem very common in the township, yet are still stigmatized because they transgress strong cultural norms about sex, fidelity, marriage, and gender (see Goffman 1963:2).

Surprisingly, in the context of two cultural sanctions against displaying or sharing negative emotional experiences, my participants consistently described sharing distress as an essential step in their coping process. The key, they explained, was sharing your problems with the “right” people (see also (Goffman 1963:42)).

For example, Sisindi, who was diagnosed as HIV-positive during her first antenatal appointment (her first interview with us was before she was diagnosed, the excerpt below is from her second interview which was fifteen days after her diagnosis), told us that she was cautious about telling people about her status. Namely, she was worried that her religious parents would be angry with her. She explained that over the last two weeks, she watched her mother carefully and reflected on whether and how she should tell her about her HIV diagnosis. Sisindi realized that her mother was very kind to a girl in her neighborhood who was known to be HIV-positive. Weighing this, Sisindi decided that it was safe to tell her mother the news. Indeed, in her second interview, when I asked Sisindi a question from the Edinburgh Postnatal Depression Scale, “My relatives or my friends cares about how I feel. [How] do you [tell] if they care about you?” and she replied,
Yes, since I am like this [HIV infected], the thing that my mother like to do she brings potato chips [which is] the thing I [have seen that] she cares about me. Even if I am not there, because I come back at four—we are [a] lot at home—she will keep them for me and leave a message that those are mine. I am saying that [she does that] since she knows [I am HIV-positive].

Sisindi was pleased that she took a risk by telling her mother: only does her mother show her that she still cares about her by buying her her favorite snack food, but by leaving a note in the kitchen that these are “Sisindi’s chips” she is making a statement unmistakable to the members of the household that Sisindi is to be treated with a certain amount of love and care despite, or perhaps because of, her HIV-status.

Nomonde is also concerned about problems that she perceives to be inappropriate to tell “everyone.” In this interview, she speaks about how she needs to tell her “secrets”—such as problems she is having with her ex-boyfriend who refuses to give her any money for child support—to feel better, but she chooses who she’ll tell carefully:

Nomonde: Yeah, I feel better because I can’t... I don’t have a secret. If I have the secret I go to my friend, I tell my friend. Or if I have the secret, I go at work – I tell everyone because I don’t want to be the secret thing in my... on my heart – no. Because [it’s] gonna broke my heart. If I have the secret I tell everyone – not everyone... I’ll go to my friends – my boyfriend. I’ll tell my boyfriend, “No, I have this thing and this thing” and then after that, I’ll... I feel like, no I am [al]right now because I tell the one if I want to tell.

Nomonde explains that if she keeps the secret to herself, it will stay inside, “on my heart” (similar to Nonyameko who says her distress is “going to go to my heart”) and she perceives this internalization as emotionally burdensome (“it’s gonna broke my heart”).
To avoid this, she actively chooses to tell her close friends at work in order to feel better; it makes her feel “alright now.”

Later in that interview, Nomonde tells me and Minah that speaking to us gives her a similarly “free” feeling; even her mother told her how glad she was that she found people that she can trust and share her problems with:

Nomonde: Ok. Ok. Bendisthi ne uthi mandikuxelele ngesiXhosa bendnisthi ndonwabile mna ukuza apha like ukwenza lento yenu so ndaxelela umamam uba kweziwa into enje apha. So ndonwabile and then nda ukhubone istress zam ziphelile. So ndimana ndisiza apha kuni ndiyakwazi ushera. Nabanye abantu into zam, so nda istatus sam ndiyasazi ndihepi yonke into.

Ok. Ok. I was saying, let me explain to you in Xhosa what I was saying. I’m very happy to come here and do your thing. So I told my mother that there is this thing that’s happening here, so I’m very happy. See, my stresses are gone! Because I come here with you guys and I’m able to share with other people to share [ushera] my things [problems]. So I even know my status, all that.

Minah: Sinjani?

And how is it?

Nomonde: Si negative.

It’s negative.

Minah: Ndikhumbula ngala mini.

Oh I remember that day [the day that you were stressed about getting your test results]

Nomonde: Ndandingekho right but now I’m free. Uyabona?

I was not [all]right at all, but now I’m free. Can you see?

[M017_02; spoken and transcribed in Xhosa; translated into English by MK]

Nomonde compares her emotional state with how she felt during our first interview—before she had disclosed her pregnancy to her mother and when she had been tested for HIV, but did not yet know the results—to her second interview, where she “feels free”
because she has found out that she is HIV-negative, her mother has congratulated her for participating in my research project, and she has been able to confide in us about her worries and problems—last time “I was not alright at all, but now I’m free. Can you see?”

Similarly, Akhona wishes to share her distress—problems that she frequently has with her emotionally abusive mother—but knows—from experience—who she can trust and who she cannot. Here, she poignantly explains the fraught process of telling her best friend, Lumka, about her troubles when there are other people around:

Say ok, because I’m like this now, I’ll change like this now, is my mother because sometimes I’m a jokey person. Something, if it stress me, I joke. Mhlawumbi ku Lumka. [Maybe with Lumka] “Lumka understand me now,” I joke. Lumka will not like what I did joke in that moment, he knows I’m talking just, all that thing to her and then he [it is not clear whether Lumka is a girl or a boy because pronouns in Xhosa are not gendered] will tell me tomorrow, woza, something did stress you yesterday that thing that you talk like this to me ntoni ntoni [etc]... It was the real thing, we used to chat about it, and was my secret, maar yesterday you talked a part of our secret we used to talk. I say, maybe I didn’t her myself Lumka, I was just chatting. Ja something it did bother you yesterday, but I will not tell him. I will tell him when I’m cool, when I have a smile I laugh in the road. I like to sing, also in the road, Nkosi Sikelele [South Africa’s national anthem]. I sing phana endleleni ndicule mhlawumbi ndicule iregi [there on the road I sing maybe reggae]. I will tell him, I say, “yho...”, I will just like drop it just like that. “Yho umamam izolo wathi wathi.” [Whoa, my mom yesterday, what what] I will talk, maybe it’s Monday, Tuesday, Wednesday. I will tell that thing the whole day, there’s only that topic I must release me, or that thing, or that three days I was keeping it, I will chat to with uLumka and tell him, hayi it will happen like that, like that and like that. Like that, like that. Uyabona [You see] if maybe ulumka uhelele ne friends’ zakhe. [You see if maybe Lumka laughs with his friends] They are not my friends, some they are laughing you see, and my eyes are having glitters of tears, I just look up, then I say “Lumka I will see you [later].” Just a pain because I didn’t want to be laughed at like I’m stupid. It’s just something I’m trying to taking out, qha ke Lumka [just Lumka] was sitting with someone and I couldn’t hold it, to keep it long. Just want it to be out of my mind, give me advice or so... [M036_03B; spoken and transcribed in Xhosa and English; Xhosa translated by SR and MK]

Akhona poignantly describes trying to keep her secret inside (“I will not tell him”) even when Lumka asks her if she is okay (“something it did bother you yesterday?”); when she feels ready, she can talk about it “all day,” everyday, because she “must release it” after holding it inside for so long (“I will talk that thing the whole day, there’s only that
topic I must release me, or that thing, or that three days I was keeping it, I will chat to
with uLumka and tell him, hayi it will happen like that, like that and like that”). However,
sometimes when she is talking with Lumka, his other friends will be around and they will
start to laugh at her. In those situations, she might be holding back tears (“my eyes are
having glitters of tears”) because she needs to speak about her problem, but only with
Lumka, someone she can trust to be compassionate and not laugh at her “like she’s
stupid.” Akhona also speaks to the “need” to “release” her distress and the detrimental
affects of keeping it inside: “I couldn’t hold it, to keep it long. Just want it to be out of
my mind, give me advice or so...” The urgency of releasing leads her to sometimes speak
about her problems when Lumka is not alone, which is why she has experienced the
derision of his friends.

In Chapter 7, I explored an aspect of “good” mothering that centered around
communication. Participants described their own mothers as loving caring people
because they encouraged their children to “share” their problems with them. Here,
Themba explains how her mother shows that she cares:

Theme: I know she must love me because I’m her child! [Laughing]

Sarah: So she loves you just because you’re her child. Is there any other way you know?

Minah: Yintoni ubona kanjani uba uyakuthanda.

Themba: She, she is care about me.

Sarah: How does she care about you?

Themba: Ja.

Sarah: What does she, does she do something, does she say something?
Themba: She’s like, when I’m feel—I’m not feeling well I’m going to tell her. Then gonna explain for me sometimes.

[M016_03]

Although Themba is confident that her mother’s love is a fundamental of their relationship, she is also made aware of the love when her mother “cares about” her when she is feeling ill. Her mother makes herself available to be Themba’s confidant as well as helps her understand her illness (“gonna explain for me”) and perhaps help her get medical treatment if necessary.

Similarly, Zikhona’s mother cares about her emotional well-being to the extent that she will try to help Zikhona feel better if she is troubled:

Zikhona: Umama wam kaloku yho yonke into wethu endiyifunaya uyazama ukundendenzala nengandonwabisanga andenze ndikhuleke

My mother, yho, yes, she loves me, everything that I want she tries to do it for me; whatever makes me unhappy, she helps me release it [lit release it, fig. relieve it/make me feel free =ndikhuleke]

[M035_02; transcribed and translated in Xhosa by MK]

Zikhona says her mother helps her “release” her troubles: ndikhuleke, which means literally “I released it” or, figuratively, “I am relieved” or “I feel free.” Thus, sharing her troubles with her loving mother frees her from the problem that previously lived inside of her.

For these participants, sharing their problems with certain people enables a “release” of their negative emotions, or catharsis; whereas other modes of expression, such as crying, collapsing, or shouting, which may be characterized as cathartic in Western culture, may not be categorized as such by Xhosa women. One participant, Nomapha, directly challenged my characterization of her crying as catharsis:
Sarah: I’ve been so unhappy that I’ve been crying. [Question #9 of EPDS]

Nomapha: Ja.

Sarah: Yes, most of the time. Yes, quite a lot.

Nomapha: Quite a lot.

[...]

Sarah: And what are you crying about?

Nomapha: Eish. All these, I don’t know, everything I cry, cry over everything.

Sarah: Yeah.

Nomapha: But I went to go fetch my results and I passed like everything.

Sarah: You did? That’s great.

Nomapha: Yes, yes, yes and I got a couple of A’s [Inaudible]. I was happy. I, firstly, I was stressed of my last paper, cause I had like a one final paper I had to write...And that’s when my aunt knew, but my parents didn’t know...So during that time I was very stressed. But I passed that, too, so, those were the things I really cried about, cause I was like if I fail then everything will go to blame on the pregnancy and, ja...

Sarah: Yeah.

Nomapha: And all that. So, but after that then I’ve been crying about the semester, if I’m gonna cope. Ja, I cry about the future. Weird.

