

**PREGNANT WOMEN'S CONSTRUCTION OF SOCIAL SUPPORT FROM THEIR
INTIMATE PARTNERS DURING PREGNANCY**

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By

PHATHISWA ESONA BOTTOMAN

Supervised by Prof. Catriona Macleod

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ABSTRACT

There is a growing body of research aimed at understanding social support during pregnancy in South Africa. Pregnancy is constantly referred to as one of the challenging and stressful periods affecting women's physical and psychological well-being. Various research studies on social support argue that social support is paramount at this stage. Research on social support indicates that having adequate and quality social support impacts on how pregnant women experience pregnancy. My interest in social support comes in the wake of absent fathers in South Africa and with the emerging trend of "new" fathers. Although there is a volume of research on social support, it tends to be realist. Using a social constructionist framework, I explore other ways of talking about social support in an attempt to expand the discourse around social support. I explore how pregnant women talk about social support during pregnancy from their intimate partners in the small rural municipality of Elundini, Eastern Cape, South Africa. Intimate partner support was limited to heterosexual partners regardless of their marital status. The sampling procedure followed a non-probability sampling method. Participants of the study were between 24 and 32 years old. Their gestational age ranged between five and eight months. Fourteen in-depth interviews using photo-elicitation were conducted with seven participants and were analysed using a social constructionist informed thematic analysis. The major theme that emerged from the analysis was partner involvement and absence during pregnancy. The analysis of results suggests that expectant father presence translates to social support. Participants constructed his presence as reassurance in the context of possible abandonment. Absence was constructed in different ways: participants constructed absence as unjust and unfair, absence and marriage, temporary absence in the form of cultural phenomenon of *ukwaliswa/ukubukubazana*, absence as normal but burdening to the pregnant women's social network. Participants reported that social support from the expectant father affected pregnancy wantedness.

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#RuralChildit’spossible!!!

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CHAPTER 1: INTRODUCTION

1.1.INTRODUCTION:

This chapter provides a gateway to this research study in which I explore how pregnant women talk about partner support during pregnancy. I am aware that family formations vary in South Africa, including nuclear, extended, single parent and queer families. However, for the purposes of this study, my focus is specifically on heterosexual relationships, hence the use of expectant fathers for intimate partners. Furthermore, my focus is on intimate partners responsible for the pregnancy rather than social fathers. This study uses the phrases expectant father and intimate partner interchangeably.

This research is located within a social constructionist theoretical framework. The key main assumption of the social constructionist approach is that knowledge and discourse construct social reality (Burr, 1995). From this point, it is clear that social constructionism rejects essentialist and realist approaches. Within the social constructionist approach, a critical stance on the taken-for-granted knowledge is encouraged. Owing to the aim of this study (to explore social constructions pregnant women use to talk about expectant father support during pregnancy), I used a social constructionist theoretical framework. This chapter provides a brief description of the municipality in which the research was conducted. This is followed by an articulation of the epistemology and theoretical framework within which the research is embedded. The context of the research interest is briefly outlined, concluding with the research question, its aim and rationale.

1.2.BACKGROUND:

This study was focused in the areas of Maclear and Ugie (including villages and farm areas). Both these towns are in the Elundini Local Municipality, which is located within the Joe Gqabi District in the North-Eastern portion of the Eastern Cape Province. The majority of the municipality's inhabitants reside in rural villages. The census results of 2011 estimated the

population of this municipality to be around 138 141, with its inhabitants residing in 37 854 households. Much of the population in this municipality is made up of female population, which was recorded at an estimation of 52.6% (Elundini Municipality, 2016). The municipality has three towns, Mount Fletcher, Maclear and Ugie, and is characterized by vast farming areas surrounding Maclear and Ugie. The annual report indicated that because of the rural nature of the municipality, infrastructure backlogs are enormous and remain a daunting challenge for the municipality. Provision of electricity, access of roads and the maintenance of roads in urban areas were named as some of the backlogs.

Unemployment in the rural settlements of this municipality remains a major challenge. The report indicated that the unemployment rate could be partly attributed to non-availability of a strong economic base, and that most inhabitants survive by subsistence-related activities (Elundini Municipality, 2016). Further, most inhabitants are affected by the migrant labour system. The migrant system in South Africa, particularly in rural areas affects rural livelihoods as many leave rural villages for mines in the city areas of Gauteng and other industries in the city of Cape Town in search of employment. Due to urbanisation and employment opportunities, women also migrate to these major cities. The annual report seems to suggest that due to the recessionary downturns in the economy, there is still a heavy reliance on income from migrant sources (Elundini Municipality, 2016).

In relation to healthcare, the municipality currently has two hospitals and 21 clinics servicing the entire Elundini municipal area. Although the municipality does not have a jurisdiction in providing primary health care services (as the Department of Health provides them), the municipality still has a role to play in providing a conducive environment. However, because of the rural nature of the municipality, accessibility to the clinics remains a challenge. They are either not easily accessible because of poor road infrastructure or there are not enough to accommodate all the community members that they are supposed to service (Elundini

Municipality, 2016). Table 1 provides information on various indicators in relation to the socio-economic status of the municipality.

Table 1: Socio Economic Status of Elundini Municipality

Socio Economic Status						
Year	Housing Backlog as proportion of current demand	Unemployment Rate	Proportion of Households with no Income	Proportion of Population in Low-skilled Employment	HIV/AIDS Prevalence	Illiterate people older than 14 years
Year -2	20%	23%	40, 2%	48%	15%	8, 4%
Year -1	21%	24%	40, 2%	52%	20%	8, 4%

(Source: Annual Report 2016) – Year 2 is 2015/16 and Year 1 is 2014/15

In the view of the above background information (the unemployment and illiteracy rate, infrastructure backlog, and male dominated migrant labour system), social support is a subject of interest in relation to pregnant women in this rural municipality. Social support has been a subject of investigation for over the 25 years: many scholars have engaged with the concept from various perspectives. The studies conducted over the past years have resulted in numerous and various definitions, forms and measures of social support. Literature suggests that the concept of support is multi-faceted and complex (Rini, Shetter, Hobel, Glynn & Sandman, 2006) and that support involves the presence of stable and significant human relationships (Nkansah-Amankra, Dhawain, Hussey & Luchok, 2010). Scholars, however, seem to agree on broad categories of social support, which are perceived support, enacted support and social interestedness/embeddedness (Vangelisti, 2009).

The following section seeks to discuss this understanding as a way of locating the study. First, I outline and discuss the theoretical framework within which the study is situated (social constructionism). Second, I discuss the general context of social support and

pregnancy. Lastly, I provide an outline of the research paper, including the research question, aims and chapter outline.

1.3.THEORETICAL FRAMEWORK: SOCIAL CONSTRUCTIONISM

The basic premise of social constructionism is that in the social world, knowledge and meaning are ongoing processes of social interactions and practices (Andrews, 2012; Burr, 1995; Owen, 1995). The social constructionist paradigm argues that our social world is continuously constructed through our daily interaction with people. Central to the social constructionism paradigm is that our interchanges are embedded in historical, cultural and political settings (Burr, 2003). Social constructionism rejects the notion of universal ‘truths’ and affords an appreciation of subjective and individual experiences (Andrews, 2012). According to Reed (2007), our understanding of the world or the knowledge we possess is a reflection of societal processes and language. Language is thus used to construct, give meaning and substantiate taken-for-granted knowledge and/normative standards. From this understating, language also constructs concepts and thoughts (Andrews, 2012; Creswell, 2013). This view further implies that the meanings we attach to the world are embedded in culture and history.

In this research, the concept of social support is understood as a social construct rather than an essential truth (Sarason & Sarason, 2009). From a social constructionist perspective, the conceptualisation of social support for pregnant women is of a personal/subjective experience embedded in history, culture, time, socioeconomic status, locality, religion and other systemic issues (Andrews, 2012; Burr, 2003; Galbin, 2014). The social constructionist theory of multiplicity argues there are various ways of viewing and describing reality based on social location, values and relationship (Gergen, 2009). Social processes constructed through language, and social interactions (Hibberd, 2005; Lakey & Cohen, 2000) sustain an individual’s reality, knowledge and meaning. Thus, meanings and understandings are formed

through interactions with others (Creswell, 2013). Burr (1995) proposed four tenets of social constructionism. I will discuss these tenets, as they are the basis for this study.

a) Taking a critical stance towards taken-for-granted knowledge:

Social constructionism encourages a critical stance in our understanding of the world, particularly the notions/ideas of the ultimate 'truth', which Burr presents as the taken-for-granted 'reality'. Conventional, objective and unbiased 'truth' is but one way of viewing the world, and there are multiple realities. In this tenet, Burr (1995) argues that we need to question and be critical of these meanings of the world. She argues that taken-for-granted knowledge is socially constructed and sustained by people through language and social interaction. Burr (1995) cautions against falling into the trap of accepting taken-for-granted knowledge as 'truths', as these are generally constructed by dominant groups and alienate minority groups. The taken-for-granted 'reality' of the dominant groups/culture continues to perpetuate the injustice and discrimination of the marginalized groups/knowledge/subjective experiences. For example, the dominant narratives (i.e., those espoused by paradigms such as essentialism) relating to gender in contemporary society, ascribe particular roles to men and women that are seen as largely static and biologically determined. In the context of parenthood, the aforementioned view prescribes what fatherhood and motherhood 'should' entail, ignoring the broader cultural, historical and socio-political context. Here it is seen how essentialist views on gender may function oppressively and in a way that silences alternative identities and ways of being.

Contemporary gender theorists such as Judith Butler have argued instead that gender identity is performative, and is learnt through history and mediated by culture (Butler, 1990). The social constructionist paradigm therefore, stands in contrast to viewing concepts such as masculinity/femininity as naturalized and pre-existing (Hearn, 1996). This understanding has

implications for understanding social support from intimate partners during pregnancy. Specifically, it suggests that dominant and taken-for-granted knowledge of social support from intimate partners may be rooted in power relations around masculinity and fatherhood versus femininity and motherhood.

b) Historical and cultural specificity:-

Burr (1995) suggests that 'truth' or 'reality' is in fact culturally and historically specific. Therefore, history and culture define what is appropriate, expected and desired versus inappropriate, deviant and undesirable (Andrews, 2012; Burr, 1995; Galbin, 2014). From this tenet, our understanding of the world, as it is today, is shaped and moulded by current and previous cultural, social, economic and political arrangements. If constructs such as social support, fatherhood and motherhood are historically and culturally maintained, then it follows that they continuously change. In this sense, these constructs are viewed as continuously changing (Burr, 1995; Reed, 2007). Our understanding of the world is, therefore, not only historically and culturally specific, but it is also the product of that culture and history. What social support from intimate partners means to pregnant women can change over time, based on their knowledge entrenched in time and culture (Reed, 2007).

c) Knowledge is sustained by social processes:

Our 'truth' is created, constructed and maintained by people through social interactions, communication and social processes (Reed, 2007). When people talk to each other, social reality, in turn, gets constructed and our future is, therefore, created through talk/language (Gergen 2010). Language then becomes a tool or vehicle of sustaining knowledge through social processes (Andrews, 2012; Burr, 1995; Galbin, 2014). From a social constructionist view, 'truth' or knowledge is not objective or essential, but is rather generated through people's social processes and social interaction (Andrews, 2012; Burr, 1995; Galbin, 2014, Reed, 2007). Language gives meaning to any situation, and social processes provide multiple

constructions of the world. This undermines the assumption that there is any “truer” reality than another (Gergen, 2010).

Burr (2003) states that we actively produce and manipulate discourse, and that we are products of the very same discourse. Burr (1995) refers to discourse as “a set of meanings, metaphors, representations, images, stories, statements...that together produce a particular version of events” (p. 48). Discourses are, however, not static, as they constantly change, and are grounded in various theories. Within social constructionism, discourses are social constructs, which constantly change with various meanings. Language has the power to privilege dominant groups and discriminate against minority groups. It has the potential to create and sustain existing prejudices whilst it has the means of transforming, accommodating and normalizing the sharing of knowledge and experiences.

d) Knowledge and social action go together:

Social constructionism denotes that knowing is interconnected with action. Burr (1995) suggests that how we understand, perceive and react to the world depends on collective doing or action. Gergen (2009) concurs as he states that through social participation, knowing comes into existence. This means that the relationship between understanding (knowledge) and social action is reciprocal. Culture and shared intelligibility of knowledge passed down from generation to generation is sustained through social action as people support what they create (Gergen, 2009; Geer 1997). Our understanding of the world gives rise to how we act and behave. If we perceive the world in a certain way, we will act according to what that knowledge denotes (Reed, 2007). Gergen (2010) concurs stating that language requires social coordination in that it creates knowledge that is sustained through time and history. Relationships (social action), therefore, exist and evolve through discourse created by the use of language.

In essence, this theoretical view shows that an essentialist view or taken-for-granted ideas of what constitutes social support develop into a normative standard. The normative standard prescribes gender roles (e.g., how to be feminine and masculine). In South Africa, the normative standard of masculinity (in relation to pregnancy) is mostly premised on the idea that men are emotionally distant, authoritarian, protectors and economic providers. An essentialist idea of femininity in the context of pregnancy is mostly premised on nurturance, and emotional closeness (Richter, 2006). From this normative standard, social support from an intimate partner is based on an understating of essentialised masculinity and femininity. Social constructionism, however, argues that gender is a social construct, a product of prevailing cultural and historical discourses. If gender is a social construct, the roles attached to it automatically are social constructs.

