



CoE-HUMAN NEWSLETTER

August 2024



#WomensMonth2024
#WomensDay2024
#WomenEconomicPower

**Women's
MONTH 2024**

CELEBRATING 30 YEARS OF DEMOCRACY
TOWARDS WOMEN'S DEVELOPMENT

August - Women's Month

August is known as Women's Month in South Africa. Every year, South Africa celebrates Women's month by paying tribute to over 20 000 women from various backgrounds who marched to the Union Buildings in Pretoria on August 9, 1956, seeking the abolition of pass laws. This march impacted the trajectory of South African history. August 9th is an annual commemoration of their heroism and resilience. Women who fought against an unjust system in 1956 passed on the baton to today's women to lead the struggle against current societal issues. Decades later, the struggle continues as South African women face a plethora of structural challenges, particularly with regards to gender equality, including horrific killings of women and children, feminization of poverty, feminisation and impact of HIV and AIDS to women, inequality, unemployment, healthcare and threats to reproductive rights amongst others. Below is a study showcase undertaken by CoE grantees Dr Khuthala Mabetha, Dr Larske Soepnel and Dr Nicole Daniels that explores some of the maternal challenges that women experience today.

Maternal challenges faced by the modern day South African woman

Young women's social support networks during pregnancy in Soweto, South Africa



Dr Khuthala Mabetha

While many parents find pregnancy to be an exciting time, it may also be filled with uncertainty and anxiety. In order to maintain your wellbeing during this time, you need to have a supportive social network. This can help reduce stress, depression and anxiety levels, enhance physical health, and reduce the risk of birth-related challenges. Dr Khuthala Mabetha et al (2024) conducted a study to explore young women's social support networks during pregnancy in Soweto, South Africa. The study was carried out at the Chris Hani Baragwanath Academic Hospital in Soweto, Johannesburg. It is part of the Healthy Life Trajectories Initiative (HeLTI), specifically the Bukhali randomised control trial, which examines the impact of a complex intervention targeted at improving the health of young women before conception, throughout pregnancy, and after delivery. The study found that pregnant young women's perceived support from their relationship networks significantly influenced their pregnancy experiences. Positive social support led to increased acceptance of pregnancy, while negative support led to negative experiences. Furthermore, the current study discovered that whereas some young women believed they were receiving support solely from their families or partners, others reported receiving both emotional instrumental support from both sources. Given that the majority of the young women showed potential for improved parenting efficacy, the support received played a significant role in the increased acceptance of the women's pregnancies. The authors suggest that more studies be done in future to examine the dynamics of social support in different family structures. Enhancing the social support that young mothers receive could also improve the promotion of mothers' physical and mental health, which would then lead to the adoption of healthy habits during the prenatal period and positive birth outcomes. <https://doi.org/10.4102/phcfm.v16i1.4146>

The role of a community health worker-delivered preconception and pregnancy intervention in achieving a more positive pregnancy experience: The Bukhali trial in Soweto, South Africa



Dr Larske Soepnel

A study led by Dr. Larske Soepnel et al. (2024) sought to qualitatively explore (i) factors influencing the pregnancy and postpartum experience amongst young women in Soweto, South Africa, and (ii) the impact of Bukhali, a preconception, pregnancy, and early childhood intervention provided by community health workers (CHWs), on these experiences. This study identifies the effects of a CHW-delivered intervention on young Sowetan women during pregnancy and the postpartum period. Participants' thoughts about being pregnant, the responsibilities of motherhood, physical and mental health challenges, their experiences with trauma and unstable social support, as well as the demands of their socioeconomic status, were shown to be the key elements influencing their pregnancy experience. Additionally, the study emphasises that trial components (support, information, and care practices) mitigated these factors through processes that facilitated 'acceptance and mother/child bonding', 'growing and adapting in their role as mothers', 'receiving health tools', and 'having ways to cope in difficult circumstances'. The main conclusions of the study imply that a CHW-delivered intervention combining care practices, information, and support may have a favourable impact on South African women's experiences with pregnancy among those aged 18 to 28. Meeting participant requirements more effectively required, in particular, the provision of relevant information and emotional support. <https://doi.org/10.1186/s12905-024-02982-8>

Ultrasound scans as risk rituals in obstetric prenatal care in South Africa



Dr Nicole Daniels

In this study, Dr Nicole Daniels (2024) examines the general conceptions and practices of maternal risk from the perspectives of both obstetricians and expectant mothers, with an emphasis on the function of ultrasound scans. The author used data from a two-and-a-half-year multisite ethnography that trailed fourteen women and seven obstetricians through their respective experiences of private-sector childbirth in Cape Town. The key findings of the study indicate that although ultrasounds are widely accepted as safe procedures, they may pose certain dangers, including delivery risks for pregnant women and medico-legal concerns for obstetricians, while also managing risks to the unborn. According to the author, by examining the ultrasound scan as a risk ritual with a dual function, the unborn is both at-risk and poses a risk to the participating parties. Legal processes, risk aversion, and technocratic obstetric care classify the unborn as a risk that 1) places obstetricians at risk of negligence litigation. 2) Puts women at risk of having a C-section in high-risk birthing cultures, and 3) redefines birth intervention as normal and necessary. <https://doi.org/10.1080/13698575.2023.2289025>

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