(Giggling).

Sarah: It’s weird to cry about the future?

(Giggling).

Sarah: And are you alone when you, when you cry or are you, are you at your boyfriend’s or...

Nomapha: No, now recently I’ve been crying in my room when like, one o’clock in the morning I’ll be crying under my blankets.

Sarah: Shame.

Nomapha: Cause I’ve got nothing to do. Sleep doesn’t come...Then I think.

Sarah: Then you start thinking and then it makes you cry. Do you feel like you’re crying is
Nomapha explains that her constant crying is not part of her coping process, but rather a sign that she’s not coping at all. The crying is not “releasing anything” like sharing her problems might.

As I have demonstrated, for many participants sharing their problems with trusted family and friends was a way that they coped with emotional distress. However, as this next section shows, the catharsis of sharing and “releasing” the problem does not explain the entire coping process. As these next examples show, for some problems, the catharsis is not the end goal, but rather is the first step in creating an empathic community. I call this part of the coping process, collectivization.

8.3.2.2 COLLECTIVIZATION

In this section, I argue that although participants describe a sense of freedom and release from sharing their problems, this catharsis is only the first step in the coping process in some cases. For the participants discussed below, the main goal of sharing their distress is to create a community, literally or figuratively, so they do not feel lonely and isolated in their suffering. Instead of merely engaging with a compassionate person to share their distress—as Akhona, Sisiwe, and others above—some participants describe a process by which they were not just treated kindly by their confidant, but
explicitly told about a community of people that share that same problem. This allowed them to literally or figuratively join a community of like-sufferers, a process I call *collectivization*.

Here, Nolitha talks about how she coped with learning she was HIV-positive. She describes the anguish she felt when she first learned of her HIV-status, and how her mother helped her cope. By the time we met her, she was open about her status; she had disclosed to her new boyfriend who was HIV-negative and they were having this baby—her second and his first—together.

Minah:  Okay lena kengoku ithi like uziva uyakwazi ukukhopa ngezinto okanye ufumana ubunzima oba mawukwazi ukumelana nezinto?

_Ah, this one now says you feel like you can cope with things or do you find it difficult to cope with things?_


No, I am able and know to cope with things.

Minah:  So ungathini xa uphendula. Ungathi yes most of the times uyakwazi ukumelana nazo. Okanye ngamanye amaxesha uyakwazi umelana nazo?

_So when you answer, can you say ‘yes most time you are able to cope with things’ or ‘sometimes you are able to cope’_


Yes, I can say, yeah sometimes I can, you see. But sometimes there are hard ones, can you see, when you are a human, you see. Can you see that this one.

Minah:  Inzima. [It's difficult] Okay she says like most times she has managed to cope very well because if you are a human being there are things you can’t cope with everything completely.

Sarah:  Can you give us an example of something recently where you either coped well or not well?

Nolitha:  Like into yoba ndafumanisa ukuba ndipositive neh. Zange ndibe strongo enough kuyo
Like you see that I found out that I was positive, I was not strong enough [ndibe strongo enough] with it. And then I tried, can you see, until I told my mom and my cousin, then I felt better and I joined a support group and I felt now that I’m better now, can you see? Maybe if I didn’t tell them, I was not going to be alright because the way I felt it was almost like it was the end of my life.

[...]

Minah: [...] The only thing that made her that she was not able to cope and then managed to cope was when she found out that she was HIV positive. She felt like her life was finished but until she spoke to her mom and cousin that she felt like okay she can live again. [...] 

[...]

Sarah: Yeah, what did your mom and cousin say? What did you talk about that made you feel better?

Minah: Waye wathini kubo?

So what did you say to them?


My mom told me that there are many people who are positive. So it’s nothing that I should take too seriously. Yes, I can take it seriously because it’s already there, but it’s not the end of life, I must be strong. Then I’m going to use treatment also, like other people. And if I handle myself well, it depends on me that I should live life and be alright. Unless I don’t love myself.

Minah: Okay, her mom says like she is not the only one who is HIV positive there is a lot of people. Yes, it’s a difficult thing because she has found out but she can cope and there are people who are living with it and she can just try.

Sarah: When other things come up, who do you go to talk to help you cope with things? Is it your mom and your cousin?

Nolitha: It’s my mom.

Sarah: Your mom?
Nolitha: Yes.

Minah: And then ukwi support group also.

And then you are in a support group also?

Nolitha: I support group sendiphumile kuyo ngoku. Andisekho kwi support group.

Support group? I left now. I’m not part of it anymore.

Minah: Uphuma xa kutheni kwi support group?

When did you leave the support group?

Nolitha: Xa uziva ukuba urayithi.

When you feel you are alright?

Minah: So benisenza ntoni pha kuso?

So what were you doing there?

Nolitha: Like besi share izitori like ayinguwe wedwa mos umntu oneproblems neh. And then uyafika phaya uyachaza ingxaki yakho wena wathi wofumanisa ukuba upositive wadili shana nayo njani izizinto ezinjalo kuyacetyiswana. Ukhubone kuncokolwa nje ngalonto. Like itopic eninzi inge HIV. INTO ezi abusive. So ibe zizinto ezinjalo noba masisebenzise ipilisi kanjani ukhubone. Umhlawumbi omnye une mistakes phayana so sicebisa ngolohlobo ukhubone.

Like we were sharing our stories because you’re not the only one who has problems. And then you get there and you tell them your problem, when you found out you were HIV positive, how did you deal with it, things like that. You advise each other. Can you see? You chat about that, like most topics are HIV-related. Things like abuse, things like that. Like how you use the tablets, you see. Maybe or maybe one has made mistakes, and then advise them. You see?

Minah: Okay, so I was asking her... She said like she still thinking of going to a support group. I said why she did and what the things they were doing were. She says like in the support group they talk to each other and then they help each other and support each other and then you can talk about how you dealt with when you found out that you are HIV positive and what are the things that you should do and you should not do. Then when you are ready to stop then you stop. So she felt like she was ready to stop.
In the interview, she offered the experience of learning she was HIV-positive as an example of a difficult life experience that she felt demonstrated her ability to cope. As she explained, when she first found out about her diagnosis, she was so distraught she felt “almost like it was the end of [her] life” and that she “was not strong enough [zange ndibe strongo enough]” to cope with it. But after telling her mother and cousin, she felt “now I’m better.” In retrospect, she realized that disclosing her status to these trusted family members, especially her mother, was a crucial step in her coping process, saying, “Maybe if I didn’t tell them, I was not going to be alright because the way I felt, it was almost like it was the end of my life.”

Interested in precisely how telling her mother and cousin about her diagnosis helped her cope, I asked her if it was something that her mother and cousin said that made her feel better, and she replied that indeed, it was. She recounted, “My mom told me that there are many people who are positive. So it’s nothing that I should take too seriously. Yes, I can take it seriously because it’s already there, but it’s not the end of life, I must be strong. Then I’m going to use treatment also, like other people. And if I handle myself well, it depends on me that I should live life and be alright.”

In Nolitha’s narrative we can see the process of collectivization take shape: her mother explained to her that she was one of many people who were HIV-positive and this was proof that she could live happily and healthfully as an HIV-positive person. By situating Nolitha’s problem within a community of people that had a similar problem, she helped Nolitha collectivize her situation—to transform her perception of her HIV-
status from a painful, internal, individual circumstance to one that is external, social, and thus less personally distressing. In other words, Nolitha’s perception of her suffering was changed by her mother’s words, from interior to exterior, from individual to social. Yes, she told us, she still suffered as an HIV-positive person—dealing with stigma, medications, the possibility of infecting her new baby, opportunistic infections, and possible premature death—but she felt less burdened by the suffering because it was not “just” her problem anymore, but a problem she had in common with other like-sufferers.

Nolitha’s mother also invoked Nolitha’s personal responsibility for her own happiness—now that she had shown her that there was a community of people going through the same experience, it was up to Nolitha to join this persevering HIV-positive community, or suffer alone. Nolitha chose to join this community in both a figurative and literal sense: in the figurative sense, she felt better able to cope once her mother told her that she was part of a community—not a tangible community per se, but the idea that “everyone” around her was also dealing with this problem; and in the literal sense, Nolitha joined a support group of HIV-positive women. As she described it, “Like we were sharing our stories because you’re not the only one who has problems. And then you get there and you tell them your problem, when you found out you were HIV positive, how did you deal with it, things like that. You advise each other. You see?” (Mundell, et al. 2011)

Although all my participants had taken an HIV test in their first antenatal appointment, during which they were interviewed for the first time, few spoke openly
Nomonde explains why she decided that she must get an HIV test while pregnant. Her sister, Phume, who is HIV-positive, has been open with her about her illness and the medical interventions that helped her have a healthy baby. Nomonde feels supported by the knowledge that Phume has HIV and has persevered, even flourished, despite the infection. Furthermore, Nomonde is intimately aware of Phume struggles and triumphs with HIV because she has been open about her illness with the members of her
household made up of Phume, Nomonde, their younger sister, and their mother (as well as several young children who were not aware of her HIV-status). In doing so, Nomonde’s sister has modeled a successful coping strategy: she disclosed her status to trusted members of her household, she actively takes care of her health, and she is generous and honest with her advice to her younger sister.

Importantly, by sharing her status and advice with Nomonde, Phume is making her aware of a community of HIV-positive people that she would be a member of if she does indeed get the terrible news that she is HIV-positive. By telling her about her own health and her healthy baby, she is offering Nomonde a narrative whereby HIV-infection is not a debilitating illness or a death sentence, but rather another way of life. Surely, Phume is indicating, it is not a life that anyone would choose, but once it happens, “you can still live.”

After describing to us the advice of her sister, Nomonde continues the narrative with details of how she helped her best friend get tested for HIV when she fell ill with shingles (a virus that commonly afflicts people who are HIV-positive; (Blank, et al. 2012)). Although Nomonde has not yet been diagnosed with HIV, we can see her start to emulate Phume’s coping style in this interaction with her friend:

Nomonde: [...] because I have even my friend tell me. [S]he has the shingles. It’s my best friend.

Sarah: She has shingles.

Nomonde: Ja. Have the shingles. Say to me the last time, last month said to me hey, I have something in my body. I say I want to see. So I see, I say no, you know what, it’s the shingles. Because my sister was having [these] things. But it was in here.

Sarah: In her eye.
Nomonde: In the eyes. Oh. So [s]he asking me what must I do. I said [...] first go to the clinic. And the clinic is gonna tell you [if] you are HIV or not. [S]he says [s]he was going to the clinic and then the doctor says no, you are HIV.

Nomonde, approached in confidence by her best friend, helps her get an HIV-test by invoking her sister’s illness as a point of reference. Implicitly, Nomonde helps her friend cope by hinting at the existence of a community of HIV-positive people persevering in the face of this terrible illness. Now, on the day of her own HIV test, Nomonde finds comfort and inspiration in that both her sister and best friend are living well with HIV:

Sarah: This is your best friend?