Foucault (1984) states that power is everywhere and thus it brings things into being. He states that power is inescapable. Thus, dominant narratives and discourses reflect, create and maintain ways of doing (Lupton & Barclay, 1997). Socio-cultural and historical contexts situate people's experiences and interpretations. Burr (1995) indicates that language is not a mirror of reality but instead, language constructs 'reality'. Thus, how participants' talk/construct the meaning of social support received or not received is a social interchange of culture and history (Burr, 2003). By adopting a social constructionist paradigm, the researcher is able to challenge and explore the ideologies that reproduce gendered relations of dominance (Gergen, 2010). In social constructionism, our understanding emanates from the communities in which we live and our cultural experiences. The following section briefly discusses how general social support is understood in relation to pregnancy, social support from intimate partners and fatherhood in the South African context.

1.4.CONTEXT OF SOCIAL SUPPORT AND PREGNANCY:

Studies have indicated that pregnancy is a vulnerable period for a woman due to the physical, biological, and emotional changes that pregnant women undergo (Dunkel-Schetter, Sagrestano, Feldman, & Kilingworth, 1996; Mlotshwa, Manderson & Merten, 2017). Social support is a predictor of how women experience pregnancy and how this impacts on pregnancy outcomes (Rini et al., 2006). Social support has a positive effect on the well-being of people whether they experience stress or not and encourages healthy behaviours particularly in pregnant women (Dunkel-Schetter et al., 1996). Perceived support particularly seems to have a positive influence on the outcomes of pregnancy (Norbeck & Tilden, 1983; Rini, et al., 2006). Recent studies extended these findings, particularly where there have been inconsistent conclusions reached (Gatsanzi & Maharaj, 2008; Mlotshwa et al., 2017). Positive findings in recent studies have included that partner support is the most effective form of social support, particularly in terms of birth outcomes (Gatsanzi & Maharaj, 2008; Mlotshwa et al., 2017; Somers-Smith, 1998). Negative findings suggest that not all partner ‘support’ is actually helpful as partners can fail to provide adequate and solicited support (Fraizer, Tix, & Barnett, 2003).

Research has shown that men’s roles in providing social support during pregnancy are unclear (Draper, 2002; Longworth & Kingdon, 2010). However, there is some consensus that partners provide comfort and practical support by being available (mere physical and emotional presence) (Schaffer & Lia-Hoagberg, 1997; Somers-Smith, 1998). This kind of support is said to be enabling to the partner in coping with distress during pregnancy. Somers-Smith’s (1998) findings indicated that the presence of the partner had an emotional effect on pregnant women. Partner presence gave an assurance that the woman and the foetus are cared for, valued and appreciated (Backstrom & Wahn, 2009).

Until recently, there has been limited focus of partner support during pregnancy in South Africa (Maman, Moodley & Groves, 2011; Richter, 2006). There are many research studies conducted in South Africa and elsewhere on intimate partner violence and partner involvement during pregnancy (Bailey & Daugherty, 2007; Groves, McNaughton-Reyes, Foshee, Moodley & Maman, 2014; Pallitto, Campbell & O'Campo, 2005). Other studies focus on social support and family/partner relationships among HIV-positive/negative women during pregnancy (Hill, Maman, Groves & Moodley, 2015). In South Africa, research has shown that intimate partner support is not limited to the biological father but also includes what is termed 'social fathers'¹ (Ratele, Shefer & Clowes, 2012; Richter, 2006). Until the mid-2000s, there was little research on fatherhood (Richter, 2006). Since then, there has been some research on partner support during pregnancy, but the body of work has tended to take a realist perspective. The findings from these studies suggests that fatherhood starts only postpartum (Clowes, 2006; Ratele et al., 2012). This research, however, focuses on a social constructionist understanding of support. This perspective argues that social support is socially constructed and mediated through cultural understandings, and that prospective fatherhood is an important aspect to research.

In this research study, social support is unpacked from a social constructionism theoretical framework. This framework purports that social support is a social construct that is continuously changing through history, culture, language and other social processes. Social, cultural and historical interchanges give meaning to social support. People's views of social support are based on the language used in societies, their history, and how they pass understandings of social support from one generation to the other. How pregnant women talk about social support from their intimate partners is culturally and socially moulded and it is

¹ These empirical studies will be unpacked and findings discussed in the review of literature chapter.

sustained by social processes. Thus, ideas about what constitutes social support and the significance and impact of social support in pregnancy are based on what is socially acceptable or desired (Conrad & Barker, 2010). The language and the interchanges people use develop into a normative standard by which pregnant women base their view and understanding of social support. The narrative of fatherhood and pregnancy has recently become a subject of interest. Thus, in this research, tracing back fatherhood in the South African context is important as means of providing context, to which the discussion now turns.

Fathers' absence in South Africa dates back to colonialism and apartheid and is largely linked to the migrant labour system (Richter, Chivokore & Makusha, 2010). Besides, the political system at the time, which forced black men to leave their families, fathers were constructed as the breadwinners and were, therefore, expected to provide economically for their families (Ramphela & Richter, 2006). Thus, manhood and fatherhood was based on the ideology of masculinity, which perpetuated this stereotype (Richter et al., 2010). However, because of the distance between fathers and their families, often in Gauteng and Cape Town, and low wage pay, many fathers remained unable to fulfil their prescribed breadwinner role (Ramphela & Richter, 2006). The legacy of the apartheid system remained post-apartheid, as fathers continue to struggle (Richter et al., 2010) because of poor family relations, returning home without secure financial support and with women having headed the family household during their absence (Ramphela & Richter, 2006).

Women's independence and assumed leadership role within the family (having been the head of the family in the absence of the father) clashes with dominant constructions of masculinity (Ramphela & Richter, 2006). Hence, fathers in South Africa may feel overwhelmed with shame and emasculated because they cannot provide for and 'lead' their families (Ramphela & Richter, 2006). South African and other research has shown that the most prevalent

fatherly involvement is that of being a protector and economic provider (Lupton & Barclay, 1997; Richter, 2006). Because of this ascribed role and the failure to live up to its expectations, fathers may remove themselves from a family unit and from contributing to any social support whether during pregnancy, postnatal or otherwise.

1.5.RESEARCH QUESTION AND RATIONALE:

1.5.1. Research Question:

This study's research question is as follows: how do pregnant women construct social support from their intimate partners during pregnancy? Thus, the research interest is an exploration of pregnant women's constructions of social support received or not received from their intimate partners.

1.5.2. Research Aim/Rationale:

Taking into account the brief outline of research on South African men and fatherhood, I am interested in how pregnant women living in rural villages of former homeland areas accessing antenatal care talk about social support from their intimate partners. This South African research is further discussed in the literature review. Previous research and investigations about social support had explored what constitutes social support and how people are affected by social support (Glazier et al., 2004; Rini et al., 2006). My aim in this study is not to duplicate previous findings, but to explore other ways of talking about social support in an attempt to expand the discourses around social support. In this study, I aim to explore and make sense of how pregnant women talk about social support during pregnancy from their intimate partners. Thus, this research study focuses on constructions of social support by pregnant women from their intimate partners. Accordingly, this study is situated within a social constructionism paradigm. Social constructionism theory is suitable for my study because of its rejection of essentialism and promotion of subjective experiences being constructed through of cultural and social interactions. Using social constructionism will

assist in giving an alternative understanding of social support through dissecting the language the participants use.

1.5.3. Outline of Chapters:

In chapter two, I review literature on the subject of social support and pregnancy. Before the discussion of social support, I discuss the social construction of fatherhood/intimate partners (expectant fathers). This is followed by a discussion of literature pertaining to the social construction of social support by intimate partners in South Africa. Thirdly, there is a discussion of social construction of social support during pregnancy. This section is divided into three subsections, namely; enacted support, perceived support and social integration/embeddedness support.

Chapter 3 provides a detailed outline of the methodology used in the research process. This research methodology chapter begins by indicating how social constructionism, as a theoretical framework, was used in positioning the research process. Discussion of the research methods includes units of analysis (target population), the sampling procedures employed in this study, the demographics of the participants included, the data collection methods of the study, and the analysis of data (including the reflexivity of the researcher while conducting the study). I also discuss the study's trustworthiness and the various ethical considerations adhered to throughout the research process.

Chapter 4 provides an analysis of findings under the broad theme: partner involvement and absence during pregnancy. This theme is subdivided into: social support as 'being there' (perceived and enacted support), social support and pregnancy wantedness, and social support and healthy pregnancy and outcome. The analysis includes unpacking how pregnant women talk about social support from their intimate partners. The analysis uses social constructionism as a grounding theoretical framework.

Chapter 5 concludes the research study by providing a discussion and conclusion section which provides a broad overview of the research findings, discussing some of the limitations of this study and provides recommendations for future studies. The following chapter presents a review of literature as empirical evidence of other research studies and findings in the field of social support and pregnancy.

CHAPTER 2: LITERATURE REVIEW:

2.1. INTRODUCTION

This chapter provides a discussion of a number of empirical studies about intimate partner social support during pregnancy. Most of the literature provided is relatively recent with few earlier studies having been conducted. This review of literature includes global studies and South African studies. Before discussing the literature of social support from intimate partners, a discussion of the social constructionism of both concepts (intimate partners, support) is important. Thus, I begin this chapter with an overview of literature on the social construction of fathers/fatherhood. Following this, I discuss global studies on social support during pregnancy. Lastly, I provide an overview of the South African literature on social support by intimate partners.

2.2. SOCIAL CONSTRUCTION OF FATHERHOOD/INTIMATE PARTNERS [EXPECTANT FATHERS]:

As previously discussed in the theoretical framework, social constructionist framework negates a deterministic and positivist approach to people's experiences. The social constructionist approach suggests that individual experiences are not universal but differ within and across cultures (Miller, 2011). We construct our understanding of how to be a man or woman through our daily living. Traditional gender roles define what it is to be a man or a woman: for both these roles, society and culture ascribes the *doing* of fatherhood or motherhood separately based on the predetermined ideas of these genders (Butler, 1990). This binary understanding of the social world (masculinity and femininity) is grounded in discourses developed and maintained by dominant relations (Lupton & Barclay, 1997). Ghail and Haywood (2007) argue that the use of language based on the gendered dualism that sees women as homemakers and mothers and sees men as providers and breadwinners gives salience to a universalisation of how to be a mother/father.

Parenthood is, therefore, a gendered construct with culturally ascribed gender roles (Miller, 2011). Men's roles in families and fatherhood are related to cultural practices of masculinities (Miller, 2011). Although social constructionism argues that the constructs of masculinity and femininity are constantly being re-constructed gendered power relations still persist (Brandth & Kvande, 1998; Gregory & Miller, 2011). Added to that, gendered discourses on parenting privilege femininity (female roles – associated with nurturance and caring behaviours) over masculinity (male roles – associated with machoism, provider and distant), which further perpetuates the differences between men and women (Gregory & Milner, 2011; Smidova, 2007). Social constructionism challenges the meanings and discourses attached to gender (e.g., male roles and female roles). Deutsch (2007) further argues that 'doing gender' means gender can be deconstructed, as it is a social construct. Thus, parenthood is not naturalised, but the underpinned meaning prescribed to fatherhood and motherhood is socially constructed and differs historically (Lupton & Barclay, 1997).

Whilst the social constructionist framework claims that there is no essential or single way of being a father, cultural dominant stereotypes around gender roles attached to masculinity and femininity reinforce how a father should be (Lupton & Barclay, 1997). This means, cultural ideas and language processes, therefore, ascribe to us what it means to be a father. These nuances of fatherhood differ from culture to culture (Siedler, 2007). Fatherhood is understood as a socially constructed ideology situated in dominant ideologies of masculinity and power dynamics, heteronormativity, patriarchy and conforming to gender binaries (Cabrera, Tamis-LeMonda, Bradley, Hofferth & Lamb, 2000). Social constructionism alludes to the idea that the intersectionality of gender with race, class and sexual orientation challenges the dichotomy of gender (Deutsch, 2007). Consequently, our views and beliefs about what constitutes fatherhood are socially invented and sustained. As social constructionism denounces claims of truth or fact, we cannot, therefore, understand fatherhood naturalistically

(Gergen, 2010). Fatherhood should rather be viewed as a created social artefact that is constantly transformed, produced and sustained through language, culture, history, and social processes, which are sustained through everyday interchanges between individuals (Gergen, 2010; Marsiglio, 1995). Thus, the naturalised fatherhood and motherhood roles are embedded in a gender binary. The interchanges become a normative standard by which both mothers and fathers describe and explain their account of their world (Gergen, 2010).

Marsiglio (1995) argues that cultural images of fatherhood are historically shaped. These social processes and interactions are embedded in the knowledge, understanding and meaning (constructs/talk) that pregnant women attach to their experiences of social support they receive or lack thereof from their intimate partners (Burr, 1995; Galbin, 2014). Multiple hegemonic and pre-established dominant discourses produce and reproduce the pattern of social support from partners (Lupton & Barclay, 1997; Miller, 2011). Although, the social construction of fatherhood is changing, as fatherhood is no longer limited to the role of provider, fathers who maintain their role as financial providers are still more highly regarded than the so called 'new' fathers who are emotionally available and nurturing (Miller, 2011).

