

## 'Motherhood is hard': Young, HIV-positive moms in South Africa open up about regret and anger

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Credit: AI-generated image (disclaimer)

For any woman, pregnancy and giving birth are major life-changing experiences. Becoming a mother brings with it a range of emotions and, in <u>many African cultures</u>, positive emotions are centered when talking about motherhood.



<u>Scholarship</u> from the eastern, western and southern parts of the continent has <u>emphasized</u> how motherhood is linked to <u>notions</u> of continuity, strength and sacrifice, unconditional love, consecration and spirituality, family ties, loyalty and happiness.

In many African cultures, mothers are expected to be resilient, happy and tenacious. But what about the often "silenced" aspect of motherhood? Generally, mothers are not expected or encouraged to share any <u>negative emotions about their experiences and role</u>. Those who defy this expectation are <u>frequently stigmatized</u> and labeled "bad mothers".

These responses often arise from the belief that motherhood is life's key purpose. Seen through this societal lens, becoming a mother ought to be fulfilling and overwhelmingly positive.

But human emotions are complex. People can experience joy and sadness simultaneously. This is underscored by <u>our study</u> among HIV-positive mothers in South Africa about their experiences of motherhood. These <u>young women</u>, aged between 16 and 24, told us how they grappled with harsh realities and daily challenges.

They expressed regret about their unplanned experience of motherhood and wished their circumstances were different. It was clear they were experiencing conflicting internal emotions as they considered the roles, responsibilities and difficulties of motherhood.

Such <u>negative emotions</u>—especially regret—are seldom expressed when talking about motherhood. This leaves little room for African mothers to be vulnerable. To change this ideology and practice, safe space must be created for these feelings.

Doing so can promote open, honest and non-judgmental discussions that



will lead to changes in the narratives surrounding motherhood, influence practices and boost emotional, mental and <u>physical health</u>. It can allow mothers and their children to thrive and be better equipped with the necessary skills to face life, irrespective of their challenges.

## Motherhood is hard

We conducted one-on-one, in-depth interviews with ten HIV-positive mothers in Johannesburg, South Africa. The women all became mothers when they were adolescents. Their children's ages ranged from two months to seven years old. We also interviewed three key stakeholders who, through their work as academics and researchers and in the health care field, engaged closely with adolescent mothers and HIV-positive individuals in South Africa.

None of the young mothers had planned to become pregnant. They were dealing with intersecting psychological, socioeconomic, health, cultural and physiological dynamics. They were stepping into new, unknown realities: as young mothers, some still had school responsibilities. Others were unemployed, <u>as is the case</u> for most adolescent girls and young women aged between 15 and 24 in South Africa. They depended financially on others such as their grandmothers, the government's monthly child support grant, or transactional sex partners.

Their HIV status created another layer of complexity due to the attached health responsibilities, stigma and shame. Apart from the <u>high</u> <u>susceptibility</u> of <u>adolescent girls</u> to unplanned pregnancy and HIV infection in South Africa, another important reason for working with this group of mothers was to give voice to their experience and to possibly inform relevant policies.

## No judgment



We created a safe, non-judgmental space in which the young women could share their feelings, both positive and negative. At least half of the participants told us that this was the first time they'd felt able to freely narrate their experiences, especially negative feelings about the experience of motherhood. Away from the pressure of cultural beliefs and expectations, they opened up.

The most prominent emotions they expressed were negative: specifically, they felt regret and anger. Their reflections were sometimes painful. One said,

"I will always feel like I robbed myself of my childhood, and at times I will resent my child. I would hit my child so badly, and even though she couldn't hear what I was saying but I will always tell her that I regret being with her."

Another told us:

"I don't know whether it was worth it, but I know maybe I could have prevented it ... I wish I had known how difficult it was to actually be a mother."

This is a powerful negation of society's notion that the moment a woman becomes a mother, she has access to knowledge and systems that enable her to maintain the image of <u>"the good mother"</u>. The notion that the fear and doubt will be pushed aside and only <u>positive emotions</u> will dominate is simply false.

Most of the mothers also shared the joy and rewarding feelings of having their children. One stated that:

"... at first I was scared, but now I am happy because I look at her and she inspires me a lot ... now I am seeing life in another way ... with the



support of my aunt and friends, I feel better."

Another said,

"... it is good to see my baby laughing, happy, playing, very nice ... like it is very (long pause) ... it is beautiful ... I like him smiling cos I'm like I can no longer imagine my life without my son (laughs)."

## **Freedom and support**

It's time to shift the conversation from conventional and rigid constructions of motherhood to a more open, inclusive picture across Africa.

This will do more than just give mothers the freedom to express the full range of their emotions about <u>motherhood</u>: it can also contribute to more inclusive, tailored policies and programs that take into account the many complexities and dilemmas our participants spoke about.

These might include access to need-specific, supportive, non-judgmental counselors and therapists, and increased peer mentorship programs, as well as access to sexual and reproductive health information and career support programs.

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