

Networks of Care:  
A summary of findings from ethnographic research on Living  
Hope's Moms and Tots support programme in Ocean View

Shannon O'Rourke  
Department of Social Anthropology (MA Student)  
February 2016



UCT KNOWLEDGE CO-OP

The UCT Knowledge Co-op facilitated this collaborative project with Living Hope.

The report is licensed under a Creative Commons Attribution-NonCommercial-ShareAlike  
license: <http://creativecommons.org/licenses/by-nc-sa/2.5/za/deed.en>

## **Introduction**

This report presents the findings from qualitative ethnographic research on the impact of an eight-week support programme for mothers of newborns in Ocean View, South Africa. This research project is a UCT Knowledge Coop (<http://www.knowledgeco-op.uct.ac.za>), AW Mellon 1000 Days (<http://www.thousanddays.uct.ac.za/>), and Living Hope (LH) (<http://www.livinghope.co.za>) collaboration. The researcher, Shannon O'Rourke, is UCT student pursuing her Masters degree in Social Anthropology under the AW Mellon 1000 days project, who generously funded the research.

In an attempt to evaluate the extent to which Living Hope support programmes are resulting in positive effects for the babies and mothers who take part in these programmes, the researcher developed the following question:

*What happens to the babies whose caregivers are or have been part of the LH Moms and Tots programme?*

This question explores the discursive practices and material interventions in babies' lives through their mothers. The aim of this project was to identify babies whose caregivers have been through the Living Hope programme at different stages and understand their experiences of care in order to feed qualitative information back to LH about the effect of their programme, the constraints of social and material environments and the well-being of children post-intervention.

## **Background**

The *Moms and Tots* group is an eight-week programme that has been running since September 2013. Living Hope is conducting this programme with the assumption that gaining knowledge about best practices for childcare will cause a change in behavior. The *Moms and Tots* programme is health focused and works to teach skills about basic motherhood, as they believe that many new moms have not had any instruction on basic things such as nursing/feeding, hygiene, safety, etc. Each of the eight weeks is themed and the following topics are covered: Care of Baby, Care of Mom, Breast is Best, Why Babies Cry, Sick Children, Sexual Health and HIV, Nutrition, and Child Development. The goal of the programme is to address the needs of new mothers and improve the health of the baby. There is a strong focus on keeping a baby HIV negative if the mother is positive. As Living Hope is a faith-based organization, emphasizing a relationship with God is seen as a major aspect of the programme.

## **Research Participants**

The LH community fieldworker, Aunty Martha, played a central role in recruiting women who have completed the *Moms and Tots* support group to participate in the research.

The research sample consists of nine mothers who have completed the Moms and Tots support programme at some point over the last year and a half. In comparison to the demographic information of mothers who participated in the support programme in 2015, the women who participated in this research project were more likely to be in relationships with the father of their children, have a higher level of education, and are more likely to be employed than women who have completed the support programme in 2015. The sample was not selected at random, but rather on the basis of personal networks. This may explain some of the difference between the sample and other women who participated in Living Hope support programmes in 2015.

Age	Education completed	Number of people in household	Language	Relationship Status	Presence of Father	Sources of Income	Employment	Self-Ascribed Racial Identity
25	Grade 12	5 (Herself, husband, 3 kids)	English/Afrikaans	Married	Live together	2: Her own, and husband's	Employed	Coloured
24	Tertiary	4 (Herself, husband, 2 kids)	English/Afrikaans	Married	Live together	1: husband's	Unemployed	Coloured
17	Grade 8	10 (Parents, 6 siblings, 2 babies)	English/Afrikaans	Single	Involved, stays nearby	2: Baby's father, her parents	Unemployed	Coloured
31	Grade 11	8 (Herself and her two children, Sister's family (5))	English/Afrikaans	Separated (still legally married)	Live separately, involved on weekends	1: Husband	Employed	Coloured
24	Tertiary	5 (Herself, partner, partner's father, 2 kids)	English/Afrikaans	Partner (stay together)	Live together	2: Her own, and husband's	Employed	White
?	Grade 12	4 (Herself, husband, 2 kids)	English	Married	Live together		Unemployed	Coloured
34	Grade 9	5 (Herself, boyfriend, 3 kids)	Afrikaans	Partner (stay together)	Live together	1: Boyfriend's	Unemployed	Coloured
30	Grade 9	7 (Herself, husband, husband's parents, 3 kids)	Afrikaans	Married	Live together	Child support grant money	Unemployed	Coloured
?	Secondary	?	English	Single (in relationship with father of children)	?	?	Unemployed	Coloured