In recent years, scholars expanded the understanding of fatherhood (often constructed as breadwinners/providers, authoritarian/disciplinarian, emotionally distant) (Gregory & Milner, 2011; Ratele et al., 2012; Richter, 2006; Smidova, 2007). Recent literature speaks of 'new' fathers", fathers who are 'there' for their children, unlike 'traditional fathers' who perceived caring parenthood solely as a function of the mother (Gregory & Milner, 2011; Smidova, 2007). Lupton and Barclay (1997) states that the absence of fathers from care giving behaviours and, providing emotional support was a naturalised, taken-for-granted 'truth'. The introduction and development of 'new fathers' disrupts this narrative (Lupton & Barclay, 1997). The new father is the father who is actively involved from inception, prenatal and postpartum, and spends time with the child (Granavas, 2004).

In many parts of the world, research indicates that the new father ideology is becoming a reality because of political and economic movements (Lupton & Barclay, 1997). Unsurprising, even with the new fatherhood discourse, the traditional undertone of what it is to be a 'good father' (i.e., to be a provider), is still an integral part of what fathers *do* (Halford, 2006). Miller (2011) argues that such discourses of economic provision as a measure of masculinity, which equates to good fathering, are problematic. These dominant discourses of fatherhood perpetuate and sustain dominant constructs through economic, gender and political structures (Matta & Knudson-Martin, 2006). Men's internal and social construction of masculinity affects their ability and willingness to nurture and care for their expectant partners and foetus.

Marsiglio and Pleck (2005) argue that definition of absent/present father is complex and ill defined. Concepts such as fathers who are 'absent' or 'present', 'responsible' or 'irresponsible', 'good enough' or 'involved as primary caregivers' have been associated with the definition of and correlate with social support (perceived or received) (Smidova, 2007). Draper (2002) talks about 'being there' not just as physical presence but, sharing in care with the pregnant woman, providing support from confirmation of pregnancy and other body mediated moments like ultrasound scans and the delivery process, which they often feel detached from.

As stated, past and present discourses still perpetuate the salient traditional gender roles attached to fatherhood: that to be a father is to be a 'provider'. The nurturing role is associated with femininity and is, therefore, potentially emasculating for men (Draper, 2003). Some scholars have found that the 'new' fatherhood role is 'emasculating' and confusing for some fathers (Draper, 2003; Gregory & Milner, 2011). Culture and history have shaped how

men respond to pregnancy. Expecting men to provide emotional support challenges hegemonic masculinity (Draper, 2003; Genesoni & Tallandini, 2009).²

The role of the father during pregnancy remains under researched (Abdollahpir, Ramezani & Khosravi, 2015; Habib & Lancaster, 2010). Research by Lupton and Barclay (1997) found that fatherhood should include active involvement during pregnancy. The aim of this study is not to study fatherhood; however, understanding how fatherhood is socially constructed and understood is pertinent to the study. The above understandings could have informed how participants in this study spoke about their partners' role of social support during pregnancy. The theoretical framework used in this research implies that fatherhood is "being shaped and reshaped according to cultural context, work, and family relations" (Brandth & Kvande, 1998, p. 295). Below, I discuss research on social support during pregnancy, reporting on empirical data from global studies. I later focus on understanding research on social support by intimate partners in South Africa.

2.3. RESEARCH ON SOCIAL SUPPORT DURING PREGNANCY:

In this section, I discuss research on social support from expectant fathers during pregnancy. Literature states that social support is difficult to conceptualise, define and measure because it is a multi-faceted, complex concept (Glazier et al., 2004; Rini et al., 2006). In this study, social support is unpacked from the perspective of Cobb (1976), who defined social support as an understanding that a person is cared for, loved, valued or esteemed and belongs to a network of communication and mutual obligation. This study further uses House's (1981, as cited in Murray, 2002) definition of social support as one or more of the following: (a) emotional support, (b) instrumental support, (c) informational support and (d) appraisal support. Similar and more recent studies such as Reblin and Uchino (2008) extended this

²Hegemonic Masculinity is understood as the institutionalization of men's dominance over women. It serves to bolster men's privileged position in society and legitimise the institution of patriarchy (Connell & Messerschmidt, 2005).

understanding as they differentiated between tangible support and intangible support. Tangible support could be understood as the instrumental support and includes financial and nutritional support. Intangible support, in contrast refers to emotional support whether perceived or enacted.

Social support requires the presence of stable, significant social relationships (Nkansah-Amankra et al., 2010). Whether the social support provided by intimate partners to participants is perceived and received as supportive depends on individual and social processes. These processes depend on various facets such as the intimate partner's (expectant father) accessibility (availability), reliability (consistency of the support), and reciprocity (how social support is appraised and received by the recipient -*pregnant woman*) (Williams, Barclay & Schmied, 2004). Similarly, Lamb, Pleck, Charnov, and Levine (1985, 1987) indicated that accessibility (the expectant father's presence and availability, engagement), care giving, and responsibility must be understood in relation to expectant father involvement during pregnancy.

A study on social support processes in low-income African American women during high-risk pregnancy and postpartum by Coffman and Ray (2001) reported that being there implied that the expectant father was available, accessible and responsible during pregnancy when the pregnant woman needed him and was willing to provide assistance when needed (Coffman & Ray 2001). The study conducted by Ratele et al. (2012) on men's experiences of being fathered and fathering in Cape Town, 'being there' which included the quality of time spent together and the relationship between participant and expectant father was reported as important by their participants. Similarly, a study conducted in Soweto by Mlotshwa et al. (2017) on South African women's perception and experience of care and support in pregnancy, indicated accessibility of the expectant father (actual physical presence – 'being there') as a form of social support for pregnant women. Tanner-Stapleton et al. (2012)'s study

examined whether perceived partner support in pregnancy predicted lower maternal and infant distress in America, in this study one of the findings indicated that intimate partner support included mere presence, which translates to affectionate behaviours and listening. Another research study by Alio, Lewis, Scarborough, Harris and Fiscella (2013) conducted with mostly African American parents (expectant fathers and expectant mothers) found that the involvement of a man or expectant father during pregnancy meant their accessibility (being present, available), being engaged (actively involved, caring about the pregnancy and learning about the process). It also meant being responsible (as a caregiver, provider and protector) and maintaining the relationship with the pregnant woman irrespective of their partnership status (Alio et al., 2013).

Literature has shown an association between social support (from intimate partners and significant others), psychological stress and pregnancy outcomes (Da Costa, Larouche & Drista, 2000; Elsenbruch et al., 2007; Fraizer et al., 2003). A study on partner support and pregnancy wantedness by Kroelinger and Oths (2000) concluded that partner (expectant father) support during pregnancy had positive consequences for the pregnant woman's desire to carry pregnancy full term. Partner (expectant father) support and his feelings toward the pregnancy seemed to correlate positively (Kroelinger & Oths, 2000). The findings as indicated by Elsenbruch et al. (2007) on the effects of social support in foetal development are complex as low social support during pregnancy has been reported as having adverse effects in pregnancy outcomes (including birth weight) (Taylor, 2007).

Alio, Kornosky, Mbah, Marty, and Salihu (2010)'s study on the impact of paternal involvement on foeto-infant morbidity among Whites, Blacks and Hispanic, found that lack of support from intimate partners (expectant fathers) could lead to pregnancy complications and delivery difficulties. Some literature states that the quality (satisfaction) and quantity (frequency) of social support received from partners correlates to both mental health and

physical health (Backstrom & Wahn, 2009; Vangelisti, 2009), is the predictor of better mental and physical health (Dunkel-Schetter & Brooks, 2009) as well as the willingness to seek and receive support from partners. Tanner-Stapleton et al., (2012) found that maternal emotional distress (which could be from a lack of intimate partner support) during pregnancy has adverse effects for neonatal and infant development. Davis, Glynn, Waffarn and Sandman (2010) argue that prenatal maternal stress hormones predispose the foetus to reactive stress and infant development. Thus, expectant father's support acts as a buffer of maternal prenatal emotional distress, which in turn influences healthy pregnancy outcome.

Some studies found that the gender of the child, social class, and family size correlates to the level of the expectant father's involvement (Condon, Boyce, & Corkindale, 2004; Marsiglio & Pleck, 2005). Literature seems to suggest that involvement of married expectant fathers in pregnancy varies, but is often better compared to unmarried expectant fathers (Cabrera, et al., 2000; Marsiglio & Pleck, 2005).

Research has yielded complex findings of social support (Glazier et al., 2004; Rini et al., 2006) with debates around quality versus quantity of support, received versus perceived support and the satisfaction experienced by the recipient of that support. The higher the quality of the relationship with the expectant father the greater the emotional closeness and perceived social support (Backstrom & Wahn, 2009; Schaffer & Lia-Hoagberg, 1997). Rini et al. (2006) concluded that women who had less intimate partner (expectant father) support were more anxious and stressed than the women who spoke of high quality support from their intimate partners. They, however, noted a limitation of their study, indicating that the study could not give definitive evidence of the directionality of effects.

It is from the quality and quantity debate that Dunkel-Schutter et al. (1996) states that the extent, composition and context of social support are imperative in receipt of perceived

support (Dunkel-Schutter et al., 1996). The opposite is however also true as pregnant women who have a positive perception of their relationship with the expectant father will have positive expectations during pregnancy (Fraizer et al., 2003). In their research on enacted social support and relationship satisfaction, Fraizer et al. (2003) reveal that the duration, the context and the history of the relationship between the pregnant woman and the intimate partner (expectant father) determine the supportive interactions (Frazier et al., 2003). Similarly, Bradbury, Finchman and Beach (2000) argue that expectations and relationship satisfaction influence supportive behaviours and perceptions of support. Relationship satisfaction is thus one of predictors of postpartum mental health (Whisman, Davila & Goodman, 2011).

Although the above research depicts positive outcomes of expectant father support, there are also negative associated outcomes and debates about whether partner (expectant father) support is truly effective or not especially in providing psychological and practical modes of support (Schaffer & Lia-Hoagberg, 1997). Some pregnant women might find social support provided by their intimate partners (expectant father) as overwhelming and maladaptive to their pregnancy (Longworth & Kingdon, 2010). Pregnancy complications and the process of labour/delivery may in fact be psychologically stressful to expectant fathers. Instead of providing effective support, men may end up being a burden for the pregnant women (Longworth & Kingdon, 2010; Rini et al., 2006).

Some studies indicate that expectant father involvement and support has a major role in determining whether the expectant mothers will keep the pregnancy or choose to abort (Kroelinger & Oths, 2002; Ney, Peeters-ney, Fung, & Sheils, 2011). Further, pregnancy wantedness, age (Marsiglio & Pleck, 2005), stability of the relationship and level of dependability (Kroelinger & Oths, 2002) also play a significant role in pregnancy wantedness and support.

Marsiglio and Pleck (2005) argue that social and cultural context ascribe acts of fatherhood and fathering. Thus, the language of fatherhood and fathering excludes teenage fathering because of being 'too young'. Being 'too young' comes in light of the teenage expectant father's inability to provide as a breadwinner. Teenage expectant fathers feel 'emasculated' and disconnected from their identities as fathers because they do not fit the hegemonic masculine ideals associated with fatherhood (Marsiglio & Pleck, 2005). Similarly, Swartz and Bhana (2009) in their in-depth analysis on teenage fathers in South Africa reported that young fathers, upon finding out that their partners were pregnant, had fears of their inability to provide for the child and the subsequent financial burden to the family. In the same research, however, some young expectant fathers reported a desire to be involved fathers because their fathers were absent in their lives. Thus, young fathers constructed being a good father as 'being there', and one's ability to provide for their child.

The research suggests that lack of social support during pregnancy from expectant fathers includes feeling excluded from pregnancy (Draper, 2002; Habib & Lacanster, 2009; Swartz & Bhana, 2009). In Draper (2002)'s paper on men's experience of pregnancy confirmation in the United Kingdom, he indicates that fathers may feel alienated and excluded during pregnancy as they are mostly onlookers. Similarly, Habib and Lacanster (2009) reported expectant fathers as outsiders during pregnancy as a result of physiological aspects. From the biological perspective, women experience the physical embodiment of pregnancy (Draper, 2002). Thus, men feel distant to the pregnancy especially in the early stages, after they have adapted to the excitement or idea of fatherhood (Draper, 2002). The research by Habib and Lacanster (2009) explores change across a first pregnancy in the emergence of the father status and its relationship with paternal foetal attachment with Australian fathers. As one of emerging results suggest that the social support that expectant fathers may extend at this stage is instrumental and may be informational support (Habib & Lacanster, 2009). Expectant

fathers may then extend their support and care in the third trimester when they can touch and feel the foetus movements (thereby establishing a physical connection) (Draper, 2002; Habib & Lacanster, 2009).

In this section, I have discussed the complexity of defining social support and have showed empirical research on what informs social support from intimate partners. Below I further unpack forms of social support and provide empirical studies that speak to these forms of social support in relation to intimate partner support. Three forms of social support inform this research study, namely, enacted support, perceived support and social integration/embedded support. Firstly, I discuss enacted support, which is then followed by a brief discussion of perceived and social integration support.