Nomonde: It is my best friend. We are two... ja. So we're going together. So that is why if I’m going to the doctor, if [they] say to me you are [HIV-positive] I’m[al]right. Cause I know, because my sister and my friend. Because [they’re] healthy. If I'm gonna come with my family, not gonna say you are HIV. [They’re] healthy. [They’re] the same like me. Ja. [Yes]

She explains that ultimately, she’s not afraid of the results because she has her sister and her friend as proof that you can be HIV-positive and healthy. In her mind, they are members of a community of HIV-positive people who persevere despite their illness. As she gets this test, she imagines them walking beside her (“So we’re going together”) and if she tests positive, they will welcome her into their community (“if [they] say to me you are [HIV-positive] I’m [al]right. Cause I know, because my sister and my friend. Because [they’re] healthy”).

Another participant, Nomava, also describes a process by which she felt “freed” from her emotional distress through a process of collectivization. Nomava miscarried after joining our study and we interviewed her several times after the miscarriage to
show support and also find out how she was coping. In this interview she told us that she had been referred to a counselor, “S,” at Hospital A, the maternity hospital where she had been treated after her miscarriage. Nomava spoke to “S” at Hospital A after the miscarriage and was comforted when she told her, “she was like saying they are not the first people to have [a miscarriage], it happens to many people”:

Sarah: Okay, yeah. What was it like talking to “S”?

Minah: Uyabuza kwakunjani uthetha no “S”.

Nomava: Senditsho intobana kwaku rayithi ndazifila ndi free.

Minah: Hmm [okay], she said she felt free. Ok.

[M019_02; spoken and transcribed in Xhosa and English]

“S” helped Nomava collectivize her distress by telling her that she is one of many people who lose their pregnancy. Having the opportunity to share and collectivize her stress, Nomava says speaking to “S” made her “feel free.” Furthermore, although some neighbors treat her insensitively by saying “Yhu are you not pregnant?” one neighbor treated her “nicely” saying, “you know me, like I have umm, three miscarriages now I have three kids so also you are going to be fine” thus letting Nomava know that she is not alone in her suffering, but rather part of a community of like-sufferers. With two people helping her collectivize her distress and her mother and boyfriend offering additional support, when Minah asks her if she wants to go to more counseling she says that she is “fine now.”

As we have seen, collectivization is a process by which Xhosa women experiencing emotional distress are made aware of others who are suffering in a similar way by a compassionate confidant. By sharing their distress with this person and by imagining
that they are no longer “alone” in their suffering, but part of a community of like-sufferers, my participants feel unburdened or “released” from their emotional distress. But why would sharing and learning of like-sufferers lead to an emotional transformation? What is it about finding someone who understands your suffering that “frees” you from it?

8.3.2.2 EMPATHY

I propose that empathy is the key to this emotional transformation. For my participants, communicating their emotional distress is not a one-sided conversation in which she reports or narrates distress, but rather an intersubjective negotiation wherein the woman with the secret tries to ensure that the recipient of her story is trustworthy and compassionate and will show her genuine empathy (Hollan 2008). Thinking back on Nolitha’s conversation with her mother about her HIV-diagnosis, we can see that it was not just her mother’s words that “there are many people who are positive” that helped Nolitha collectivize her experience, but the act of telling her mother and cousin itself created an empathic relationship through which to share her suffering. Even before her mother told her about others or gave her advice, just by virtue of telling two confidants, Nolitha says that she felt better able to cope with her HIV-status than she did when her problem was a secret. Thus, through empathy, Xhosa women feel an intersubjective connection to their confidant which is another way that they share or collectivize their suffering and thus feel unburdened by it.

Participants like Nolitha told us about situations where their confidants’ empathy helped them cope with emotional distress, but I was only privy to these transmissions in
the interview context where Minah and I were in a position to empathize as participants
told us about their distressing experiences and how they made them feel. As an outsider
who, for a long time, felt out of place and unsure how to act “naturally,” I tried to strike
the pose of what I understood to be an empathic listener, someone who was receptive
and nonjudgmental of the participants problems and feelings; however, until I had spent
many months with participants in the township, I felt like I was “performing” empathy
rather than feeling it—my participants’ problems and feelings resembled problems and
feelings I had experienced, but were foreign to me in many ways (Geertz
1984[1976]:126; Hollan and Throop 2008:389; Rosaldo 1993). For example, at first I did
not pick up on when participants were holding back tears only when they were openly
weeping; I could not tell the difference between pauses in the interview, whether they
were because the participant was hiding something, because they were indifferent or
bored, because they were waiting for a reaction from us, etc. These verbal and non-
verbal styles of communication are culturally patterned and learning to decode them is
part of fieldwork—and explaining them in ethnography is the crucial and complex task
of “thick description,” which, as Geertz famously explains, is the difference between a
blink, the twitch of the eye, and a wink, a specific and culturally patterned type of
communication (Geertz 1973).

Minah, on the other hand, was an insider. She had grown up in a neighboring
township and still spent considerable time there with her extended family; she seemed
to immediately and effortlessly respond with knowing compassion to our participants’
stories and feelings. I observed how Minah empathized with our participants; then I
attempted to understand those interactions in the context of other stories about empathy that participants narrated. Interactions like between Phumeza and Minah (below) were key to my understanding of empathy in Xhosa culture. In our first interview with Phumeza she told us about her last child, who was stillborn:

Minah: Ngumntana wakho wokuqala lo.

*Is this your first child?*

Phumeza: Ngowesithathu.

*It’s the third one.*

Minah: Ngowesithathu! ...Ufuna ukundixelela ntoni ngoku.

*The third! ...What do you want to tell me?*

Phumeza: But owesibini zange alunge.

*But the second one, it didn’t go well.*

Minah: Zange alunge wasweleka esemdala.

*Oh it didn’t go well! Did the child die old [after it was born]?*

Phumeza: So uyiwani ophilayo. Waswelekela apha kum waye si still born.

*So it’s only one whose alive [she only has one living child]. That one died inside me, it was still born.*

Minah: Still born yho shame.

*Still born? Oh shame!*

Phumeza: Wasweleka last of last year.

*He/she died last of last year.*

Minah: Yho shame injani intliziyo yakho ngoku.

*Oh shame, how is your heart now? [how are you feeling now?]*

Phumeza: Yhu iright wethu.
Whoa, I’m alright now.

Minah: Kodwa sebuhlungu kancinci xa ucinga ngayo. Shame. Yayizinyanga ezingaphi.

But you’re still hurting [sebuhlungu] a little when you think about it. Shame. How far along were you?

Phumeza: Ndanine seven months.

Seven months.

Minah: Yhu wayibona kanjani?

How did you know [the baby was going to be stillborn]?

Phumeza: Uzakundililisa ngoku. [Interviewee crying]

You’re going to make me cry now. [crying]

Minah: Hayi shame uxolo. Ndikunike itissue.

Oh shame sorry!

[to Sarah] Do you have tissue? Sarah do you have a tissue?

[...]

Minah: Ndingakunika ihug. Shame mani uxolo uyeva. Sekhe wadibana necouncil about it.

Can I give you a hug? Oh shame sorry, really.

[M013_01; spoken and transcribed in Xhosa; translated into English by MK]

In this interview, Minah is responding to Phumeza’s verbal and non-verbal cues. She sense from the way that Phumeza looks and says “It’s the third one”, that she has a story to tell about one of her pregnancies. When Minah says, “What do you want to tell me?” she is reading a change in Phumeza’s face that Minah interprets as a secret wanting to come out. She draws Phumeza out with questions. In addition, when Minah asks Phumeza how she’s feeling now, and she responds that she’s fine, Minah notices that Phumeza’s eyes are tearing up (in Xhosa they say, une glas, meaning, her eyes are
like glass) and assumes that Phumeza is still very upset about the stillbirth. Minah’s attention to Phumeza’s emotions and her willingness to engage with them draw Phumeza out even more and she begins to cry openly.

Minah apologizes to Phuemza for making her cry, but does not show any disapproval (disapproval would be a common response from a Xhosa person to another who is crying in public). Instead she asks me for a tissue and asks Phuemza if she can give her a hug. In an everyday conversation, I doubt she would have asked but rather acted on nonverbal cues and hugged her, but only in our second day of interviewing, Minah is trying to act professionally as my assistant. Nevertheless, Phumeza accepts the tissue and the hug, and acts appreciative when we gently turn the conversation to a lighter topic so she can dry her tears.

In our next interview with Phumeza, we administer the EPDS and RFA and she cries again when talking about her feelings about her previous stillbirth and current pregnancy. This time, Minah shows her a similar compassion and also verbally explains the role of empathy in the coping process to Phumeza:

Minah: She [says she] is happy, but [just] a little bit because she is worried about the pregnancy.

[...]

Phumeza: Mhh. Ndicela amanzi.

Yes. Can I get water please. [she has been crying]

Minah: Okay ungasela ke sisi. Uyawathanda amanzi neh?

Okay, you can drink sisi, you like water?

Phumeza: Andifuni kulila kaloku iproblem yam.
No I don’t want to cry, that’s my problem.

Minah: Lila! Cry! She said she doesn’t want to cry. That’s why she is drinking water.

Lila Phumeza sikhona njena.

Cry Phumeza, we are here!

Phumeza: Kunini ndalila ndidiniwe.

I’ve been crying, I’m tired [of speaking] now.

Minah: Hayi sukudinwa ibihlungu kaloku lento yakwehlelayo ukhobone? Ayifani nxa mhlwumbi umntana ungakhange umbone uyabona? Xa ethe wabekwa seleqinile iyafana ingathi ngumntu omaziyo uyayibona lonto leyo?

No don’t get tired [of speaking], it’s a sad thing that has happened to you. It’s not the same as when you don’t see the child (have a miscarriage), if you gave birth it’s almost like it’s human now.


It’s easier for you to cry with people who care. Because we care about you. That’s why we’re going to write a letter for you to talk to that lady [a professional counselor at the maternity hospital], she knows how to talk to people like you, so it’s going to help you, and its going to help you to cope with it, you see? It’s different when people ask and then don’t care. But you can see when people ask and they care. If you keep it inside you’re going to be sick, you see? Especially now that you are pregnant. It’s better that when it comes and you cry. Can I give you a tissue? Now you’re going to have too much stress. And then this baby is going to be upset, you see? Is it not what the nurses also say that you shouldn’t be upset?

Phumeza: Batsho.

They say so.