**Figure 1:** Demographic information of research participants (question marks indicate data that was not obtained)

## **Research Methods**

### *Participant Observation*

Participant observation was conducted four days a week during the operating hours of Living Hope in Ocean View (8am to 1pm) and took place in homes, clinics, and Living Hope Headquarters. Twice a week, the researcher attended the *Moms and Tots* support group. On Tuesdays, the support group consisted of 7 or 8 mothers who lived relatively far from the Living Hope offices and found it easier to meet in the home of one of the participants. Another support group took place every Thursday at Living Hope offices. Participating in these groups allowed the researcher to witness the delivery of the programme curriculum, as well as the personal connections and support networks that were facilitated through the group.

### *Interviews*

Interviews were conducted with nine mothers who had completed the programme over the past year and a half. Five interviews took place in home environments, three in the Living Hope offices, and one in the clinic. Interviews usually consisted of three parts: obtaining demographic information, asking a set of questions around the impact of the support programme, and finally inquiring toward the relationship between the mom and the baby.

As the support programme positions the mother as the site of intervention for infant health, focusing on experiences of care articulated by the mother proved to be central to the inquiry towards infant wellbeing. Questions such as “How do you know how your baby is feeling?” or “Tell me about your baby’s personality” allowed mothers to speak about how they learn about their babies and care for them. Out of the nine formal interviews, babies were present in six. When inquiring about care, the baby’s presence encouraged mothers to go into greater detail and also allowed the researcher to witness the interactions between the two.

### **Emerging Themes from Interviews**

- ★ *The Moms and Tots group as a sharing network:* Research participants identified the group as a place where they could share both material items (baby clothes, household items that they are no longer using and that other mothers may need) and experiences of mothering. Many women felt comforted in knowing that they were not alone in the struggles they face in being a mother, and found it helpful to share their own experiences and hear about those of the other mothers. First time mothers could also gain advice from moms with older children, and also from Aunty Martha. In addition to sharing within the group, one mother said that she valued being able to share what she learned in the group with friends that did not get to participate. It made her feel good to be able to share important knowledge.

- ★ *Aunty Martha as a key aspect of the programme:* Research participants consistently spoke about how Aunty Martha's dedication and support was an important aspect of their positive experience in the programme. Aunty Martha also makes an effort to keep in touch with women once they have finished the programme and checks up on them from time to time. One mother interviewed said that Aunty Martha is the first person that she calls when she has questions or concerns about her baby.
- ★ *Group as important for emotional support and anxiety relief:* As witnessed through interviews and participant observation, many mothers found the support group to be a place where they could share anxieties around caring for their babies. Women would speak a great deal about health topics such as breastfeeding (concerned about whether or not the baby was getting enough milk) and the need to constantly be aware of signs of illness. In the group, Aunty Martha could address these anxieties and provide clarity on when mothers needed to be concerned, or when a situation was normal. Other mothers in the group could also comment when they had experienced a similar situation and how they responded.

The importance of the group as a social/emotional support network was emphasized in the return of a mother who had previously completed the group. This mother had completed the group in 2014 with her first baby (now 16 months old) and decided to participate again after she gave birth to her second child. Although she already knew that content that was being taught, she found it useful to return for the social aspect and to share new concerns about now caring for two babies. She also felt that the group helped her deal with a sense of isolation and loneliness that she sometimes experienced due to her role as a stay at home mom. Another mother interviewed emphasized the importance of the group in helping her cope with post-partum depression she experienced after the birth of her second child.

- ★ *Group as a place where mothers could explore their relationship with their baby (physically and emotionally):* The way in which mothers learned about their babies, as well how babies responded to their mothers, was a central focus in interviews with mothers. All of the babies of the mothers interviewed were under 18 months and had not yet developed the verbal communication skills to verbally express their needs and desires. In the support group, Aunty Martha emphasized the importance of paying attention to physical cues, and also encouraged mothers to consider the ways in which their own health affected that of their baby.

Six out of nine mothers interviewed described how they learned to determine how the baby was feeling based on the type of cry that he/she made. One mother claimed, "When my baby is thirsty, the cry is not so loud. When she is not feeling

well, she shouts and cries like it's sore." Another mother said that the cries of her five-month-old son were different when he was hungry versus tired, or if he was simply "cross". The differentiation between cries reflects of a form of embodied knowledge that the mother has developed over time through interactions with her baby

Mothers spoke about the how the group made them more aware how their own health and nutrition affects the baby, especially during breastfeeding. One mother stated that she has made a greater effort to eat healthier and avoid greasy foods now that she has a better understanding of the affects of her nutrition on her baby. Breastfeeding was consistently identified as one of the most important topics covered in the group. Aunty Martha is a strong advocate of exclusive breastfeeding for the first six months of the baby's life, and strongly discourages mixed feeding (especially for HIV positive mothers).