2.3.1. Enacted support:

Research shows that social support involves enacted support, which are actual actions or communicative behaviours performed by others to a recipient. Enacted support is mostly composed of emotional support, instrumental support and informational support (Chen & Feeley, 2012; Lakey & Cohen, 2000). Enacted support refers to the actual exchange of supportive acts by relevant people (intimate partner) with regard to the individual within a specific context (during pregnancy). Thus, enacted support constitutes pregnant womens' social networks (interpersonal or structural) providing actual quality assistance/support (Collins, Dunkel-Schetter, Lobel and Scrimshaw, 1993). Enacted support during pregnancy may include physically acted support (instrumental support) and emotional support, whereas, informational support includes giving information, guidance and advice (Lakey & Cohen, 2000; Sandel, 2014).

Research findings speak to the different outcomes and complexities of social support. For example, research by Coffman and Ray (2001) indicated that participants' reports of social support included knowing that they were 'cared for'; partners' 'believing in', and 'doing for'

them were also reported, similar to findings by Tanner-Stapleton et al. (2012) which they termed affectionate behaviours. In a study of partner support during miscarriage/loss across eight women who experienced pregnancy loss in South Africa by Corbet-Owen (2003) revealed that support from intimate partners (expectant fathers) was informed by existing ideals in which men provide social support in the form of instrumental support (financial providence) and not emotional support. Similarly, Maman et al.'s (2011) study on defining male support during and after pregnancy from HIV positive and negative women in Durban, South Africa, reported that participants' partners were providing them with instrumental support like food, or money for food. They also reported that partners (expectant fathers) were facilitating access to the clinic and were part of antenatal visits. However, not only instrumental support was reported. Participants reported that expectant fathers also provided them with emotional support. Further, the findings revealed that when men were not involved, as participants wanted them to be involved (in the form of instrumental/financial and emotional support), although there were some who did not engage their intimate partners because of their experiences of intimate partner violence (Maman et al., 2011). I discuss intimate partner violence further below.

Thus, actual actions in relation to social support give effect to enacted social support. From these empirical studies, it is clear that the expectant fathers' enacted social support is crucial during pregnancy. However, a more researched form of social support, as reported by Goldsmith (2004, as cited in Chen & Feely, 2012) is perceived social support. Below I discuss perceived support during pregnancy and pregnant women's appraisals of such support and its implications.

2.3.2. Perceived support:

Perceived support is anticipated social support in that pregnant women subjectively think or 'know' that expectant fathers would provide when needed (Abdollahpour et al., 2015; Elsenbruch et al., 2007). Perceived support refers to expectations of resources (Rini et al., 2006) that may be available currently and in the future. It is subjective appraisal of support (i.e., the target's interpretation of another's supportive actions). This kind of support is in fact beneficial to the individual's health and mental health as it can act as a stress buffer (Cohen, Gottlieb, & Underwood, 2000; Thoits, 1995). The meaning attached to what an individual views as social support is crucial because what they perceive as social support is based on subjective meanings. Language processes inform a person's view of how their social networks support her regardless of whether it is enacted support (Andrews, 2012).

Pregnant women might interpret or internalise particular behaviours of their social networks as beneficial social support. They might perceive the acts, presence, and responsibility (of expectant/intimate partners) as beneficial in their pregnancy (Chen & Feeley, 2012; Glazier et al., 2004; Rini et al., 2006). The difference between enacted and perceived social support is that enacted support involves an actual performance of specific supportive actions. Whilst perceived social support is similar to enacted support, the difference is that perceived support is subjective judgement/expectation of anticipated social support (Lakey & Cohen, 2000). Thus, for pregnant women perceived support from the expectant fathers may include women knowing that when she needs any assistance from the partner/expectant father, she will receive it. Added to that, it is important to indicate that different women in different circumstances may perceive receiving support from intimate partners differently. The expected assistance may be that of educational information, advice, genuine empathy, and caring attitude.

A study by Edmonds, Paul, and Sibley (2011) on the type, content and source of social support as perceived by pregnant women in Bangladesh, reported that perceived support includes pregnant women's appraisal of instrumental support like doing practical and helpful routine activities, giving information and advice from intimate partners. Further, their appraisal of the expectant fathers' reassurance and sympathetic listening were perceived as emotional support, communicating care, comfort, and security. Added to that, they reported appraisals of expectant fathers securing resources and material support like financial assistance and nutritional support.

A different study conducted in Iran by Abdollahpour et al. (2015) on social support among family in pregnant women reported that perceived social support was significantly lower in unwanted pregnancy than wanted pregnancy. Corbet-Owen (2003) reported that some pregnant women perceived their intimate partners (expectant fathers) as unsupportive if they only provided instrumental support and not emotional support, indicating a need for emotional support. Similarly, Tanner-Stapleton et al (2012) reported findings that emotional support was the most reported needed support by pregnant women, suggesting that being listened to and other affectionate behaviours give effect to maternal mental health during pregnancy and postpartum.

Alio et al. (2013) conducted a study in the United States of America, Washington, about community's perspective on the role of fathers during pregnancy, which revealed that accessibility (being present, accessible and available) of the expectant father gave a perception of social support. The expectant father's 'accessibility' gave the impression of 'togetherness' in the pregnancy process for participants (Alio et al., 2013). Similarly, the expectant father's accessibility gives the perception of engagement (Alio et al., 2013).

Although the above research has shown that active involvement/support of intimate partner (expectant father) and healthy pregnancy outcomes correlate, it is imperative to indicate that healthy pregnancy outcomes are not solely because of the expectant father support. As indicated, expectant father support or lack thereof could cause stress to and burden the pregnant woman. Maman et al. (2011) reported that social embeddedness or social integration support also has a positive influence on pregnant woman. Below I depict how social support from family, friends and other forms of embedded support influence how pregnant women talk and experience that support in relation to their pregnancy.

2.3.3. Social integration/embeddedness support:

While expectant father support is important, some expectant fathers fail to give the required support and might retreat when they learn of their partner's pregnancy, especially if the quality of the relationship has been deficient (Mlotshwa et al., 2017). Family, friends and other social networks become reinforcement support in the case of lack of expectant father support. Social integration refers to different types of social connection, including social relations like family, friends, colleagues, church or clinics with which one interacts (Lakey & Cohen, 2000). Women's experiences and talk of social support from either expectant fathers or social networks/integration is subjective (i.e., how they interpret and receive the support given) (Sanders, 2014). According to Sarason (1974) social connection is an integral part on one's psychological sense of community. The absence of social connection may constitute social isolation and alienation (Gottlieb, 1983). In pregnancy, social integration provides resources from which the pregnant woman can draw. According to Thoits (1995), mental and physical health is positively related to social integration.

Mkhize (2006) argues that child rearing is a collective responsibility of the extended family. Under this premise, it may be that collective responsibility for the outcome of pregnancy may increase support during pregnancy (prenatal and postnatal). Social integration produces

cultural values and practices sustained and passed from one person to the other through language (Rini et al., 2006). Being part of a cultural space and value system provides a pregnant woman with a sense of calmness and ‘expert’ knowledge provided by her social network. This in turn has a positive correlation with positive mental health outcomes and psychological well-being. Dunkel-Schetter et al. (1996) references Triandis (1989, 1994) as he suggests that individuals who are from a collectivist culture tend to have more social support than those who are from an individualistic culture.

What one deems as support (enacted or perceived) has no absolute ‘truth’ but is socially determined by culture, language and other social premises. Social support is a construct that can be understood through social networks, social interaction, social language, social meaning and social culture (Andrews, 2012; Sandel, 2014). Social processes which are embedded in womens’ socio-economic status, culture, history, and context may determine how they talk and experience their pregnancy. Social support during pregnancy reflects a woman’s sense of belonging and safety with respect to a caring partner, and other mediums of support (Sandel, 2014).

The section below seeks to bring and situate the discussion of social support in the country of the research interest. I thus provide and discuss research on social support from intimate partners in the South African context.

2.4. RESEARCH ON SOCIAL SUPPORT BY INTIMATE PARTNERS IN SOUTH AFRICA:

Fatherhood in South Africa is not necessarily different from fatherhood elsewhere. South African fathers’ have similar understandings of what is to be a man, what is to be a father and how to enact this parental role compared to other fathers globally (Morrell, 2006). Societal, historical and cultural constructs mould their fatherhood position. Fatherhood studies in South Africa have depicted that men still hold a traditional understanding of being a father,

such as the role of being a provider as well as pride or status associated with fatherhood (Mkhize, 2006; Richter, 2006). However, these studies also claim that the role of fatherhood in South Africa is changing as more fathers want to be ‘involved fathers’ (Mkhize, 2006; Morrell, 2006; Richter, 2006). The ‘new fathers’ or ‘new age man’ depicts the emerging ‘new’ fathers who seem to be adopting an egalitarian position of involved and holistic fatherhood (Mkhize, 2006; Morrell, 2006; Richter, 2006).

Even so, the absence of fathers in South Africa remains high as reported in these studies. Hall, Mentjies and Sambu (2014) found that at least 14% of children were living with their mothers and not their biological father. They estimated that 66% of ‘orphans’ in South Africa were paternal orphans. This high rate is attributed to the high mortality rate of men in South Africa as well as the absence of fathers in children’s lives. Hawkins (2015) indicated that more than 50% of women who gave birth in 2014 were single, meaning that biological fathers were largely absent. Posel and Devey (2006) show that South Africa has the second highest rate of absent fathers. This lack of involvement and social support from intimate partners (expectant fathers/fathers) could be limited to fathers who hold more traditional views of fatherhood (Morrell, 2006). Women often carry their pregnancy, give birth and care for their infants without the support from biological fathers (Shatz, Madhavan & Williams, 2011). Research traces fathers’ absence in South Africa back to colonialism and apartheid (Ramphela & Richter, 2006; Richter et al., 2010) because of migration to mines in search of financial/economic survival. Research indicates that low income and physical distance from families denied fathers the opportunity to be active and involved in their children’s upbringing and development (Ramphela & Richter, 2006; Richter et al., 2010).

Just as literature elsewhere, research in South Africa suggests that involvement of married expectant fathers is often better compared to unmarried expectant fathers (Marsiglio & Pleck, 2005; Richter et al., 2010; Swartz & Bhana, 2009). Equally, Richter et al. (2010) suggest that

in South Africa ³*lobola*, which was previously payable by livestock, has now been commercialised. An inability to afford a high bride price leads to many African men being incapable of marrying, leading to unplanned and unsupportable/unwanted pregnancies. Although this construction has standing, it further perpetuates the taken-for-granted assumption that pregnancy must occur within heterosexual marriage and the nuclear family ideal.

South African and other research has shown that the most prevalent fatherly involvement is that of being a protector and economic provider (Lupton & Barclay, 1997; Richter, 2006). The dominant discourse of fatherhood enforced by discourses of masculinity is that men must be able to stand on their own, provide economically, be powerful and be an authoritarian presence (Ratele et al., 2012). In the South African context, most Black African fathers had to leave their homes in rural villages, to fend for their children in mines (ending up living in hostels and townships) in order to be able to provide financial capital as migrant labourers (Ramphela & Richter, 2006). Because of migration and urbanization, the family make-up changed and father involvement was diminished. Unemployment and poverty are but some of social ills that continue to hinder social responsibility associated with fatherhood (Hunter, 2006). Ramphela (2002) argues that desertion by fathers is often impelled by helplessness and powerlessness associated with being primary providers. Men feel shame and cannot bear being a 'failure' (economically and otherwise). Ramphela puts it as, "men 'die'" (2002, p.158).

Mkhize (2006) concurs with this argument as he states that economic marginalisation among men in townships (and rural areas) undermines men's capacity to fulfil the social

³ Recognition of Customary Law in Southern Africa (1998) defines *lobolo* as "property in cash or in kind, whether known as *lobolo*, *bogadi*, *bohali*, *xuma*, *lumalo*, *thaka*, *ikhasi*, *magadi*, *emabhaka* or by any other name, which a prospective husband or the head of his family undertakes to give to the head of the prospective wife's family in consideration of customary marriage".

responsibility that is associated with fatherhood (provider and protector). Unemployment and poverty are but some of the challenges that are associated with absent fathers. Mkhize (2006) argues that the dominant construct and definition of fatherhood as an economic provider could very well be robbing fathers of their fatherly role. Similarly, Hunter (2006) argues that societal expectation and positioning fathers to those roles might very well be setting them up for failure in the backdrop of the country's unemployment rate and poverty.

Recent studies on fatherhood and support indicate that the prevailing discourses about the meaning of fatherhood is that of "being always there" (Ratele et al., 2012; Richter et al. 2010) which does not translate to just mere presence but having a relationship with the child, spending quality time, caring and loving the child. Ratele et al. (2012) argue that this ideal representation fosters and perpetuates an ideal of the nuclear family, which, in South Africa and other African countries, is flawed. As previously mentioned, social fathers are a phenomenon in South Africa; when biological fathers are not available, social fathers play a significant role of "being there" to their children (Ratele et al., 2012; Richter et al., 2010). There is a dearth of research about how social fathers' active involvement and other various practices of parenting influences social support during pregnancy. Not a lot of research is about the mere presence or being there of fathers or social fathers during pregnancy, which again gives the dominant impression and discourse that 'fatherhood' starts postpartum.