Minah: Batsho ngcono xa like xa uthetha nathi if usafuna ukuthetha, uthetethe at least, uyikhuphe because like akufani uyabona pha noba uyathetha nendlini abantu umhlawumbi umntu umamele but akayi understandi because kuba zanga abe nayo nam anyi undastendi but kuba ndithetha nave uyabona. But iwesi xa umntu engayazi ukuba kufuneka ethethe ngantoni na, uthi ngoku uthetha naye umve
umbone ukuba hah ah akamandla uyabona. And notata womtana akasofana naye because wena ubuhleli naye inyanga eziyi nine zonke. Bakunika mos wahla naye ithree hours anditsho?

_They say so. So if you still want to talk to us so you get it out of your system because you don’t want to go talk about it at home and someone doesn’t understand what you’re saying because maybe they never had it so they don’t understand. But it’s more worse when someone doesn’t understand what you’re talking about. So while you’re talking to them you can see they’re disinterested. But if the father of the baby isn’t going to be like you, because you had the baby [inside of you] for nine month._

Phumeza: Ewe.

Yes.

Minah: Uyayibona lonto leyo ikwenza intiziyo yakho ibe buhlu ngu kakhulu.yiyo lonto ungathandi ukuya kowenu? Because bayatheha.

_Can you see that [sister], it makes you heart broken. Maybe that’s why you don’t want to go to your house, because they talk a lot [gossip]._

[...]

Phumeza: Mhh. [Elila]

Yes. [crying]

In this interview, Minah is not as surprised to see Phumeza cry, so instead of apologizing and gently changing the subject, Minah encourages her to express her feelings. When Phumeza complains that she does not want to cry or talk anymore, Minah explains why she should continue to talk. Minah’s lecture contains many tenets of the Xhosa process of coping, especially the role of empathy: Minah explains that if she expresses herself with us—people who care about her—she will “get it out of her system,” akin to the Xhosa concepts of “releasing” emotions or “feeling free” of distress. Next, Minah distinguishes between people who care and understand her problem and people who do not: Minah and I represent people “who care” about her, which is evidenced by, Minah explains, our willingness to refer her to a professional counselor who “can help
[her] cope” (advice as a form of empathy is discussed in the next section). We are also an example of people who “understand,” unlike her boyfriend who cannot because he has never been pregnant (“he isn’t going to be like you”). Minah, by virtue of being a mother, can empathize with her distress because she understands Phumeza’s distress. Thus, Minah positions herself as a some who cares (is compassionate), who shares her suffering (like-sufferer), and who understands (empathizes).

8.3.2.2A INIMBA AS MATERNAL EMPATHY

Although empathy is not uniquely Xhosa, the way that Xhosa mothers seek empathy as well as how they empathize with others is shaped by their context (cultural, social, and material) and sense of self (Hollan 2008:485). Indeed, the Xhosa concepts of inimba, and how it relates to the concept ubuntu, is one way of understanding why Xhosa mothers use and employ empathy in coping with emotional distress.

As discussed at length in Chapter 6, inimba is a Xhosa concept that means broadly “mother love.” It is usually spoken about as a special love that is intrinsic to mothers. This love can manifest in three ways: a) a mother’s uniquely deep love for her own children; b) a mother’s ability to love another child as if it were her own child; and c) a love for her own child that is so deep it becomes irrational and can lead her to defend her child even if he is gravely wrong. Inimba’s second meaning—a mother’s ability to love another child as if it were her own—is most closely related to its definition as maternal empathy. In this way, inimba is also related to ubuntu, which (as discussed above) is seeing yourself through your relationship to others. Inimba, as Gobodo-Madikizela argues, is the maternal embodiment of ubuntu:
The ethos of *ubuntu* entails an appreciation of and commitment to one’s community. Like Levinasian ethics, the guiding principles of *ubuntu* are based on a morality that is Other-directed, concerned with promoting the ethical vision of compassion and care for others. Therefore, *inimba*, as an expression in which one extends oneself to reach out to the Other, signifies the expression of *ubuntu* through the body (Gobodo-Madikizela 2011:14).

In other words, *inimba*—the special capacity mothers have to love other children as if they were their own—is a special maternal instantiation of *ubuntu*. By this connection, Xhosa women, by virtue of being mothers, have a special capacity for empathy, interrelatedness, and communality. Their “natural” inclination toward otherness and community may explain why Xhosa mothers seek sharing, collectivization, and empathic connections to cope with emotional distress; as well as why Xhosa mothers may be uniquely equipped to be empathic confidants who help their daughters or peers cope with their emotional distress (as we saw above and in Chapter 6).

**8.3.2.2B ADVICE AS A MODE OF EMPATHY**

Participants often cited advice-giving as indicative of someone’s willingness to empathize with their suffering (see also Chapter 6) as well as something that helped them cope instrumentally (i.e. help with solving a problem). Like with empathy, I first observed advice-giving in the interview context, between Minah and our participants. In certain interviews, Minah would respond to a participant’s narrative with an advice-filled lecture, often relating the participant’s experience to her own life in some way. At first, I was concerned with Minah’s advice-giving, assuming that it would be perceived as judgmental and discourage our participants from sharing their problems openly. As Levy and Hollan advise (no pun intended!) in their instructional chapter on person-centered interviewing, the anthropologist should stay in the “stage” of facilitating communication
and not enter the “second stage” of “trying to be helpful. If it moves on too quickly to
the advice stage, one suspects the listener-friend of not doing the job rightly, of being
too egoistic” (Levy and Hollan 1998:346). I worried, but I never saw evidence that
participants perceived Minah as egoistic or transgressing her role as researcher. Instead,
the participants that Minah advised in their first or second interview, all came back for
another interview and seemed even more willing to share their stories and troubles with
us. Clearly, Minah’s advice was seen as appropriate if not welcomed by my participants.
Perhaps she was transgressing her role as “anthropologist,” but as a Xhosa woman,
Minah was showing compassion and empathy by giving her peers advice rather than
“just” listening.

As we saw in Chapter 6 when participants described a “good” Xhosa mother as
one who openly communicated as well as gave her daughter advice on how to live a
good life, advice was perceived as tangible evidence that a confidant was empathizing.
While secret-sharing creates an intersubjective link between two people through
empathy, advice-giving created a more explicit opportunity for the distressed woman to
collectivize her distress. Advice-giving from one Xhosa woman to another often includes
a narrative of like-suffering, which explicitly creates a community of two like-sufferers.
In this interview, Minah gives Nomonde advice about “not stressing” about her baby’s
father:

Sarah: Shame. [To Minah] She was just telling me of a story of, of a girl she knows who lost
her baby because her boyfriend was stressing her.

[...]
Minah: Don’t stress. Don’t stress. Men they are like that, all of them, but you will see, you will manage.

Nomonde: Yoh. [Wow]

Minah: The father of my babies left me when I was pregnant.

Nomonde: Hmmm? [Yes?]

Minah: Ja, [they are] 18, 19 [years old now].

Nomonde: Hmmm? [Yes?]

Minah: 18 and 19.

Sarah: 17 and 18.

Minah: Men are like that, not all men, but some are like that.

Nomonde: Yoh, because it’s a, it’s my first, why...but serious, it’s my first born, yoh ha-ah guys.

Minah: Shame. That’s life girl, that’s life. But you will be fine, your mom is there, she will shout but she will be fine. At least if, like as you said, like some people have no families but she’s gonna shout at [you], but they will ok? [Your ex-boyfriend] might change his mind and come back. [...] Ja. Don’t stress please.

Nomonde: Ok.

Minah: You almost done. Ne?

Nomonde: Hmmm. [Yes]

Minah: Are you almost at the end, it’s like *ukhubone* [you see] when people are running a relay.

Nomonde: Uh-uh.

Minah: They don’t give up. You know like when you see that your teammate is waiting for you and then like you have that [baton], like I [feel like I] need to give up but they having that hand [outstretched]?

Nomonde: Ja. [Yes]

Minah: So you are at that position now where you can’t give up now.

Nomonde: Hmmm. [Yes]

Minah: So your baby’s waiting for you to go that extra mile at the relay and, am I wrong Sarah?
Sarah: No, I, that’s a really nice analogy.

Nomonde: No you right.

[...]

Minah: Hmmm. Just think of, if anything bad happened to [your ex-boyfriend], how are you going to cope? Like if he died, that’s what I, how, that’s how I coped. I thought if like [my sons’] father when he said [he wouldn’t give me financial support]. So then the thing was like if he had died, what was I going to do, that is the thing that made me to say if he was gonna be dead, if he was dead, I was gonna, I was gonna have to live with having a child on my own and I was like 19, 21. And like [I] had like two babies and that’s, that’s how I pulled up my socks and then, and my mother’s like your mother, [she] shouted at me when she hear that, everyone who wanted to come she told him, “oh this one, her boyfriend left her” [. Y]ou know like it’s not nice when your mom is not on your side but I [told] myself, I’m going to make it, I used to perm hair, [I] had a shebeen...

Minah’s story was carefully constructed to convey three messages intended to help Nomonde cope: First, although Minah’s own story was one of independence—she was not supported by her mother and was forced to engage in the informal economy to provide for her sons—she reassures Nomonde that her mother may be angry, but she will ultimately support her emotionally and financially (“she will shout but she will be fine. At least if, like as you said, like some people have no families”). This message invokes the cultural importance of sharing your predicaments and distress with trusted people, such as your own mother. Minah assumes that if Nomonde can confide in her mother, she will receive much-needed support. Second, Minah includes a message of perseverance, especially in her analogy of running the last leg of a relay. Third, Minah’s narrative clearly suggests that Nomonde’s problem was a common one (“Men they are like that, all of them” and “That’s life girl, that’s life”) and offers herself as member of a community of like-suffering people. Furthermore, that Minah chose to use her personal
experience to give Nomonde advice serves two additional purposes: advice is seen as an instantiation of empathy—tangible “proof” that the other personal has truly empathized; in addition, advice has a practical component and offers the real possibility that the person may be able to change her predicament. Thus, by choosing Minah as her confidant, Nomonde creates an intersubjective space where one sufferer becomes two with the possibility of imagining many, even all, Xhosa women who share their predicament in some way.

8.5 DISCUSSION

Two crucial components in the Xhosa way of coping are collectivization and empathy. Collectivization and empathy have similarly interpersonal and intersubjective components. I argue that both of these processes are shaped and given emotional force by Xhosa constructions of the self as “relational” (Desjarlais 1991:394), especially the maternal self; that is, understanding yourself through your relationships with, and obligations to, other people.

As I demonstrated above, collectivization is part of the coping process whereby a distressed person gains direct or indirect knowledge of others who are distressed for a similar reason; for example, Nomava is upset about her miscarriage and the hospital counselor tells her it is common for women tomiscarry (indirect) and her neighbor confides in her that she miscarried one of her pregnancies (direct). Gaining this knowledge of a particular person or a general commonality (“everyone” experiences this) enables the sufferer to imagine a large community of people who suffer like she does; through this communality her personally held distress transforms into a “shared”
distress; sharing this problem with several, if not “all,” people helps her feel unburdened by her distress, and thus “have coped.”