- ★ *Programme as important for improving self-care:* Five out of the nine mothers that interviewed felt that participating in the support group improved their ability to care for themselves, and also gave them more confidence in asking for help when they needed it. During group sessions, Aunty Martha emphasized how self-care is central to being able to care for a baby. She claims that moms become so overwhelmed with caring for their babies that they don't care for themselves. She encourages them to take the time to do certain things like brushing their hair and getting dressed properly to "make themselves beautiful", which will help them feel better about themselves and increase self-esteem. Asserting the importance of making mothers feel warranted to focus on their own needs works against the idea that the total sum of the mother's energy needs to be devoted to the baby.

Two mothers interviewed said that participating in the group helped them to feel warranted in asking their partners for more help with their babies, and also began to seek out other support services in the community.

- ★ *Value of the group:* All research participants said that they would recommend the support group to new mothers. Based on data from interviews, the most important topics covered in the group were:

- Breastfeeding and importance of avoiding mixed feeding
- Nutrition (for both mom and baby)
- What to do when the baby is ill (constipation, fever, colic)

### **Programme Suggestions and Critiques**

**Referral Process:** Aunty Martha receives referrals for mothers from Ocean View who have given birth at False Bay Hospital and makes arrangements to visit them in their

homes. These home visits are a major way that Aunty Martha meets mothers who later become part of the support programme. Moms who give birth at Mowbray not being referred to Auntie Martha, and referrals from False Bay are not always consistent—they would not always happen each week.

For example, on July 15<sup>th</sup>, Aunty Martha was at the clinic and spoke to a mother with a very small two-week old baby—the baby was born premature at 7 months. Aunty Martha was concerned about why she did not receive a referral, and it turned out that the mother gave birth at Mowbray and therefore was not included in the referral process.

It is concerning that Aunty Martha does not receive referrals for mothers who give birth at Mowbray. As mothers are sent to Mowbray for more complicated births (c-sections, premature births), there is a greater likelihood that these women or their babies may experience some complications after birth. Mothers who received referral home visits from Aunty Martha consistently stated how they appreciated having someone check up on them and that it made them feel cared for. It would be ideal to implement a referral system from Mowbray Maternity Hospital.

**Budget for food:** Giving women a small meal such as soup, sandwiches, stew, etc. would be a great addition to the support group and would encourage good nutrition for breastfeeding. Fiona Ross (supervisor of the researcher) runs a support programme for a group of mothers in Manenberg and claims that offering a small meal as part of the group keeps people coming back consistently. It also ensures that mothers are getting a proper meal—this can be viewed as a form of intervention.

**Location of support group:** During winter, the weather has a strong influence upon attendance in the groups. If the weather is particularly bad, moms are unable to attend the group at Living Hope if they do not have transport. During winter (June/July/August) the support group held at the house of one of the participants provided to be much more successful. This group consistently had 7-8 moms that would attend each week, as the women who attended lived close by the house where we held the group. If groups in the winter continue to be held at Living Hope, it would be helpful to have some sort of transportation system in place for when the weather does not permit walking outside with small babies.

**“Focus on potential rather than risk”:** This is a piece of advice from one of the programme designers on how to keep mothers feeling positive in the programme. It is important to consider how mothers internalize the discourse around what it means to be a good mother versus a bad mother. As certain care behaviours are seen as ideal and others as negligent, women experience stigma when they are unable to carry out specific care practices.

The support group should operate with the goal of teaching women to trust their bodies and enabling those bodies with support in social and material resources. It is important to continue to encourage moms about what they are doing right and look at changes in care practices as opportunities to improve—important to avoid stigmatizing moms when they partake in care practices deemed “wrong”.

**Addition of curriculum on maternal depression in SA:** Rates of post-partum depression in working class communities in South Africa are extremely high. Cooper et al. (1999) found that post-partum depression rates in Khayelitsha, a peri-urban settlement on the outskirts of Cape Town with high rates of poverty and unemployment, were as high as 34.7%. As many mothers in Ocean View also face poverty and violence in the community, it is important to consider how these circumstances contribute to a higher prevalence of post-partum depression. Curriculum on post-partum depression would be a valuable addition to the support programme. It could create awareness of the signs and prevalence of maternal depression and offer resources to mothers who are struggling.