Findings by Hill et al. (2015) in a study on social support among HIV positive and negative pregnant women in Umlazi, show that during pregnancy, fathers/partners mostly provided material support (financial) and some participants reported emotional support (e.g. not facing pregnancy alone). There was, however, a reported decline in support from intimate partners post-partum.

Recently, Mlotshwa et al. (2017) reported similar findings from their study on personal support for pregnant women in Soweto. They reported women voiced the importance of partner support during their pregnancy and the importance of parenting together. The study reported that participants felt that partner support was the most important source of support financially and emotionally. Further, the study reported that participants were distressed by the possibilities of their partners having other intimate partners, suggestive of a lack of emotional support. The research participants, however, were willing to accommodate their intimate's partner's indiscretion as it was 'socially acceptable' during pregnancy (Mlotshwa et al., 2017). The same study also reported that with unplanned pregnancies, women had the least social support from their partners. They indicated that participants who had better experiences with pregnancy reported various forms of support (frequency/number of support events and different behavioural types of support) and more sources of support (partner, family, friends, church) (Mlotshwa et al., 2017).

2.5. SOCIOCULTURAL FACTORS AFFECTING SOCIAL SUPPORT OF INTIMATE PARTNERS DURING PREGNANCY

In light of the South African history, violence has been normalised and considered culturally acceptable (Joyner & Mash, 2012). Violence in South Africa dates back to the colonial and Apartheid era, where violence was used to control and dominate others. The colonial system and patriarchy allowed for male power/dominance and control over women (Coker, 2007). The legacy of the violent history in South Africa still prevails. Women and especially pregnant women endure the most violence in South Africa because of its gendered nature (Shefer et al., 2008). In this section, I discuss some of the sociocultural factors affecting social support from expectant fathers during pregnancy. I discuss three factors: intimate partner violence (IPV), sexual coercion, and prolonged sexual abstinence during pregnancy and postpartum. The last interest stems from the societal justification of extra sexual engagements by expectant fathers when their partner is pregnant.

2.5.1. Intimate Partner Violence:

Besides the discussed and outlined empirical results on intimate partner support in South Africa, it is of significance that a brief discussion on intimate partner violence is provided considering its impact on social support. Intimate partner violence (IPV) is commonly reported among men who report having multiple sex partners. The South Africa Demographic Health Survey indicated that one in five women in South Africa experience physical violence at the hands of their intimate partners (Statistic South Africa, 2017). This report indicated that Eastern Cape had the highest percentage of IPV, recorded at 32%. The report also indicated that 6% of women over the age of 18 reported that they experienced sexual violence (Statistic South Africa, 2017).

In the context of IPV, women may experience anxiety/fear of men's involvement in the pregnancy. Although not in South Africa, a study in Canada by Brownridge, Tallieu, Tyler, Tiwari and Chan (2011) comparing female victims of intimate partner violence (IPV) who were and were not victimized during pregnancy, indicated that pregnancy might at times serve as a motivation for some women to leave abusive relationships in fear of harm to their unborn baby. Casanueva and Martin (2007) conducted a research on whether women who experienced IPV during pregnancy could potentially have a higher child abuse than women who had not experienced IPV. In their study they found that victims of IPV during pregnancy were likely to report feelings of fear, and anxiety, and were more likely to isolate themselves.

In South Africa, research has revealed that there is a high prevalence of IPV during pregnancy. A study by Modiba, Baliki, Mmalasa, Reineke and Nsiki (2011) conducted in Gauteng found 41% of pregnant women experienced domestic violence. Findings from a study by Groves et al. (2015) indicate a prevalence of 21.39% of IPV during pregnancy. The findings indicate that a significant proportion of South African women are at risk of IPV

during pregnancy. Further, their study also revealed that psychological IPV during pregnancy and the first four months postpartum was the most prevalent form.

A different study conducted in Umlazi, South Africa by Groves et al. (2014) on relationship factors and trajectories of intimate partner violence among South African women during pregnancy and in the postpartum period, found that partner social support during pregnancy was “negatively associated with levels of psychological IPV at pregnancy and that relationship stress was positively associated with levels of psychological IPV at pregnancy” (p.8). Their findings indicated that IPV for some women did not change during pregnancy and postpartum. The study indicated that psychosocial resources such as relationship power⁴ continued to protect women postpartum. Further, they found no supporting results that partner social support would mitigate IPV during pregnancy and postpartum (Groves et al., 2014).

In a study in Nkangala district, Mpumalanga that was conducted by Matseke, Peltzer and Mlambo (2012) reported that HIV positive pregnant women were more likely to have experienced IPV. Similar findings were reported by Phaswana-Mafuya, Peltzer and Davids (2009), on a study they conducted at Gert Sibande district in Mpumalanga. Their study aim was to investigate IPV and HIV risk among antenatal care attendees at primary care health care facilities. They found that “male partners having multiple concurrent sexual relationships, and poor communication compound female vulnerability to HIV and abuse” (p. 384) including other risk factors like alcohol abuse. Poverty and social inequity are reported as key drivers of violence (Jewkes et al., 2009). Added to that, are dominant and hegemonic constructions of masculinity in South Africa, which serve to bolster dominant ideas of

⁴ defined as “the power a woman has to control own decision making, her own behaviour, and the behaviour of her partner” (p. 2)

manhood. Thus, gender inequality also legitimates IPV as a normalized way of demonstrating male power over women who must submit (Jewkes et al., 2009).

2.5.2. Sexual Coercion:

In South Africa sexual coercion is reported as part of a “broader problem of gender-based violence” (Jewkes & Abrahams, 2002, p. 1239). These authors argue that gender-based violence is significantly influenced by a general culture of violence within society (Jewkes & Abrahams, 2002). Dominant social constructions of masculinity in South Africa mean that sexual coercion forms part of the assertion of male control, dominance, power and sexual entitlement (Jewkes & Abrahams, 2002). Accordingly, gender inequality is reproduced through male dominance and female submission within heterosexual relationships. MacPhail and Campbell’s (2001) study with the youth of Khutsong Township in Carletonville on social factors that hinder condom use amongst youth revealed that young men in South Africa believe that girlfriends do not have the right to refuse sex. Maman, Campbell, Sweat and Gielen (2000) reviewed a collection of studies from the USA and sub-Saharan Africa on the intersection between HIV and violence from studies. From their findings, it was revealed that gendered power relations compromise women’s sexual health by limiting their ability to negotiate birth control, and safer sexual practices using condoms. In a study exploring dynamics of violence in sexual relationships among young people in Umtata, Wood, Maforah, and Jewkes, (1998) reported similar results. On the contrary, a study was conducted with African and Indian women at a South African tertiary institution on gender norms and its implications for HIV and pregnancy prevention by Mantell et al. (2009). This study reported that there is fluidity and a shifting of gender roles among young people in South Africa as men are supportive of women initiating sexual activity and condom use.

Jewkes and Abrahams (2002) reported that sexual coercion takes different forms, as it is a complex phenomenon. Further, they report that sexual coercion does not often involve force.

Wood et al. (1998) emphasized the importance of verbal persuasion tactics. These authors reported that men in South Africa define sex through use of constructions of love and entitlement. The construct of love in sexual coercion is used to manipulate women to conceding into sexual advances because sex is an expected part of relationships (Hird, 2000). The nature of the relationship determines how men view sexual relationships. It is reported that the more established the relationship, the more men are likely to view sexual coercion as acceptable.

Jewkes and Abrahams (2002) reveal that sexual coercion by partners is further used to assert control over positioning of the relationship (i.e., the commencement and the ending of sexual relationship). The ability to control women is seen as essential in enforcing hegemonic masculinity for attainment of 'real' man status. Where a woman is resource dependent on a man, they often find it difficult to protect themselves from sexual manipulation and therefore have to tolerate and accept the abuse (Jewkes & Abrahams, 2002). To my knowledge, there is no research looking at sexual coercion during pregnancy in South Africa. Nevertheless, given the research on sexual coercion in general, it may well be a factor.

2.5.3. Prolonged sexual abstinence during pregnancy and postpartum:

Hegemonic masculinities often depict male sexual needs as uncontrollable and having multiple partners as evidence of sexual prowess, and dominance over women as natural (Jewkes & Abrahams, 2002). Gendered inequality includes men's participation in extramarital sex as a sign of social status and prowess (Hunter, 2005). Extramarital relationships are not just about sex but masculinity and social status (Hunter, 2005). A study was conducted in Cote d'Ivoire on links between postnatal abstinence and extramarital sex. The study revealed that men were more likely to have extramarital sex during pregnancy and during woman's period of postpartum abstinence (Ali & Cleland, 2001).

Baloyi and Manala (2013)'s study on African women's lengthy periods of abstinence from sex during pregnancy reported that among African⁵ people, sexual abstinence during pregnancy between the pregnant woman and her intimate partner/expectant father is encouraged because of the belief that sexual intercourse would harm the baby (Baloyi & Manala, 2013). This is effected by cultural beliefs and customs as well as gender inequality relating to sexual superiority of males. Their study further reports that based on African views of sex, sex is a source of ritual impurity (Baloyi & Manala, 2013). Thus, sexual activity is seen as causing ritual impurity also known as 'hot blood'. This concept is explained further by an anthropological paper by Schapera (1979) studied Kgatla notions of ritual impurity in Botswana from 1929-35. In his paper, Schapera explains that among the Kgatla nation, sex was influenced by ritual impurity referred to as 'hot blood'. This concept was a belief that a person's blood becomes 'hot' and until the person is 'cool' again, they are potentially harmful. Thus, menstruating women, pregnant women and lactating women (until birth after the weaning period) are 'hot' and therefore impure (Schapera, 1979). Previously, until the child was weaned fully (usually after three years), a couple was forbidden to engage in sexual activity, which commenced with a cleansing ceremony (Afolayan, 2004). Thus, abstinence allowed for the mother to breastfeed longer.

Moodley and Khedum (2011) reported abstinence from sexual activities during pregnancy was related to religious and traditional practices. Abstinence commenced as soon as pregnancy was diagnosed. Prevention of miscarriage and difficulty in labour were mentioned as the basis for abstinence (Schapera, 1979). Labeodan (2007) reported similar findings in a study conducted with Yoruba people in Nigeria, when Labeodan explored the impact of

⁵ "African", as the researcher I acknowledged that using the term African culture or African people is problematic in that African culture is not homogenous. However, the research study by Baloyi and Manala (201) use this term in reporting their study. They have not located their use of African culture/people/views. I have understood the use of the term as depicting Black African people, and mostly depicting rural Black African people. I, however, still acknowledge that the terms are broad and that culture and being African is diverse.

Yoruba belief system on women's reproductive health. Labeodan (2007)'s study revealed that there is a belief that sexual activity would cause miscarriage. Men during the duration of pregnancy, birth and until the child is weaned are reported to be under pressure because of uncontrollable biological sexual urges. Baloyi and Manala (2013) argue that abstinence during pregnancy allows men to have sex with other women in order to satisfy sexual desires. Mitsunanga et al. (2005) found that there is a widely held belief that men are biologically different from women in their need for sex. Extramarital affairs or other sexual partners are therefore justified during this period while the pregnant or nursing woman is expected to be faithful (Mitsunanga et al., 2005). Because of the impurity of the sexual activity and the risk it bears to the child, fathers would not offer social support because that function was taken over by grandmothers and midwives until the weaning period. The expectant father would return after this period (Baloyi & Manala, 2013).

2.6. CONCLUSION:

In this chapter, I have discussed the theoretical framework that forms the basis of my research question. I situated and based my understanding of this research interest within this theoretical framework, located in the broader paradigm of social constructionism. I have discussed research findings and literature on social support, fatherhood and pregnancy. From the literature, it is clear how complex these constructs are. Social support is one of the important factors for pregnant women during pregnancy, prenatal and postpartum. Pregnant women's definition of social support and interpretation of social support may invariably affect their experiences. Thus, cultural and social processes that mould and reshape their understanding affect their expectations of intimate partner support during pregnancy. Their understanding of fatherhood affects how they make sense of intimate partner support. In other words, how they expect fathers of their children to do fatherhood and provide support during pregnancy. The following chapter discusses this study's methodology and research design.

CHAPTER 3: RESEARCH DESIGN AND METHODOLOGY

3.1. INTRODUCTION:

This chapter outlines and discusses this study's methodology and research design: the plan, map, methods, techniques and procedures used in data gathering (Bryman, 2012). I discuss reasons for choosing social constructionism in addressing the research question. I describe the research data collection method used and reasons for the method. I outline the data analysis method used and discuss my reflective stance on the research.

Qualitative exploratory research methods allow for an understanding of a particular phenomenon when little is known about it or where the phenomenon is complex. A literature search on social support during pregnancy in South Africa from intimate partners revealed a few qualitative research studies. Most studies on the subject were quantitative and not during pregnancy. A qualitative exploratory research design allowed for critical exploration and critical analysis of participants' talk. In the literature review, it was clear that much interest has been on social support from a deterministic view (i.e., the outcomes determined by social support). My interest is women's talk/construction of social support from intimate partners as well as what meaning they attach to those constructs in relation to their experiences of pregnancy. The research question thus implies exploration and not proving or disproving a hypothesis.