_Ubuntu_ is a Xhosa (and perhaps pan-African) concept that describes selfhood in relation to others, the interconnectedness of humanity, and the communality of human experience (Battle and Tutu 2009; Gobodo-Madikizela 2011b; Murithi 2009). _Ubuntu_ helps explain why my participants find comfort in the collectivization of their distress: in a culture where the self is understood through its relationships with others, it seems that framing suffering in relation to others creates a feeling of communality and support.

Ramphele (1997) argues that while the suffering of black resistance fighters under Apartheid was public and socially recognized, the grief of political widows—like herself, the widow of popular resistance leader Steve Biko—is often ignored by the community. Although in some ways, she explains, privacy is welcomed in times of grief, she recognizes that within black culture, grieving occurs within the community; a person needs the community to truly cope with distress:

> Personal pain is a degrading and dehumanizing experience unless meaning is vested in it. The investment of personal pain with meaning transforms it into suffering, which then becomes a social process. The individual derives dignity out of the acknowledgement of her pain and is thus in a better position to feel worthy of the suffering, and available to the possibilities for healing (1997:114).

A similar way of coping with distress is found by Desjarlais in his work with the Yolmo of Nepal. Yolmo culture is organized and experienced in intertwined, mutually dependent social relationships and this “embedded communality fosters what may best be called a ‘relational self’ - a sense of personhood, that is, conceived and experienced through social relations” (Desjarlais 1991:394). In his study of emotional distress among the
Yolmo, he discusses how they release their sadness—kept private under most circumstances—as well as elicit communality and empathy through singing *tser-lu*, songs of sadness. The “sentiments evoked in the songs convey a commonality of experience. Through shared discourse, support is fostered, bonds strengthened, affect made communal” (1991:404). Singing *tser-lu*, like collectivizing distress through sharing, provides a relief from suffering in cultural contexts where the self is understood through its relationships to others.

In some ways, collectivization is similar to the process of another type of community-building aimed at facilitating coping, that of Western-conceived “support groups.” Davison et al (2000) argue that support groups operate on the principle of social comparison theory: that social cohesion is desired at times of uncertainty, ambiguity, or anxiety, where “individuals seek to have and maintain a sense of normalcy and accuracy about their world” (2000:205). Thus, bringing people with similar problems together can foster social cohesion and a sense of normalcy that help people cope with distress (2000:206). However, the support groups discussed by Davison exist in markedly different contexts to *tser-lu* discussed by Desjarlais and collectivization in Xhosa mothers. In terms of what it means to create a “group” or community with which to share and cope with suffering, cultural understandings of the self and community are crucial to consider. The concept of the relational self is helpful in parsing why collectivization is the feeling that the experience that one’s suffering is *shared* among others, not just “also experienced by” others. The “release” that my participants feel when collectivizing their distress is an cognitive and affective shift from feeling the pain
“inside” to feeling it being “outside” the body, and now dispersed among, or shared by, a perhaps infinite number of like-sufferers. Indeed, this may be why Nolitha, only one of two participants to speak of attending a “support group” (colloquially called a “club”) (e.g. Mundell, et al. 2011), only attended for a short while. It was not the physical presence of, or interaction with, other like-sufferers, but the knowledge—and concomitant feeling—that her suffering was shared that helped her cope.

This cognitive and affective shift from internal distress to external and shared suffering is precipitated by an empathic connection, exemplified by Nolitha’s discussion with her mother when she disclosed her HIV status as well as demonstrated when Minah empathized with Phumeza regarding her stillbirth. I view empathy as a transformative and relational process that includes imaginative, intersubjective, and communal components.

Hollan and Throop draw on Halpern’s definition of empathy to posit, “empathy requires imagination as well as affective attunement. After emotionally engaging with another, an empathizer must begin to imagine how and why the other acts or feels the way he or she does” (Hollan and Throop 2011:14). Similarly, Strauss defines empathy as a “sympathetic affective response, based on awareness or imaginative reconstruction of another’s feelings [...] mean[ing] sympathy as a blend of its meanings of commiseration and fellow feeling” (Strauss 2004:434). The idea that empathy requires imagination of someone else’s inner experience assumes that there is some sort of separation between personal and social realms of experience as well as an “opacity” of the mind (Throop 2008). How someone’s ideas or feelings are “known” by others is culturally constructed
and tied to equally culturally constructed ideas of the self and the social. Although an in-depth study of the self in Xhosa culture is beyond the scope of this dissertation, I propose that data on the process of coping indicates that in Xhosa culture, feelings and knowledge are considered personal (e.g. Nonyameko or Akhona), but are made knowable through an empathic interaction. As Hollan argues, empathy is a mutually negotiated process by which the sufferer allows herself to be empathized with as much as the empathizer must work to empathize (Hollan 2008). Thus, Hollan continues, empathy contains an intentional and imaginative component on both sides of the interaction. This speaks directly to how empathy facilitates the process of collectivization. In the empathic interaction, the Xhosa confidant imagines that she understands the sufferer’s distress, and the sufferer perceives that intersubjective connection as shared suffering. In the Xhosa case, the sufferer’s imaginative aspects of empathy are amplified by also imagining that anyone who has experienced such distress also shares her distress, and thus, for her, an imagined, but deeply felt, community of like-sufferers takes shape.

A methodological limitation of this study is that it focused on the experiences and narratives of Xhosa women to the exclusion of men. Therefore, it is impossible for me to make an empirical claim about whether the type of empathy I encountered is gendered or not. However, Godobo-Madikizela argues, from her work with men and women in the South African Truth and Reconciliation process, that the process of empathy that I witnessed is unique to black (e.g. Xhosa) women in South Africa (Gobodo-Madikizela 2011b). She argues that black women embody a special ability to emphasize through
inimba, the uniquely maternal capacity for empathy forged through the umbilical cord (or, as it was explained to me, through the womb or the pain of childbirth; see Chapter 6). Godobo-Madikizela, in dialogue with Levinas’ concept of the “maternal body,” argues that inimba means that mothers have an embodied experience of others’ pain and suffering (see also Lohmann in Hollan and Throop 2011:15). As mothers, Xhosa women have the capacity for a “moral imagination, a certain intentional openness to the possibility of reaching out beyond the self and toward the Other” (Gobodo-Madikizela 2011b:12); in other words, the imagination needed for an empathic connection. Thus, she argues, the maternal body, by virtue of inimba, “as an expression in which one extends oneself to reach out to the Other, signifies the expression of ubuntu through the body” (Gobodo-Madikizela 2011b:14).

Strauss’s cross-cultural argument in her work on feminist theories of empathy (Strauss 2004) underscores Godobo-Madikizela’s findings. In the cross-cultural literature, Strauss finds, there is evidence that women display a greater willingness to engage in empathy than men. She proposes Chodorow’s “feminist object relations theory” approach (1999[1979]) as one of several plausible explanations for the gender differential in empathy. According to Chodorow, women’s subjectivity is profoundly shaped by the consequences of being the primary caretakers of children. Being a mother requires nurturance and a keen sense of the other (the infant). In addition, as children develop, they begin by identifying with the mother’s nurturant attitude and behaviors, and then, as they get older, they reject the mothers’ identity (boys) or identify even more closely (girls). In this way, Chodorow argues, women “reproduce”
their affinity for motherhood and its nurturant aspects (1999). Hrdy’s findings from the evolutionary perspective are remarkably congruent with Chodorow’s psychoanalytic argument. Hrdy argues that the “quest for intersubjective engagement and mutual understanding” is a “prosocial” adaptation to our developmental and social needs as humans (2009:11). That women have been shown to be more adept at nurturant behavior, such as attachment, is not a genetic or biological consequence, but rather one of socialization (Hrdy 2009:290-291)—a similar type of socialization as Chodorow describes. Hrdy argues, and Chodorow may agree, that humans, as a species, have a unique evolutionary propensity to form intersubjective relationships, of which empathy is one, but women—and not men—are primed through culture, socialization, and their own mothering practices to empathize with others more readily and effectively.

Although not all ethnographic cases support Chodorow’s argument that motherhood only inculcates nurturing behaviors into females and not males (e.g. Barlow 2001; 2004; 2010; see Chapter 6), the Xhosa concept of inimba coincides with the idea that mothers are biologically and socially attuned to care for others and embody the “moral imagination” and “reaching out beyond the self” that empathy entails (Gobodo-Madikizela 2011b:12).

This discussion is not meant to bolster the claims of “difference feminists” who argue that women have “special virtues” (Strauss 2004); these assertions, I believe, have been effectively argued against using the ethnographic record that shows that cultural norms and material realities affect maternal sentiments and behaviors more than any “innate capacity” (e.g. Scheper-Hughes 1992). I merely aim to demonstrate that for
Xhosa mothers in the township, their own cultural concepts of intersubjectivity and maternal empathy—\textit{ubuntu} and \textit{inimba}—offer cognitive and emotional avenues for coping with emotional distress. Xhosa mothers’ own locally meaningful concepts of the relational self and embodied maternal empathy create a capacity and mechanism for empathy that mirror other examples in the cross-cultural record that align empathy with motherhood.

In sum, the cultural values of interconnectedness and communality, encapsulated by the concept \textit{ubuntu}, create an understanding that suffering is, and should be, collectively shared; the cultural and gendered value of maternal empathy with its features of compassion and intersubjectivity, is congruent with \textit{ubuntu} and provides a social mechanism for sharing and collectivization. In the endemic scarcity of the township, the stakes of normative reciprocity are heightened, which makes interpersonal relations even more important and part of everyday life; in the crowded space of the township, suffering can be seen everywhere, which makes the imaginative component of collectivization more concrete and easier to access and accept. This is not to say that township residents are better off living in a township filled with like-sufferers—they are not—only that it heightens the need for, and the effectiveness of, this particular coping process.

8.6 CONCLUSION

In this chapter I described a Xhosa way of coping that relies on collectivization and empathy, both interpersonal, intersubjective, and imaginative processes that emerge from the broader cultural framework of \textit{ubuntu}. 
I explained the concept of *ubuntu* which describes Xhosa culture as interconnected, interdependent, and communal and the Xhosa self as defined through his/her relationship to others. In this context of relationality and communality, I describe a coping process that emerged from participant interviews. The coping process involves sharing emotional distress with selective individuals, negotiating an empathic connection, sharing distress with that confidant and also learning of “others” that have had a similar distressing experience. By virtue of that knowledge and empathic connection (collectivization), the distressed woman feels unburdened by her distress, which she now feels is shared among a community of like-sufferers.