**Skills transfer:** To ensure that the programme continues as a strong support network for mothers, it is important that any future facilitators retain the skills that the current facilitator has developed. As articulated in interviews with mothers, a great deal of the programme’s success was based upon the facilitator’s community ties, ability to activate networks, commitment to follow up, as well as the emotional labour involved in caring for moms who are struggling. Job shadowing could contribute to skills transfer and an understanding of the way in which the programme operates.

**Record keeping:** Having a digital record of all the demographic information collected from mothers in the support groups would help to ensure that this information is not lost. It would also make it easier for any future individuals working with the programme, as it would eliminate the search in different locations for paper records and scanning of documents.

### **Potential Resources for the Moms and Tots Programme:**

- 1. MomsConnect:** This is a free service that aims to use mobile health tools, messaging services, and other platforms to create awareness among pregnant women about available health services for their infants. Women register via a cell phone and receive SMS’s that are appropriate to their stage of pregnancy, and after the baby is born, will receive advice on baby care. Moms can also send free SMS’s to ask questions about baby’s health. (See: <https://www.westerncape.gov.za/general-publication/new-project-connects-expectant-moms-government-health-services>)
- 2. Cape Town Embrace:** This is an organization that focuses on the first 1,000 days of a child’s life and operates with a goal of ensuring that every child born in Cape



Town is given the opportunity to reach his or her full potential. They have a programme that connects moms from high resource and low resource environments. This programme focuses on making connections between women from different backgrounds in hopes that they can offer each other support and knowledge. It could be beneficial to look into working with Cape Town Embrace to see if they could implement a workshop in Ocean View or Masiphumelele. (<http://www.embrace.org.za/>)

## **Discussion**

The mothers interviewed consistently identified the *Moms and Tots* support programme as a place where they could gain knowledge around infant care, share experiences of mothering, exchange material resources, and seek emotional support. Many mothers valued the group in terms of social time, as it gave them a reason to be out of the house and meet other women with small babies. Research participants emphasized the influence of the programme facilitator upon their positive experience in the programme; Aunty Martha's level of commitment and support to new mothers proved to be of utmost importance to the success of the programme. All women interviewed felt that the programme helped them deal with challenges they face in being a mother, and all stated that they would be interested in participating in other Living Hope programmes and activities (full results of questionnaire below).

It is important to consider how motherhood is both an individual and a social experience. Broader social discourses around the ideal mother assert that women are responsible for achieving certain standards of care despite competing demands and constraints. As the mother is positioned as accountable for infant health, failure to achieve these standards of care can produce stigmatizing effects. Infant health is determined by much more than the care practices of the mother; it is vital to acknowledge how networks of care and resource availability shape the wellbeing of the infant.

The *Moms and Tots* programme supports mothers to improve infant health by offering resources in terms of education and supportive social networks. While it is important to empower mothers with the knowledge and resources that will contribute to positive health outcomes, it is vital to address the greater structural issues that have produced instability and inhibit access to social and material resources in Ocean View. Knowledge interventions that seek to produce behaviour change must focus on the mother's potential rather than risk and address constraints in social and material environments to offer viable solutions for health improvement.

## **References**

Cooper, P. Tomlinson, M. Swartz, L., Woolgar, M. Murray, L., and Molteno, C. 1999. Post-partum depression and the mother-infant relationship in a South African peri-urban settlement. *British Journal of Psychiatry* 1999, 175: 554-558

## MOMS and TOTS Questionnaire-Results

**-Do you feel that the programme has helped you to deal with challenges you face in being a mom?**

YES: 9      NO: 0

**-Was there anything about the support group you would change?**

YES: 1      NO: 8

Comment: One mother stated that she would have liked the support group session to be longer (around 2 hours)

**-Was there anything that you would have liked to speak about but didn't?**

YES : 1      NO: 8

Comment: One mother would have liked to speak more about weaning her baby off the breast.

**- Did you find it helpful to connect with moms dealing with similar issues?**

YES: 9      NO: 0

**-For moms with older children: Were there things that you learned in the group that you wished you had known when your other children were small babies?**

YES:5      NO: 2

Comment: One mom said no because, "it's never too late", she feels that she can still use the advice she got the from the *Moms and Tots* programme to care for her two older children. Another mom said that her first baby was easier (natural birth, full term) than this second baby (premature, caesarean section).

*Note: Two interviewees were first time moms*

**-Is your child up to date with his/her immunizations?**

YES: 7      NO: 0

*Note: 2 moms were not given this question*

**-Do you plan to participate in other Living Hope support programmes or activities?**

YES: 9      NO: 0