I used the principles of social constructionism discussed in the introduction chapter to guide and understand how pregnant women talk about the social support they receive or lack from their intimate partner. How the participants talked about social support is embedded in the socially constructed meanings and interpretations they attach to support and their pregnancy. This study was interested in the individual accounts of rural pregnant women concerning the social support they receive or lack thereof, from their intimate partner. Because of social constructionism's premise of multiple realities, the purpose was not to gather unequivocal

‘facts’, but rather to unearth the participants’ understandings and constructions of their experiences.

Social constructionism as a methodological framework provides for participants to be seen as the ‘experts’ of their lives and I, as a researcher, as a co-constructor of those meanings (Charmaz, 2008). As a researcher, I was not an expert in this study, but acknowledged that the participants and I were co-participants/creators of the text produced. I was a co-participant in the meaning-generating process as I was exploring the participants’ individual experiences. Social constructionism allows for a reflexive framework: an awareness of my social, cultural, economic, and spiritual context and the way I perceive and experience intimate partner social support during pregnancy. I worked under the basic assumption of social constructionism’s rejection of a universal and essential definition of social support, listening to about the meanings that the participants attached social support.

3.2. RESEARCH METHODS:

My research explored how pregnant women talk about social support from their intimate partners in the small rural municipality of Elundini, Eastern Cape, South Africa. The specific towns within this municipality included Maclear and Ugie as well as the surrounding rural villages, townships and farms. For this study, intimate partner support was limited to heterosexual partners. This limitation followed the cultural norms within the populations under study. This study was nested within a larger study, studying social support in general, whilst my area of focus is on intimate partner support during pregnancy. The qualitative research paradigm used situated the research in an inductive approach, providing exploratory accounts of the social support pregnant women received or did not receive during pregnancy from their intimate partners. This premise allowed me as a researcher to explore these women’s talk and nuances in relation to social support. My co-research and I approached the

study from a perspective of curiosity and wanting to unpack and explore participants' experiences.

We used photo-elicitation as a means of data collection which fits into the social constructionist theoretical framework. Photo-elicitation is subjective, contextual and allows inductive and co-creative generation of data. Participants drive this type of data collection as they take photos that underpin the interviewing process with the researchers. Photo-elicitation reinforces the underlying principles and assumptions of social constructionism that, as a researcher, I was not an expert on with respect to participants' lives (Epstein, Stevens, McKeever & Baruchel, 2006; Harper, 2002). This process was interactive and subjective because participants gave in-depth renditions in their talk based on the photos they took, of their experiences of social support from their intimate partners.

A methodology within a social constructionist paradigm negates the neutral observer concept (Bryne, 2014). Thus, researchers are participants themselves in the production of the talk. The meanings generated from the photographs are not inherent and absolute truths, but they become meaningful through a process of co-construction (Hurworth, 2003). Exploratory research and the ontology of social constructionism allows for open-ended and flexible questioning which gave participants direct control in meaning making (Neuman, 2011).

3.2.1. Units of Analysis (target population) and Sampling Procedures:

- ***Sampling:***

A qualitative research approach allowed participants the freedom to articulate their subjective experiences and stories in their own words (Bryman, 2012). In this approach, sample representation is not the focal point as the aim of the research study is not to generalize the research study findings. The focus of the study was research participants' detailed in-depth talk about the social support received from intimate partners during pregnancy (Nueman,

2011). We used a non-probability sampling method as we purposefully selected participants. This method of sampling was intentional, as it allowed the researchers to sample participants based on their pregnant status. An added criterion for the purposes of this study was participants had to be between 18 and 45 years old.

The inclusion criteria were that these women: must be from rural Elundini Municipality; had to be attending antenatal care at a local clinic; have a smart phone or access to a smart phone that could take photos; and have a pregnancy of at least 13 weeks gestation. The gestational age was limited to at least completion of the first trimester because some women in the first trimester do not know they are pregnant yet. We were not strict with regard to the smart phone criterion as if a recruit had an interest in forming part of the study but did not own a smart phone, we were prepared to offer them a smart phone on a loan basis. The exclusion criteria were women younger than 18 years because of ethical considerations. We did not have any other exclusion in relation to marital status, number of children, first pregnancy or not, or miscarriage. There were no specific race demographics and no socio-economic status demographics specified for this study.

In 2015, I was part of the larger study that applied for Research Projects Review Committee (RPERC) approval, which was approved by the committee in the same year. The current study is an extension of that study. In 2015, we did a practice run (pilot study) of the interviewing process in the presence of our supervisor (Prof Catriona Macleod) before conducting field research. We did a practice run as a means of training researchers how to conduct the research and to sensitise us to the nature of the study. My co-researcher (Megan Reuvers) sought permission from the Department of Health, and the provincial office to conduct this study at the Elundini Sub-District. We made contact with the staff of the antenatal care (ANC) programme at this sub-district, set up an appointment, and blocked

dates of our recruitment process and the initial interviews. We went to three clinics in the area that cater for pregnant women from surrounding townships, farms and villages.

- ***Recruitment process:***

On the ANC days, we went to the clinics in order to recruit participants. Whilst women were waiting in the waiting room, we spoke to them and explained the research project, aims and process. We worked with the nurses, particularly the ANC nurses in the process of recruitment as they assisted in identifying women who met our inclusion criteria. They distributed the flyers with our advert, detailing the research process. They sent women meeting our criteria to a separate room at the clinic where the researchers could conduct the recruitment process in private. Where no such room was available, we invited potential participants to sit with us in our car so we could explain the research.

The co-researcher and I explained the research aims to the potential recruits and we explained in depth all the necessary information (also on the recruitment posters). We also gave potential participants time to read the poster and understand it. Because of time constraints, potential participants had to indicate on the day or the next day whether they were interested in the study or not. We took potential participants' contact numbers and we followed up with them. We emphasized to the participants that they had to show interest in this study and not feel compelled to participate. The attrition rate from initial expression of interest was high. Recruits showed 'genuine' interest in the study while talking to the researchers at the clinic and did not have any objections to the study. On follow up, however, many declined to participate.

Possibilities for the high attrition rate included participants reconsidering participation after the pressure of the presence of researchers and of being at the clinic were no longer at play. It is undeniable that the researchers' status and the setting/location might have taken on an

authoritative and powerful overtone. Thus, when recruits were in the comfort of their homes, where they had authority and control, they could decline participation. Other possibilities included family and significant others who could have influenced the recruits' decision to not participate in the study. Although we explained the research aims and methods, another possibility could have been that participants misunderstood the research purpose. In their misunderstanding, they could have concluded that participating in the research process could have undesired effects. Appointments for the initial interviews were scheduled but most recruits declined, and some did not commit, although an interest would be established and re-established.

We recruited over a period of two weeks from 27 June 2016 until 9 July 2016. In the first week of recruitment, we had a very high attrition rate and we managed to retain two participants. In the second week, we managed to recruit and retain an additional four recruits. Due to our research proposal indicating that we needed at least eight participants, we set up another recruitment date from 28 November 2016 until 2 December 2016. A similar pattern was observed, as in this recruitment, we only managed to obtain one research participant. This high attrition rate and the limited number of participants in the study is recognised as a limitation. Nevertheless, rich stories were collected.

- ***Participants:-***

The first participant (**Xoliswa**) was a 27 years old, black, isiXhosa-speaking woman, who lived with her boyfriend. **Xoliswa** was four months pregnant at the time of data collection. She indicated that this was an unplanned pregnancy. She and the father of her unborn child had been in a romantic relationship for at least three years. The father of her unborn child was actively involved in her pregnancy. She revealed that this was her second child and that the first child did not live with her, but rather with extended family members. The father of the

first child was never actively involved during pregnancy (prenatal and postnatal). She was unemployed at the time of data collection, but she was looking for a job. The reason she was looking for a job was that she would have an “an extra mouth to feed”. She completed a computer course, which she hoped would yield better job prospects.

The second participant (**Nosipho**) was a 27 year old, black, isiXhosa-speaking woman, who lived at her family home with both her parents. At the time of data collection, she was seven months pregnant. She reported that the pregnancy was not planned. She mentioned that this was her first pregnancy and that the father of the unborn child was not actively involved in the pregnancy. She and the father of the unborn baby had been together for six months. She reported that she was unemployed and had stopped working after six months of her contract job because of pregnancy difficulties and the circumstances around the baby’s father who worked for the same company.

The third participant (**Thandeka**) was a 27 year old, black, isiXhosa-speaking woman who lived in her family home with her parents and siblings. For the first data collection interview, **Thandeka** was eight months pregnant. For the second data collection interview, she had already given birth to a baby girl. We could not do the second interview as per schedule because **Thandeka**’s two brothers died in a car accident a day after our first interview, and she requested time to deal with the loss. This was her first pregnancy and she mentioned that the pregnancy was not planned. She reported that the father of her unborn child was not actively involved in the pregnancy. She reported that she and the father of the unborn baby had been together since 2007 in a long distance relationship. At the time of data collection, she was unemployed but indicated that postnatally, she would look for a job.

The fourth participant (**Siphe**) was a 27 year old, black, isiXhosa-speaking woman who lived with her boyfriend. At the time of data collection, **Siphe** was five months pregnant. She

reported that the father of her unborn child was actively involved in the pregnancy. She reported that this was her second pregnancy and the father of the first child was never involved in the pregnancy and postpartum. At the time of data collection, she was unemployed, but she was planning to work at least three months postnatally because of the child.

The fifth participant (**Ayabonga**) was a 27 year old, black, isiXhosa-speaking woman who lived with her mother, sister and her two children. For the first data collection interview, she was eight months pregnant and this was her third pregnancy. For the second interview, she was in hospital scheduled for a caesarean and we could not record the interview, as permission was not sought from that hospital. The last interview was postpartum and unfortunately, the baby girl had passed on at four months. She reported that the father of the unborn child was not actively involved in the pregnancy. He was reported as the father of the two other children. **Ayabonga** reported that she and the father of the unborn children had been romantically involved for at least five years. At the time of data collection, **Ayabonga** was unemployed and she stopped working due to pregnancy difficulties. The father of the unborn child wanted a child but she did not want another child.

The sixth participant (**Kudzai**), was a 20 year old, black, Shona speaking woman, who lived with her husband (**Simbarashe**). On the first data collection, she was at least five months pregnant; for the second data collection interview, she had given birth to a baby girl. They have been romantically involved for at least two years. They are from Zimbabwe. **Simbarashe** had been in South Africa, Maclear for at least seven years and this was **Kudzai**'s first year in the country. The father of the unborn baby had been involved since the beginning. During interviews, **Simbarashe** translated for us (English to Shona for **Kudzai**, and Shona to English for us).

The seventh participant (**Zenande**) was a black, isiXhosa speaking woman. We unfortunately did not ask her age. She was married, but lived alone because her husband worked out of town, although he was available on weekends. At the time of data collection, **Zenande** was five months pregnant. This was her second pregnancy with her husband as she had a miscarriage when she was eight months pregnant. The father of the unborn baby was involved in the pregnancy.

3.2.2. Data Collection Methods:

The data collection process was interactive and was conducted over three phases. We conducted interviews with participants at a venue convenient for the participant. At times, this meant that some interviews had to take place near the dams, in the car, or at clinics.

- ***First Interview:***

In the first meeting, we recruited and explained the project and its processes. This meeting mostly took place at the clinic as it happened simultaneously with recruitment. We explained and clarified all the ethical considerations for the study. We gave recruits forms to peruse (informed consent, photo consent, image release, and tape recording forms). Out of the recruits, we asked those who indicated and showed interest to sign the forms (attached in appendices, appendix 1, 2, 3, 4 and 5). Ethical considerations ensured a transparent and trustworthy process (see later discussion). During this first phase, we asked participants to take at least five photographs that showed their experience of social support received or not received, including support from their intimate partners. Because of time constraints and the location of the study, we gave participants a time limit of 48 hours. We explained ethical considerations in relation to taking photographs, especially around taking photographs of people and seeking permission before taking the photographs.

a) Photo-elicitation:

We used photo-elicitation as a means of data collection. This type of data collection allowed participants to take photos of their everyday life in relation to social support received or not received, including support from intimate partners. We did not prescribe which photos participants should take. Thus, this allowed for participant agency and challenged the power dynamic that the researchers came with (Epstein et al., 2006). The participants could make decisions concerning which photographs to include and discuss and those they wished to discard. Agency on taking photographs meant that participants took photos of what was meaningful to them (Harper, 2002). Jenkins, Woodward, and Winter (2008) argue that photos taken by participants are not just for interview purposes but that they are a departure point in understanding participants' perspectives and perceptions. Photo-elicitation as a method decreases the difference in power between the researcher and the study participants as the participants are in charge of bringing, and in this case, taking their own photos (Epstein et al., 2006).

Literature states that photographs evoke a different kind of information as compared to straight verbal interviews (Croghan, Griffin, Hunter & Phoenix, 2008). The images may elicit detailed and rich information based on the relevance of the photograph and the mood (Croghan et al., 2008; Harper, 2002). Photographs may act as interview stimuli or icebreakers to create a comfortable space for both the researcher and the participant (Bryne, 2014). Clark-Ibáñez (2004) argues that allowing participants to take the photographs produces inductive data. The photo might evoke certain feelings, reactions and thoughts that might add detail and richness to the data collection of the experience of the pregnant women (Clark-Ibáñez, 2004). From the photographs taken, participants would indicate how that photograph or representation made their pregnancy easier, difficult, supported or unsupported (in relation to how they interpret social support).