In the discussion, I argued that collectivization and empathy are enacted by Xhosa women and are perceived to be effective coping tools because of the norms of interdependence and communality in Xhosa culture generally. In addition, I argued, with Godobo-Madizikela, that *inimba*, seen as an intrinsic maternal capacity for empathy makes Xhosa mothers capable, willing, and talented at coping with emotional distress through collectivization and empathy. It is a topic for future research to study the coping and empathic processes of Xhosa men to understand whether the Xhosa way of coping I illustrated is a “Xhosa way of coping” or a “Xhosa mothers’ way of coping.”
Chapter 9
Conclusion

9.1 SUMMARY OF FINDINGS

This dissertation explores Xhosa mothers’ emotional experiences during pregnancy and after childbirth in order to demonstrate how their subjectivity is shaped by Xhosa cultural structures, norms, and values, the material scarcity and dangers of township life, and the norms, ideals, and practices of mothering. From longitudinal ethnographic fieldwork including structured and open-ended interviews, home observations, and community participation with 38 Xhosa women, patterns emerged about what aspects of their cultural, material, and emotional lives were meaningful and important to the women themselves.

Chapter 5 explores everyday life in the township. Not everything about township life is eminently distressing, but food insecurity, violence, and HIV/AIDS are particularly omnipresent and problematic for Xhosa mothers. Interactions and negotiations surrounding food procurement—especially for their infants—highlight the cultural values placed on moral obligations between kin, compassion and empathy (especially between mothers and their adult daughters), and the special responsibilities biological mothers have for their young children (even in a cultural system of shared childcare). Violence directly or indirectly touches the lives of all participants. Ubiquitous crime and violence make life in the township unstable and stressful. Gender violence is also common and brutal, including systemic domestic abuse, rape, and gang-rape. The extent of abuse and callousness in the maternity clinic was a disturbing finding, even
though it has been reported vividly in the literature (e.g. Jewkes, et al. 1998). HIV/AIDS prevalence is high in the township (by one estimate 27%, UNAIDS 2008), including among women of reproductive age. Because of the presence of voluntary HIV testing in all public maternity clinics, pregnancy was associated with the stresses, uncertainties, and fear of testing positive for HIV and transmitting HIV to the child during childbirth. The instability created by food insecurity, the omnipresence of violence in both public and private spaces, and the intersections of HIV and motherhood create a milieu of suffering and loss that manifests in the culturally elaborated experience of embodied panic called *umbilini*.

Chapter 6 demonstrates how Xhosa concepts of motherhood such as *inimba* and love are normative, embodied, and enacted by Xhosa mothers. *Inimba* is understood as mother love that is biologically forged through the pain of childbirth, but it is also borne of the intimate relationship between a mother and her biological children. *Inimba* is also the capacity for a mother to love other children *as if* they are her own. *Inimba* contains two mandates that are not mutually exclusive, but sometimes create tension for mothers. “Wrong *inimba*” is an instantiation of this tension; it occurs when a mother feels so much love for her biological child that she loves him to the detriment of other children. The perceived “wrongness” of this act highlights the importance of maternal fairness and restraint in Xhosa culture. Importantly, it also underscores the inherent injustice in material scarcity. Barely being able to provide properly for their own children, “wrong *inimba*” illustrates the tensions that arise between the two cultural values of intimate mothering and social mothering when there are not enough resources to enact
both of them fully. Two more aspects of “good” Xhosa motherhood, showing love through communication and providing, also demonstrate how culture and materiality intertwine and impose often-contradictory mandates on Xhosa mothers; as well as how love and pragmatism are interwined in maternal (and other) relationships and neither precludes the other.

Chapter 7 explores pregnancy as a joyful, anticipated time for some participants, but for others it is fraught with anxiety about disclosure and the impending social transformation of woman to mother. Heightened anxiety over disclosing pregnancy to household elders—usually her own mother—underscores the importance of age hierarchy and the customs that reinforce it, such as deference, avoidance, and reciprocity. Pregnant Xhosa women demonstrate an awareness of liminality and transformationality of pregnancy: they experience the full force of emotions like regret, self-blame and worry as they try to negotiate relationships that will soon be crucial to their survival as a mother of an infant. Furthermore, indirect disclosure is an important ritual in the transition from pregnant woman to mother: it is instrumental in shaping how the woman will approach social relationships once she is a mother. Xhosa mothers cope with emotional distress in a way that draws on intersubjective relationships and a sense of community based on shared experiences. The ritual of disclosure is an important moment where these social and emotional mechanisms are modeled.

Themes from Chapters 5, 6, and 7 come together in Chapter 8 in a discussion of a Xhosa way of coping. Xhosa mothers describe a process of “coping” with distress that involves sharing with a selected confidant, creating an empathic connection, learning
about and imagining others who suffer similarly, and feeling their distress transform from personal and internal to shared and social. I argue that the process—and its perceived efficacy—is contingent on the Xhosa cultural concepts *ubuntu* and the empathic aspect of *inimba*. *Ubuntu* encapsulates the Xhosa values and social structures of relationality, interdependence, and communality, especially between kin. *Inimba* is congruent with *ubuntu* in that it reinforces those values but specifically with relation to mothers. Through *inimba* Xhosa mothers are expected to mother their biological children, but also other children; and by extension, the community, and perhaps, all of humanity (Gobodo-Madikizela 2011a). *Inimba* as maternal empathy suggests that Xhosa mothers may be particularly adept at empathizing, which explains why empathy is such a crucial, and effective, component of the coping process. Although this study did not compare the coping strategies of men and women, or childless women and mothers, the way that empathy is seen as intrinsic to *inimba*, which is, in turn, created in the pregnant body, suggests that, for Xhosa culture, empathy and coping are gendered. Furthermore, the way that empathy is not simply socially gendered, but biologically gendered, suggests that for Xhosa mothers, empathy may be embodied as well as psychological and affective (Gobodo-Madikizela 2011b). In addition, I argue that the way that Xhosa mothers cope by drawing on empathic intersubjectivity to collectivize their distress is tied to the sociality and communality of *ubuntu*, a Xhosa concept of the self as relational. As such, I posit that *ubuntu*—the concept and the practice—may be gendered as well.

Although aspects of the coping process are linked to cultural values, concepts, and
practices, they are also shaped by material circumstances. The material scarcity of the township makes distress more prevalent at the same time as it creates the necessity for tight social bonds through which resources can be pooled and redistributed. The cultural perception of the intrinsic sociality and relationality of Xhosa motherhood positions mothers as the custodians of social relationships. When the exigencies of township life cause Xhosa mothers distress, they cope by engaging with and reimagining these social relationships.

9.2 CONTRIBUTIONS TO ANTHROPOLOGY

This dissertation makes contributions to a) psychological anthropology by illustrating that by bracketing the diagnosis “perinatal depression” we can better understand how social role, emotions, psychology, materiality, and cultural context come together to shape how mothers experience emotional distress; b) anthropology of motherhood by demonstrating that by attending to mothers’ emotional experiences we can understand how social role affects women’s subjectivity; c) anthropology of social suffering and subjectivity by illustrating that pregnancy and motherhood are a point of intersection of the macro forces that constrain subjects and the micro everyday ways that individuals make meaning in and of their lives; and d) ethnographic approaches within African studies, especially of the South African urban context, by offering a rich, detailed exploration of the everyday lives of Xhosa women in an urban township that reveals what is at stake for them as women and mothers.
A) PSYCHOLOGICAL ANTHROPOLOGY. This dissertation demonstrates that by resisting labeling suffering *a priori* as “perinatal depression,” ethnographic exploration can illustrate how time and place are instrumental in shaping the meaning and experience of suffering. For example, this study brings to the center of analysis what Xhosa women perceive to be most problematic about their lives in the township. With the insiders’ view as the starting point, I demonstrate specific ways in which the omnipresence of food insecurity, violence, and HIV/AIDS impact their emotional experiences and expression. Indeed, they respond through narrativized and embodied anxiety as well as disengagement. The various expressions, though seemingly contradictory, employ culturally valued responses to distress: Xhosa women are valued in their ability to communicate their own, and empathize with others’, suffering; because of *inimba* they are seen to have an embodied, intuitive—almost psychic—connection with their children and kinfolk; morally structured hierarchies based on age and gender mean that women are practiced at disengaging emotionally in order to avoid confrontation in certain situations. Thus, although Xhosa women perceive motherhood to be a unique time in a woman’s life, with special stresses and problems, this is also a time when women have additional emotional and psychological resources to cope with distress.

B) ANTHROPOLOGY OF MOTHERHOOD. This dissertation contributes to an important domain in studies of motherhood, in which mothers are approached as subjects. By attending to Xhosa motherhood through the eyes of mothers and mother-to-be, I illustrate a perspective on motherhood that privileges the voices of mothers themselves. From this vantage point, I demonstrate how social role shapes women’s subjectivity. For
Xhosa women, being a mother means having *inimba*, a maternal capacity for compassion, empathy, and love forged through the pain of childbirth. *Inimba* is framed as a “natural” aspect of Xhosa motherhood, but *inimba* is a moral affective framework that uses feeling to guide Xhosa mothers toward “good” mothering. Through explorations of *inimba* we can understand how motherhood is a culturally elaborated social role that shapes Xhosa women’s “particular way of knowing, experiencing, being in, and relating to the world” (Lester 2013:12).

C) SOCIAL SUFFERING AND SUBJECTIVITY. By focusing on mothers as subjects this dissertation also demonstrates that motherhood is a meaningful point of intersection between macro forces that constrain subjectivity and local ways that individuals’ perceive and make meaning in their ordinary lives. Structural forces such as racism, segregation, and income stratification conspire to keep Xhosa township women in communities of extreme material scarcity, violence, and high rates of HIV-infection. But within this circumscribed context, Xhosa mothers actively struggle to navigate the pragmatic and emotional aspects of social relationships in ways that help them and their children survive. As daughters, these women are positioned as possible beneficiaries of morally guided resource distribution, but as mothers, responsible for their own children, they must purposively and effectively employ emotional and social resources to ensure that they receive their share of household resources. Xhosa mothers are aware of their own social embeddedness and understand that both the receipt of resources and their drive to provide for their own children are expressions of love and acts of compassion. The perinatal period is a time where we can see the intersection of constraint and
agency and explore the tension between these two approaches to subjectivity and suffering.

D) AFRICAN STUDIES. Alongside several excellent recent ethnographies that delve into the everyday lives of black South African township women (Lee 2009; Long 2009; Mosoetsa 2011; Ross 2010), this dissertation contributes to our understanding of the daily struggles of township life and how women find ways to persevere and cope, find joy, and feel hopeful in the face of extreme hardship. It also explores themes central to contemporary studies of South Africa, and Africa as a whole; such as, extreme and entrenched poverty, suffering and well-being, the affect of social stressors on kinship and the household, studies of permanent urban communities, and motherhood as a pillar of family life.

9.3 FUTURE DIRECTIONS
As this project progressed, themes emerged that are ripe for future research: multiple mothering and mobility; empathy as gendered and embodied; the affect of social change in township life.

A) MULTIPLE MOTHERING AND MOBILITY. This project focuses on the perinatal period and how the biological mothers of infants perceive and experience motherhood. However, shared caretaking and multiple mothering emerged as salient aspects of Xhosa motherhood. The economic and social ties engineered by Apartheid policies between urban townships and the rural “homelands” are still a very real part of Xhosa ethnic identity, kinship and household patterns, and how social roles are understood and
enacted (cf Lee 2009). Xhosa motherhood is a social role especially shaped by urban/rural ties because of the common practice of “sending” children to be raised temporarily, or permanently, by a relative—often the child’s grandmother—in the rural areas. Although this practice is becoming less common as townships become more permanent living spaces for a variety of social and economic reasons (Lee 2009), the channels of child “migration” are carved deep enough into the collective history of Xhosa people that while the patterns might be changing, the practice likely still shapes and is shaped by norms of Xhosa motherhood.

B) EMPATHY AS GENDERED AND EMBODIED. As I posit in my discussion of a Xhosa way of coping, it is likely that empathy as facilitated by inimba is gendered and embodied. However, a key limitation to this finding is that there were no male participants in this study. In the future, if men and fathers were included in a study of parenting, emotional experience, and coping a richer, more complex picture of how emotions are gendered in Xhosa culture would be possible. In this study, I discuss how pregnant women are deeply affected by their baby’s father’s emotional reaction to the pregnancy. Clearly, baby’s fathers are important parts of mothers’ lives and have critical implications for their experiences of emotional distress.

C) SOCIAL CHANGE IN THE TOWNSHIP. Although my project is longitudinal, following Xhosa women from pregnancy through their baby’s first year, it attends to changes in mothers’ emotional experiences rather than larger processes of change. Nevertheless, I caught glimpses as to how quickly their cultural and material contexts were changing and
wondered how they might affect the social role of motherhood and mothers’ emotional experiences. For example, some participants spoke about differences between how their mother treated them and how they wish to instantiate good motherhood for their children. Interviewing different generations of mothers might broaden my understanding of how and why Xhosa concepts of motherhood are changing. The township context is rapidly changing as well: shacks are constantly being replaced by homes, just as more shacks spring up overnight to accommodate a steady stream of economic migrants from the rural areas and other parts of Africa. How do households respond to these changes and the instability they bring? How do mothers, as the keystones of social relationships, adapt (or not) to these changes? A mere twenty years post-Apartheid, South Africa is a locus of rapid change and it follows that gender, social roles, reproduction, and household structure would be affected.

9.4 THREE STORIES, REVISITED

In this dissertation, I have argued that maternal emotional distress is a complex, multi-faceted experiences shaped by cultural context, motherhood norms and practices, and the relentless exigencies of poverty. Furthermore, I demonstrated that no one domain can account for the scope of maternal emotional experience—there is no emotion “of poverty,” emotion “of motherhood,” or emotion “of Xhosa culture”—only emotions shaped, constrained, enacted, and experienced at the intersections of these domains.

Looking broadly at maternal emotional distress in these overlapping, mutually constituted domains provides a counterpoint to studies of “cross-cultural perinatal depression.” Framed narrowly in diagnostic terms, “perinatal depression” is often cast
as a universal phenomenon whereby any variations in prevalence or symptomology are explained away by reference to “culture,” a narrow, but vague, and intrinsically mysterious “black box.” This dissertation cracks open the black box of culture and evinces not one cultural “variable,” but a complex web of social, cultural, economic, and psychological domains that make maternal emotional distress indelibly grounded in the local. That said, I am not arguing that perinatal depression has no diagnostic or explanatory use outside of the Western locales in which it was codified; only that to start cross-cultural investigations with a diagnostic category that is constructed with, and given meaning by, the assumptions of Western biomedicine is to preempt any deep or useful understanding of cross-cultural differences and similarities in maternal emotional distress.

This dissertation began with three stories that exemplify the complexities of everyday life for Xhosa mothers in Our Hope township and demonstrate how their emotional experiences emerged from, and were made meaningful by, the contexts in which they lived. Nomonde, Siyawaba, and Nonyameko were all experiencing emotional distress in the months after birth, but all of them were reacting to different circumstances and expressed their feelings in different ways. Nomonde was in shock after her mother’s sudden death and she felt overwhelmed by the responsibilities of the household and motherhood that were suddenly thrust upon her. Eventually, Nomonde and her sisters adjusted to life without their mother, but the pressures of supporting a household of mostly children and unemployed adults was a constant source of stress. One year after her mother’s death, Nomonde’s older sister, the head of their household
after their mother’s passing, died suddenly of complications from AIDS. Nomonde’s life was turned upside down again. This time, Nomonde coped by reuniting with a former boyfriend and moving with her baby to another city. There, she was no longer responsible for a whole household of dependents, but she was also sparing her family’s household from supporting her and her child—they were her boyfriend’s responsibility now.

Siyawaba slowly recovered from her boyfriend’s abandonment: she reconciled with her own mother and spent several months moving back and forth between two unideal residences, makhazi’s and her uncle’s. Siyawaba became joyful and bedimpled again, and took advantage of makhazi’s babysitting to jol (party with) her friends. Meanwhile, makhazi took her nephew to a sangoma, a traditional healer, where he was treated for his bewitchment. Cured, he begged Siyawaba to forgive him and move back in, and she eventually did, and soon became pregnant with another child by him. This time, she feels cautiously hopeful that this child will bind him closer to her rather than push him away.

Nonyameko felt that she could barely survive another day as a victim of her husband’s abuse; and so she used her social resources to borrow R1000 (approximately $150 in 2010) and start her own business. Even though selling in the township was difficult—“everyone wants to pay you later,” she complained—she was able to grow her money. Finally able to buy her children food and clothing when she wanted to, she felt happy and empowered. Her husband no longer seemed like a threat to her—she found him whiny, jealous, and unable to control or dominate her as he did before. One day we
came to visit her and a beat up car was in her muddy front yard. She explained, with a similar sadness and air of defeat, that her husband had “asked” her to borrow R1000—all she had—to buy this car. Then, after he bought the car, he declared that he, by virtue of being her husband, did not have to pay her back. Gone were her business, her meager savings, and her freedom from his oppression. However, her moment of power had made an impression on her. A few months later, she left him, and she and her two children moved in with her mother.

These three stories are the starting point for an analysis that brackets diagnostic categories in favor of local meanings and narratives. As Nomonde, Siyawaba, Nonyameko, and the other Xhosa women in my study confront everyday challenges and revel in unexpected moments of joy, they have their own ideas about why they struggle and how they cope. As mothers, the stakes of everyday life are especially high, and they work hard to mobilize social and emotional resources to survive and provide for their children. These are stories of sadness, loss, fear, and desperation; these are stories of happiness, preserverance, and hope.
**Appendix A**

**CHART SUMMARIZING LITERATURE ON PERINATAL DEPRESSION AMONG BLACK WOMEN IN SOUTH AFRICA**

<table>
<thead>
<tr>
<th>Study</th>
<th>Year</th>
<th>Sample Size</th>
<th>Language</th>
<th>Rural/Urban</th>
<th>Pre/Postnatal</th>
<th>Method</th>
<th>Prevalence</th>
<th>Significant Risk Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abrahams (master’s thesis)</td>
<td>2011</td>
<td>159</td>
<td>Afrikaans; Xhosa</td>
<td>Rural</td>
<td>Postnatal</td>
<td>QUANT - EPDS; BDI</td>
<td>50%</td>
<td>unplanned/unwelcome babies; life events; partner relationship; family and social support</td>
</tr>
<tr>
<td>Cooper et al; Tomlinson et al</td>
<td>1999 ; 2004</td>
<td>147</td>
<td>Xhosa</td>
<td>Urban</td>
<td>2 months postnatal</td>
<td>QUANT - SCID</td>
<td>35%</td>
<td>social support, especially partner support</td>
</tr>
<tr>
<td>Hartley et al</td>
<td>2011</td>
<td>1062</td>
<td>Xhosa</td>
<td>Urban (township)</td>
<td>Pregnant</td>
<td>QUANT - EPDS; AUDIT-C; social support scales</td>
<td>39%</td>
<td>lack of partner support, intimate partner violence, having a household income below R2000 per month, and younger age</td>
</tr>
<tr>
<td>Lawrie et al</td>
<td>1998</td>
<td>103</td>
<td>English</td>
<td>Urban (township)</td>
<td>6 weeks postnatal</td>
<td>QUANT - EPDS (validatio n study)</td>
<td>25%</td>
<td>NA</td>
</tr>
<tr>
<td>Manikkan and Burns</td>
<td>2012</td>
<td>387</td>
<td>Zulu</td>
<td>Urban (township)</td>
<td>Pregnant</td>
<td>QUANT - EPDS</td>
<td>39%</td>
<td>HIV seropositivity; a prior history of depression; recent thoughts of self-harm; single marital status; and unplanned pregnancy</td>
</tr>
<tr>
<td>Moses-Europa</td>
<td>2005</td>
<td>8</td>
<td>English; Afrikaans</td>
<td>Unclear</td>
<td>Postnatal</td>
<td>QUAL - interview</td>
<td>NA</td>
<td>lack of social support; difficulties adapting to motherhood role; maternal ambivalence</td>
</tr>
<tr>
<td>Ramchandi et al</td>
<td>2009</td>
<td>1035</td>
<td>Zulu; Sotho; English</td>
<td>Urban (township)</td>
<td>Pregnant + 6 months postnatal</td>
<td>QUANT - Pitt</td>
<td>16%</td>
<td>exposure to “extreme social stressors”; difficulties with partner</td>
</tr>
<tr>
<td>Rochat et al</td>
<td>2011</td>
<td>109</td>
<td>Zulu</td>
<td>Rural</td>
<td>Pregnant</td>
<td>QUANT - SCID + QUAL - interview</td>
<td>47%</td>
<td>SYMPTOMS rather than risk factors: disturbance of mood, loss of interest, suicide ideation; and to a lesser extent concentration difficulties, sleep disturbance and worthlessness</td>
</tr>
<tr>
<td>Vythilingum</td>
<td>2013</td>
<td>366</td>
<td>Unclear</td>
<td>Urban</td>
<td>Pregnant</td>
<td>QUANT - EPDS; RFA</td>
<td>NA</td>
<td>DIFFERENCES in questionnaire answers btw those referred to counseling and those diagnosed by psychiatrist: worse mood symptomology; more risk factors</td>
</tr>
</tbody>
</table>
## Appendix B