- *Second Interview:*

The number of photographs taken by participants varied from four photographs to about ten photographs. Each participant took photographs that were representative of their social support experiences as pregnant women. These photographs generated data relating to how pregnant women talk about the social support they received and did not receive, including from their intimate partners. From this process, participants were able to provide subjective meanings (Croghan et al., 2008). Oliffe and Bottorf (2007) describe the term as photo-elicitation, which acknowledges participants as authors of photographs. Furthermore, photo-elicitation, in line with social constructionism, shifts from an objective representation of the 'other' (the participant) to a joint initiative or co-construction between researcher and participant. In the process, both the researcher and participant gain access to the participant's constructions of self, others and relational material taken in photographs (Croghan et al., 2008).

We met with the participants at the place of their convenience (at a dam, in the car at the clinic or in town) and conducted photo-elicited interviews in the language the participant preferred. We conducted most of the interviews in isiXhosa and two participants did interviews in both English and isiXhosa. As an isiXhosa researcher, I conducted the interviews which ranged from 20 minutes to an hour. We asked participants to tell us about the photo they took, why they took it and how it related to social support received or not received, including the support from their intimate partners. This way of conducting the interview allowed for unstructured follow up questions, which generated rich and inductive data (Kumar, 2005, Nueman, 2011; Oliffe & Bottorf, 2007).

Because the study situated itself within the social constructionism theoretical framework, the researchers paid particular attention to how participants spoke about social support. I was interested in the language they used and how they constructed social support and the meaning

attached thereto (Clark-Ibáñez, 2004). At the end of the second interview, we presented participants with a few gifts such as: baby wipes, baby powder, Vaseline petroleum jelly and disposable nappies. The idea was that participants would get a few baby items after every interview session to build an overall baby hamper at the end of the interview series. Participants were not privy to this detail, as we feared that it could have acted as coercion resulting in participants participating in the study in order to gain the incentive.

- ***Third Interview:***

Phase three of the data collection process included follow up questions that we had as researchers. We asked follow up questions emanating from the data provided by participants in their second phase photo-elicited interview. In this phase, we did not ask participants to take photographs. Instead, we asked them questions generated from what they had said in the second phase. After the second interview, we transcribed the recordings. I listened to the recordings, translated and interpreted participants' recordings, while Megan transcribed what I was relating. In this transcription process, I mostly translated and transcribed participants' recording verbatim but at times, I generated equivalent meaning. This process of transcribing was not formal, as it was only for the purposes of translating what participants said in order to generate follow up questions.

The third meeting provided both the researchers and the participant an opportunity to clarify anything unclear in photographs and narratives provided. We used a semi-structured interviewing process as we had generated questions from participants' discourses. This type of questioning allowed the researchers to have some control while being flexible (Bryan, 2012). For this phase, we interviewed **Ayabonga** in the waiting room at a hospital because she had been booked for a caesarean section. However, for ethical considerations (no permission sought from the hospital), we abandoned the recording but continued with the conversation. We later transcribed the conversation as we remembered it and it formed part

of the data collection. Because of time constraints, we managed to do one interview with **Zenande**. After these final interviews, we presented participants with a few items (baby clothes to make up and complete the baby hamper).

3.3.3. Procedures for Data Analysis:

a) Translation and transcription:

Transcription is an interpretive act. Thus, meaning may get lost in the process of transcription and translation (van Nes, Abma, Jonsson & Deeg, 2010). To ensure accuracy of all the interview recordings, I listened to the audiotaped interview in its original language and I transcribed it verbatim in isiXhosa. I then translated the transcript from isiXhosa to a target language, English. I translated all the recordings and transcribed them.

My co-researcher does not speak isiXhosa and thus, she could not verify the transcripts. She transcribed one English transcript for **Zenande**. Transcription is an important step also for data analysis. Through careful listening and close observation of data, I had to familiarise myself with data by listening to it repeatedly. I transcribed what was actually said and not what was expected. I ensured linguistic, conceptual and cultural equivalence through simultaneous transcription and asking peers regarding words I was unsure about. I read the transcribed script in the target language and translated it back to the original language. After this process, I reread the transcripts for accuracy and listened to the audiotaped recordings and I compared the two.

The reason for the back and forth in translation and transcription was in keeping with linguistic equivalence. I ensured that I did not alter the meaning of what participants intended (Lee, Li, Arai & Puntillo, 2009; Pena, 2007). Although literature recommends strict back translation, I could not do complete literal back translation because of time constraints. Back

translation allows the translated transcript translated back to the original source language (Lee et al., 2009; van Nes et al., 2010).

We tried to counteract misinterpretation of colloquial language by collecting data in a region from which I come. When I could not translate and interpret the word directly to mean exactly what the participant was articulating and meant, I left it as is. I made an interpretation on the side in square brackets. For example, *ukubukulwa/ukubuza/ukwaliwa*, which is a state where, at times, the father of the unborn baby hates/does, not want anything to do with the mother whilst she is pregnant. Three participants **Nosipho**, **Thandeka** and **Ayabonga**, referred to this state when talking of their partners leaving because of the pregnancy. I left the words as is, so as not to lose cultural meaning and significance. I could not find an English equivalent of these words or even a related meaning. Thus, I chose to keep them as they were, capturing the essence of this cultural signifier. Otherwise, English equivalents would fall short of delivering the full and accurate meaning of the word (Lee et al., 2009; Pena, 2007).

I used Parker’s (1992) transcription conventions. I used these conventions because they allowed for accuracy of the scene, words, sounds and silence from the interview. Participants’ feelings and portrayal of the narrative were captured using these conventions. Table 2 below gives description of symbols I used in transcribing data.

Symbol	Meaning
Round brackets ()	Indicates doubts arising about the accuracy of material
Ellipses ...	To show when material is omitted from the transcript
Square brackets []	To clarify something to help the reader
Forward slashes //	Indicates noises, words of assents and others
Equals sign =	Indicates the absence of a gap between one speaker and another at the end of one utterance and the beginning of the next utterance
Round brackets with number inserted, e.g. (2)	Indicates pauses in speech with the number of seconds in round brackets

Round brackets with full stop (.)	Indicates pauses in speech that last less than a second
Colon ::	Indicates an extended sound in the speech
Underlining _____	Indicates emphasis in speech

a) **Table 2: Ian Parker’s (1992) Transcription conventions (Adapted)** *Analysis technique: Thematic analysis:*

Braun and Clarke’s (2006) step-by-step guide to thematic analysis was used for the purposes of this research. After transcription, I analysed the transcripts line-by-line as means of generating codes and themes for a thematic analysis from an inductive approach. I followed a social constructionist theoretical framework in situating the generated primary codes and subsequent themes. Using the line-by-line method provided a wide range of initial/primary codes (Braun & Clarke, 2006). From the generated codes, emerged patterns as I searched for commonalities, differences and relationships in the data (Howitt & Cramer, 2011). Table 3 below describes the initial codes.

Being there	Absent	Relationship	Self
Mere presence	Not involved	Sacrifice	Age
Financial support	Inaccessible	Positive change	Physical/biology of pregnancy
Active involvement	Negative change	No regret being pregnant	Termination/abortion
Accessible	Regret pregnancy	Painless pregnancy	Sacrifice
Painful pregnancy	Uncaring behaviours	<i>Ukwaliswa/ukubukulwa/ukubukuzwa</i> [don’t want to be near partner because of pregnancy]	No regret being pregnant
Caring behaviours	Avoided subject	New relationship	Regret pregnancy
Social father	Absent fathers	For the ‘baby’ not their relationship	Keeping the pregnancy
Stability	Unwanted pregnancy	Keeping the pregnancy	Feeling rejected
Pregnancy	Child will not grow	Feelings toward pregnancy	Feelings toward pregnancy
Wantedness	<i>Intlawulo</i> [damages]	Level of dependability	Pregnancy
Child will grow	Distant	Feeling rejected	Wantedness
Advice/Advise	Inconsiderate	Share experience	Stress
Breadwinner	Know little about pregnancy	Caring behaviours	Independence
Responsible		Uncaring behaviours	
Concerned			
Provider/Protect or			

From these emerging patterns, I formed categories. These categories were later conflated into themes, which informed my interpretation (Lichtman, 2014). I focused on both semantic and latent content. Semantic themes focus on primary level of presented data, which means that the analysis focuses on explicit and surface meanings of data. Latent themes on the other hand focus on what is beyond the surface (i.e., the underlying ideas, assumptions and conceptualisations of the data). I used both because I wanted a combination of raw data as presented by participants in its explicit form and the discourses and underlying assumptions shaping and informing the data (Braun & Clarke, 2006). These are the categories extrapolated from the data:

Categories:

- “Being there” (perceived or enacted): mere presence, instrumental support (demonstrating availability, role of being a financial provider, role of being a protector), emotional support (providing and portraying a caring, loving, dependable relationship as well as sharing experience together), informational support (health/clinic advice and other information).
- “Absence” in various forms (perceived or enacted): rejection of relationship, rejection of unborn baby, rejection of fatherhood, welcoming/excitable by being a father

I generated themes from raw data, which is inductive analysis because I wanted to draw on actual data (Braun & Clarke, 2006). In other words, out of the generated themes, using social constructionism framework, I analysed how participants constructed social support through the language they used. This way of analysing allowed for theoretical inferences in relation to social support and men (fatherhood and masculinity). One broad theme emerged from the data, with nine subthemes discussed in the analysis.

Theme: Partner involvement and absence during pregnancy:

- “Being there”: presence as reassurance in contexts of abandonment
- Absence: NOT “being there”
- Unstable presence/absence and abuse
- “Being there”: instrumental and informational support
- “Being there”: emotional support and sharing the experience
- Contrasting support and lack of support
- Fantasizing about and expecting support
- Support and pregnancy wantedness
- Social support and pregnancy health outcomes

Thematic analysis is not aligned to any theoretical framework, but is suitable for use within social constructionism theoretical framework (Gibson & Brown, 2009; Howitt & Cramer, 2011; Lichtman, 2014). I generated interpretation and meaning from the emerging data patterns (Braun & Clarke, 2006; Lichtman, 2014). Relationships between different codes and themes emerging from data were analysed. Differences in data also became the subject of analysis, as understanding these differences is pertinent to understanding a group’s diversity of experiences (Gibson & Brown, 2009). Because the process of coding is flexible, I went back and forth in between the steps.

In familiarising myself with the data, I read and reread the transcript over a substantial amount of time. From the reading and re-reading of the transcripts, I highlighted and identified emerging primary codes using different colours (Braun & Clarke 2006). Generated initial codes were both latent and semantic codes because they were both data driven, and I searched for implicit meanings within social constructionism (Braun & Clarke, 2006). From the general codes, I arranged the codes systematically into categories as means of identifying

potential themes. I reviewed potential themes and out of the reviewed themes, I defined and named the identified themes for analysis (Braun & Clarke, 2006). The last step included the final write up of the research paper.

3.3. REFLEXIVITY:

Finlay (2008) states that researchers use reflexivity in analysing their personal, intersubjective and social processes, which shape the research. This understanding is grounded in the social constructionist framework. I, as the researcher, cannot distance myself from the research process as my personal narratives shaped by my personal and cultural processes formed part of the research output. According to the social constructionism theoretical framework, I, as the researcher, co-construct knowledge and meaning with the participant (Galbin, 2014). Finlay (2002) states that through reflexivity researchers are able to explore how their intersubjective processes hinder or propel the process. Being reflexive allowed me to be aware of my subjective experiences in relation to theoretical understandings of the research topic. Because of my own subject positioning, I co-constructed the interview dialogue in a particular manner.

Bradbury-Jones (2007) contends that critical self-evaluation is an important research process as it permits for acknowledgement and recognition of researcher's position in relation to the research topic and participants. My own culture, history, language and social processes influence my approach. In turn, all these, have a reciprocal effect on the research questioning, data collection and analysis (Andrews, 2012; Galbin, 2014). Finlay (2002, 2008) proposed five variants of reflexivity: introspection, intersubjective reflection, mutual collaboration, social critique and discursive deconstruction. The first three is discussed below in relation to how they informed my reflexivity.

- ***Introspection:***

Introspection is self-reflection that explores the researcher's own cultural and social locatedness. My experiences of support and my own premises of what constitutes social support influenced my understanding of social support from an intimate partner during pregnancy. As previously stated, language, culture, history and social processes influence how we formulate and make meaning of the world. For instance, my assumptions on the subject of partner support during pregnancy were that an older woman, secure financially and stable, would have more stable and conducive social support than a younger woman without stability (financially and otherwise). Another point of reference for me in relation to social support from an intimate partner during pregnancy was based on his accepting responsibility for the pregnancy, and the acknowledgment from his family to the woman's family through a process of paying damages '*intlawulo*⁶' in the case of non-marital pregnancies. Culturally, the acknowledgement means that a lot more of social support is forthcoming.