**Characteristics of Sample at Recruitment**

<table>
<thead>
<tr>
<th>ID</th>
<th>Pseudonym</th>
<th>Born</th>
<th>Relationship</th>
<th>Resides with</th>
<th>Supports her financially</th>
<th>parity/ living children</th>
<th>Residence of children</th>
<th>Education</th>
<th>Employment</th>
</tr>
</thead>
<tbody>
<tr>
<td>M030</td>
<td>Mafundi</td>
<td>1976*</td>
<td>Baby’s father</td>
<td>alone</td>
<td>Her nephew</td>
<td>5/3</td>
<td>With great-grandmother / EC*</td>
<td>8</td>
<td>un</td>
</tr>
<tr>
<td>M001</td>
<td>Umawande</td>
<td>1983</td>
<td>married</td>
<td>With sister</td>
<td>Herself and sister</td>
<td>2/1</td>
<td>With in-laws / nearby</td>
<td>10</td>
<td>formal</td>
</tr>
<tr>
<td>M010</td>
<td>Siyawaba</td>
<td>1986</td>
<td>Baby’s father</td>
<td>With baby’s father</td>
<td>Baby’s father; older child’s grant</td>
<td>2/1</td>
<td>With her</td>
<td>10</td>
<td>un</td>
</tr>
<tr>
<td>M028</td>
<td>Zipho</td>
<td>1990</td>
<td>Baby’s father</td>
<td>With sister</td>
<td>Her sister</td>
<td>1/0</td>
<td>NA</td>
<td>11</td>
<td>High school</td>
</tr>
<tr>
<td>M029</td>
<td>Khetiwe</td>
<td>1990</td>
<td>Baby’s father</td>
<td>With mother</td>
<td>Her mother</td>
<td>1/0</td>
<td>NA</td>
<td>11</td>
<td>High school</td>
</tr>
<tr>
<td>M023</td>
<td>Nwabisa</td>
<td>1976</td>
<td>Baby’s father</td>
<td>With sister</td>
<td>Herself; her sister</td>
<td>2/1</td>
<td>With grandmother / EC</td>
<td>10</td>
<td>formal</td>
</tr>
<tr>
<td>M035</td>
<td>Zikhona</td>
<td>1984*</td>
<td>Baby’s father</td>
<td>With baby’s father</td>
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* approximate year of birth
^ EC = Eastern Cape, rural homeland
** matric = a high school graduate
## Appendix C

**TIMELINE SHOWING NUMBER OF INTERVIEWS PER PARTICIPANT PER MONTH**

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## Appendix D

**TIMELINE OF WHICH INTERVIEWS ARE INCLUDED IN STUDY ANALYSIS**

**MAY 2010-DECEMBER 2010**

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|            |          | 180                   |        |        |        |        |        |        |        | 329    |

**Total**
Appendix E

EDINBURGH POSTNATAL DEPRESSION SCALE, ENGLISH VERSION

Source: Perinatal Mental Health Project, Cape Town, South Africa; originally adapted from Cox et al 1987.

The Edinburgh Depression Scale

My feelings now that I am pregnant/have had a baby...

There is a choice of four answers for each question. Please circle the one that comes closest to how you have felt in the past seven days, not just how you feel today.

In the past seven days...

1. I have been able to laugh and see the funny side of things:
   As much as I always could.
   Not quite so much now.
   Definitely not so much now.
   Not at all.

2. I have looked forward with enjoyment to things:
   As much as I ever did.
   A little less than I used to.
   Much less than I used to.
   Hardly at all.

3. I have blamed myself when things went wrong, and it wasn't my fault:
   Yes, most of the time.
   Yes, some of the time.
   Not very much.
   No, never.

4. I have been worried and I don't know why:
   No, not at all.
   Hardly ever.
   Yes, sometimes.
   Yes, very much.

5. I have felt scared or panicky and I don't know why:
   Yes, quite a lot.
   Yes, sometimes.
   No, not much.
   No, not at all.

6. I have had difficulty in coping with things:
Yes, most of the times I haven't been managing at all.
Yes, sometimes I haven't been managing as well as usual.
No, most of the time I have managed quite well.
No, I have been managing as well as ever.

7. I have been so unhappy I have had difficulty sleeping:
   Yes, most of the time.
   Yes, sometimes.
   Not very much.
   No, not at all.

8. I have felt sad and miserable:
   Yes, most of the time.
   Yes, quite a lot.
   Not very much.
   No, not at all.

9. I have been so unhappy that I have been crying:
   Yes, most of the time.
   Yes, quite a lot.
   Only sometimes.
   No, never.

10. I have thought of harming myself or ending my life:
    Yes, quite a lot.
    Sometimes.
    Hardly ever
    Never.
Appendix F

EDINBURGH POSTNATAL DEPRESSION SCALE, XHOSA VERSION

Source: Perinatal Mental Health Project, Cape Town, South Africa.

Indlela endiziva ngayo ngexa ndikhulelwayo naxa ndisasandula ukufumana umntwana

Njengokuba ukhulelewe okanye usandula ukufumana usana sifuna ukwazi ukuba uziva njani. Oko kungasinceda ukukhetha eyona ndlela esingathi sincedisane nemfuno zakho. Yonke inkcazel o yakhuthi usinike yona izakugcinwa iyimfielo.

Kunentlobo e zempendulo kumbuzo ngamnye, Nceda yenzi isangqa kwene ethe yasondela kwindlela ubuziva ngayo kwintsuku ezisixhenxe ezidlulileyo, hayi ngendlela oziva ngayo ngoku.

Kwintsuku ezisixhenxe ezidlulileyo:

1. Ndibenakho ukubona icala lezinto ezingalunganga:

   Kangangoko bendisenza.
   Hayi kangako.
   Ngokuqinesekileyo akukho kangako ngoku.
   Akukho kwaphela.

2. Izinto ndizijonga ndinolonwabo:

   Njengoko bendihlala ndisenza.
   Kancinane kunokuba ndisenza.
   Kancinci kakhulu kunokuba bendisenza.
   Hayi konke konke

3. Bendibeka ityala kum xa izinto zingandihambeli kakhule,
   ibe ingeyompazamo yam:

   Ewe amaxesha amanini.
   Ewe ngelinye ixesha.
   Hayi kangako.
   Hayi kwaphela.

4. Bendikhathazekile kwaye ndingamazi unobangela:

   Hayi konke konke
   Kunqabile ukuba kwenzeka
   Ewe ngamanye amaxesha
   Ewe kakhulu
5. Bendiziva ndisoyika okanye ndinexhala kwaye ndingamazi unobangela:

Ewe kakhulu
Ewe ngamanye amaxesha
Hayi kangako
Hayi konke konke

6. Ndifumene ubunzima kakhulu ukumelana nezinto

Ewe ixesha elininzi bendikwazi ukumelana nezinto
Ewe ngelinye ixesha bendingakwazi ukumelana nezinto ngendlela ebendimelana nazo ngayo
Hayi ixesha elininzi bendiphumelela kakhulu
Hayi bendingafumani bunzima kwaphela

7. Bendingonwabanga kakhulu kwaye bendifumana ubunzima xa kufuneka ndilele:

Ewe ixesha elininzi
Ewe ngalinye ixesha
Hayi kangako
Hayi konke konke

8. Bendizive ndibuhlungu kwaye ndixalisekile:

Ewe amaxesha amaninzi
Ewe ngolonalhoabo
Hayi kangako
Hayi konke konke

9. Bendingonwabanga kakhulu ndisoloko ndilila:

Ewe ixesha elininzi
Ewe ngolonalhoabo
Ngamanye amaxesha
Hayi azange

10. Ingcinga yokuzenzakalisa ike yandifikela:

Ewe ngolonalhoabo
Ngamanye amaxesha
Ayizange kwaphela
Ayizange
Appendix G

RISK FACTOR ASSESSMENT, ENGLISH VERSION

Source: Perinatal Mental Health Project, Cape Town, South Africa.

Risk Factor Assessment

My situation now that I am pregnant/have had my baby...

Please answer either yes or no to the following questions.

1. I feel pleased about being pregnant/now that I have had my baby.

2. I have had some very difficult things happen to me in the last year (eg. losing someone close to me, losing my job, moving home etc.)

3. My husband/boyfriend and I are still together.

4. I feel my husband/boyfriend cares about me (say no if you are not with him anymore).

5. My husband/boyfriend or someone else in the household is sometimes violent towards me.

6. My family and friends care about how I feel.

7. I have experienced some kind of abuse in the past (e.g. physical, emotional, sexual, rape).

8. My family and friends help me in practical ways.

9. On the whole, I have a good relationship with my own mother (indicate “no” if your mother has passed away).

10. I have experienced one of the following in the past: miscarriage, abortion, stillbirth, or the death of a child any time after birth.

11. I have had serious depression, panic attacks or problems with anxiety before.
Appendix H

RISK FACTOR ASSESSMENT, XHOSA VERSION

Source: Perinatal Mental Health Project, Cape Town, South Africa.

Imeko endikuyo njengokuba ndikhulelewe/naxa ndifumene umntwana

Sinomdla wokwazi injani imeko okuyo njengokuba ukhulelewwe okanye ufumene umntwana. Lemibuzo ingasincedza ukuthi sikwazi ukukubonelela ngoncedo xa kuyimfuneko. Impendulo yakho iyakugcinwa iyimfihlo.

Nceda phendula apha Ewe okanye Hayi kulemibuzo ilandelayo. Hlaba kwibhokisi.

1. Ndiziva ndiokulo njengokuba ndinzima/njengokuba ndifumene umntwana. Ndibenezinto ezibuhlugu kakhu ezindehleleyo kulonyaka uphelileyo (umzekelo ndaye ndaphulukana nomsebenzi, ndaphulukana nomuntu owayesondele kakhu kum, ndafuna indawo yokuhlala ngokutsha).

2. Umyeni/isoka lam sisekunye kunye (uthi hayi ukuba anisahlali kunye).


4. Umyeni/isoka lam okanye omnye umntu endlini ngamanye amaxesha babanobundlongondlongo kum.

5. Izazalwane kunye nezihlobo zam ziyikhathalele indlela endiziva ngayo.


7. Izizalwane nezihlobo zam bezindinceda kwizinto ezenziwayo.


Appendix I

THE MOTHERHOOD INTERVIEW

Developed by the author.

Motherhood Interview

1. How you did feel after our last interview?

2. If you won R1000 in the lottery what would you do with the money?

3. If you won a million rand in the lottery what would you do with the money?

4. I hear a lot about this word *inimba* in Xhosa, can you explain this to me so I can understand?

5. As a Xhosa woman, how do you describe, in general, a close relationship between a Xhosa mother and her child?

6. How would you describe your relationship between you and your mother?

7. When you were young, did you feel like you could talk openly to your mother about issues of relationships? When did you start feeling like you could talk openly to your mother?

8. Has your mom seen your boyfriend? Is he allowed to come to the house?

9. Does your mother love you? How do you know?

10. In white culture we keep our kids with us, so I’m trying to understand better how Xhosa mothers have other people help you raise your kids. Can you explain *ukukhulisa*?

11. How is your relationship with your boyfriend’s family?
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