Further, the subject was close to me because I experienced a miscarriage in the first trimester. Upon learning that I was pregnant, my partner was supportive from the beginning (perceived and enacted social support). He became an integral part of my social support as his mere presence and knowing that we shared an incomprehensible experience together was enough social support. His mere presence comforted me and it translated into an act of support (perceived support). During that time, he provided me with instrumental support (getting me to the hospital, filling of hospital forms, and settling the bill), emotional support (he cared, 'talked') and informational support. Keeping in mind my experience, I constantly had to

⁶ "When a man pays damages, they are not paying for the baby, they are paying for impregnating someone's child when they haven't married them," Mdende says. "In Xhosa culture if a woman has a child before marriage, that child belongs to the maternal family, therefore the child should take the mother's surname," she explains, adding that a child can only be given its father's surname when the man decides to pay *lobola* and marry the mother (Dayimani, 2016).

engage my positionality and biases. My positionality skewed towards intimate partner support acknowledging pregnancy and being part of the experience. This awareness of my positionality made me to be in constant check of how I viewed participants without partner support.

- ***Intersubjective reflection:***

With intersubjective reflection, the researcher engages in self-reflection taking into account self in relation to others. Intersubjective reflection provides for critical reflection of power dynamics within the research process (Finlay, 2002). In doing the research, I had a pre-understanding and awareness that our positions (class, race [co-researcher being white] and education) may affect the research process. With that in mind, we approached the study with an openness and awareness of power relations. The subjective nature of the research allowed for power dynamics to be somewhat inverted as participants were seen as the experts of their own experiences. Some of the experiences shared by the participants made me identify with participants. For example, during the research process, at least one participant [**Siphe**] had a miscarriage and one participant's [**Ayabonga**] child died at four months after she was born. When **Siphe** had a miscarriage, she sent us a message informing us of the misfortune. I felt sad for her and it triggered memories of my own miscarriage experience. Knowing what happened to **Siphe**'s unborn baby set me even further back in engaging with the thesis. Nonetheless, it was easy to relate to the participants because of language, gender and my little experience on being pregnant with a present intimate partner and the impact of a miscarriage.

- ***Reflexivity as mutual collaboration:***

Participants are reflexive beings who engage in reflective dialogue of their experiential accounts (Finlay, 2008). The researcher and the participant co-construct meanings during the research process. For instance, participants were able to explain concepts to us, like *ukubukuzana/ukwaliswa*. Mutual collaboration involves realisation that both the researcher

and the participant share personal and social experiences (Finlay, 2008). The social constructionism framework situates researchers and participants as co-constructionists of knowledge (Galbin, 2014). Just as participants reflected and gave their subjective experiences, I had to reflect on my own interpretations (Finlay, 2002). This process of seeing the research participants as mutual collaborators of the research project allowed me to challenge my preconceived ideas about my subjective role as a researcher. I was not an expert as a researcher but a collaborator in constructing participants' talk of social support received or not received from their intimate partners. As researchers, we mostly listened to participants instead of coming with expert knowledge with prescribed understandings and, in this way, we diffused the power dynamics of us being in authority.

- ***Reflexivity as social critique:***

Reflexivity as social critique looks at the social construction of power between the researcher and participant. The social positioning of the researcher and that of the participant influenced the research process. Our social positioning (university masters students, social class [middle], race [co-researcher being a white female]) could have created a power imbalance (Finlay, 2008). For example, in our research study, the attrition rate could have been high because of our social positioning. Initial recruits could have only agreed to participate in the study because they felt they had to, due to the researchers' presence. This part of reflection was crucial in how we executed the second recruitment process; this yielded far better results than in the first recruitment process. In the second recruitment, we made recruits aware that they could refuse participation right there and that they should not feel compelled because of our presence. We reiterated and informed recruits that we were interested in their story. In this way, I believe we dissected the perceived imbalance and advocated for a mutual collaboration in the research process.

3.4. STRATEGIES OF ENSURING TRUSTWORTHINESS:

I used the following four criteria developed by Guba's (1981, as cited in Shenton, 2004) for ensuring trustworthiness of the research: credibility, transferability, dependability and confirmability. Credibility refers to the internal consistency achieved through peer review, observations and prolonged engagement with participant/member checking (Shenton, 2004). We used peer review to review the data collection process, transcription and findings (Shenton, 2004). Following the first interview we had with the participants, my co-researcher and I listened to the recording and I translated for her what was said and she typed what I translated. Throughout this process, we traded ideas for follow up questions and jotted the questions down. At the end of the translation process, we read the transcript and generated possible questions. I read the transcript independently and listened to the recording again to ensure credibility. A similar process unfolded after the second/third interview.

Prolonged engagement with participants meant that we had to establish a trusting relationship with participants; it was a rapport building exercise. The established rapport would allow participants to share their story freely (Bryman, 2012; Creswell, 2013). The number and length of the interviews allowed for the building of this rapport.

We did member checking during the process of data collection after transcribing. In the subsequent interviews, member checking was done. Participants were given an opportunity to clarify meanings from the previous interviews.

Another criterion for ensuring credibility that we used was triangulation. Triangulation in qualitative research does not mean labelling data as 'true' or 'false'. Rather, it is used to establish inferences derived from multiples sources, which were, in this case, photo-elicitation, interviews, and literature (Shenton, 2004).

Transferability allows for comparisons between contexts. Information on research methodology, participants, the location of the study, data collection methods, the period of the research study is made available for the reader to decide whether the study is transferable to other contexts (Shenton, 2004). Sufficient details for conducting this study were provided in relation to settings, inclusion and exclusion criteria, sample characteristics, and data collection and thematic analysis that provided rich and thick descriptions of the study (Cresswell, 2013). Given all these details, the reader may evaluate if the study is transferrable.

Dependability seeks to ensure repeatability, which ensures that under the same context with similar methods, and participants, would produce similar results. Research methodology details all the necessary processes. Using similar research methods in similar contexts, future researchers may yield related results (Shenton, 2004).

Confirmability refers to the degree to which the data that we collected and interpreted are grounded on evidence from participants. I used field notes, tape recorder and follow-up review sessions as means of ensuring confirmability. This ensured that participants' experiences were transcribed how they intended to portray them (Shenton, 2004).

3.5. ETHICAL CONSIDERATIONS:

This study was given ethical clearance by the Rhodes Psychology Department Research Projects and Ethics Review Committee (RPERC) (appendix 9). The Eastern Cape Department of Health granted permission to conduct the study (appendix 6). A change of location was sought from the Department (appendix 7) and permission was granted, as this was the same study granted permission in appendix 6. Permission was sought from the clinic supervisor (appendix 8) for recruitment purposes. The study was explained in detail to participants and we obtained signed informed consent forms [(appendix 1), photo consent (appendix 2), image release consent (appendix 3), and tape recording consent forms

(appendix 4)]. Participants were informed that participation in the study was voluntary and they could withdraw any time during the study. All participants were recruited from the clinics in Elundini Sub-District. The inclusion and exclusion criteria were explained to recruits. Participants were under no coercion to partake in the study. We gave them consent forms, and explained in detail the research process. We did not prescribe to participants the kinds of photographs to take; they could share or withdraw any photograph at any time.

Participants were informed that the quality of health care services they received from the clinic would not be compromised or enhanced by their participation or lack thereof. Participants were ensured anonymity and confidentiality. In transcripts and reporting of the study, I used pseudonyms. In the reporting of the study, participants' photos were shaded to guarantee anonymity. All of the information collected from the participants, including tape recordings of the interviews, photographs, and hard copies of transcripts were stored in a locked secure place at the Critical Studies in Sexualities and Reproduction (CSSR) office. The participants were made aware that their data or transcripts might be used by other researchers with the strictest confidentiality.

We provided guidelines concerning how participants should take photographs. These guidelines were not prescriptive but rather for adhering to ethical considerations. Participants were advised that if they photographed other people, they should seek permission first. Those people should give consent and participants had to explain how those photos would be used in the research process.

The risks of the study were considered minimal. However, participants could have experienced emotional distress when sharing information of their experiences of social support from their intimate partners. Some participants did experience emotionally distressing moments. However, they felt that the research process was therapeutic rather than threatening. Provision was made for when participants experienced any emotional and

uncomfortable feelings. However, none of the participants felt it was necessary to consult someone beyond the interview process. Participants were offered a baby shower hamper by the research team after each interview process as a token of appreciation for their time and input. As indicated, this was not used as an ‘incentive’ to participate.

3.6. CONCLUSION:

This chapter began by arguing that the social constructionist framework was best suited in unpacking the research aim: how pregnant women talk of social support from their intimate partners during pregnancy. The logistics of conducting this research are provided in detail under the research methods section, which includes the rationale of the study. Following the rationale of the study is the discussion of the sampling techniques used which includes the inclusion and exclusion criteria, and a brief overview of participants’ profiles. Then, an overview on how participants were recruited is provided and how data were collected using photo-elicitation. I discuss briefly how data were transcribed, translated and analysed using thematic analysis method. A pertinent exploration of reflexivity during the entire research process is unpacked as it was pertinent in negotiating the implicit power dynamics. Ensuring trustworthiness and validity of the study, I discussed Guba’s strategies. Lastly, a brief discussion of ethical considerations that were adhered to during the research process, together with negotiating with gatekeepers, was provided. The following chapter provides presentation and analysis of findings.

CHAPTER 4: ANALYSIS OF FINDINGS

4.1. INTRODUCTION:

In this chapter, I explore pregnant women's talk of social support from their intimate partners during pregnancy. The broader theme is partner involvement and absence during pregnancy. This theme has sub-themes. The first sub-theme is Social support as "being there" (perceived and enacted support). Within this sub-theme, there are further sub-sections: "Being there" as mere presence, "Being there" for instrumental and information support, and "Being there" for emotional support and sharing the experience. The second sub-theme is Social support and pregnancy wantedness, which talks about father absence and rejection. The last sub-theme is social support and healthy pregnancy and outcome. Analysis and interpretation of findings is discussed below.

4.1.THEME ANALYSIS: PARTNER INVOLVEMENT AND ABSENCE DURING PREGNANCY:

4.1.1. "Being there" presence as reassurance in contexts of abandonment

"Being there" was a major sub-theme of how participants constructed social support from intimate partners. As seen in the literature review chapter, fathers, particularly black South African men, are largely constructed as "absent". This is largely due to the South African backdrop of colonialism and the apartheid era and its ongoing ramifications in our context (Richter et al., 2010). What appeared to be more important for participants was the partner's caring presence. When participants felt that expectant fathers were "being there", cared for them and appreciated them, they constructed that as social support, whether enacted or perceived. In their constructions of social support as "being there", some meant, 'mere presence', but for most it meant 'financial provider', 'emotional support/sharing the experience'. Below, I discuss participants' constructs of social support from their partners

during pregnancy. The constructs that emerged from their extracts include “being there”, as reassurance in the context of abandonment.

Participants constructed social support as “being there” in the form of mere presence. The partner’s mere presence encompassed more than just his mere presence, but also included reassurance. This is the reassurance that the expectant father will provide social support. Seeing the expectant father’s presence meant that he would not leave and that he was prepared to support the baby. The expectant father’s presence signalled a lack of rejection and created an impression that he would always be there, present.

Extract 1

Xoliswa: *he is supporting me, because I am pregnant. I am not finding it [pregnancy] difficult because he is **there**.*

Extract 2

Siphe: *He is **always there**...this baby has a father.*

Extract 3

Zenande: *... I feel it is better because... he **always stays***

The above extracts highlight how participants construct partners’ presence as social support because the expectant fathers were physically present. There is an undertone that expectant fathers’ mere presence, suggests that they have accepted the pregnancy and were willing to provide meaningful on-going support (“always” there). The data suggest that “being there” is constructed as meaningful support as the participants perceive the expectant father’s presence as caring. How they constructed expectant father’s presence implied that he was responsible and accepted the pregnancy. **Xoliswa** states that because of the expectant father’s presence, she does not find her pregnancy difficult. From her statement, how she has constructed the mere presence of the expectant father during pregnancy translates into pregnancy as being easy. ‘Easy’ in this extract seems to suggest that **Xoliswa** is stress free because of the expectant father’s presence.

Similarly, **Siphe** talks about the expectant father as “always there” and this kind of talk seems to suggest reassurance. In her statement, the expectant father’s presence seems to suggest a reassurance that she would be taken care of (through caring, or financially). **Siphe** emphatically claims, “*This baby has a father*”. Thus for **Siphe**, the expectant father’s mere presence is more than just his physical presence. She positions the expectant father’s presence as claiming and accepting fatherhood. The derived latent assumption was that the expectant father was accessible, responsible and would engage with the child once born. There is also a hidden sense of relief and confidence, knowing that the expectant father supported and cared for her. His presence suggests that he has rightfully claimed his status as a father, which is culturally significant, and a claim in terms of masculine status. As seen in literature, a responsible father is a present and an involved father (Alio et al., 2013; Gregory & Milner, 2011; Mlotshwa et al., 2017; Ratele et al., 2012; Tanner-Stapleton et al., 2012).

Further, **Siphe** constructed the expectant father’s presence as reassuring of financial freedom as she would not struggle to take care of their child. Unlike her previous pregnancy experience, where the father “*was not there*” (see extract 4), in this pregnancy she was comforted by the expectant father’s presence. The emphatic pronouncement that “*this baby has a father*” (see extract 2) also seems to come from a point of relief, that at least she was not abandoned during pregnancy. This relief might be based in the current trend of absent fathers in South Africa, with women being the sole primary caregivers. Further, “*this*” in her statement suggests that there is comparison with the other. **Siphe** has positioned her older child as different. She is constructed as fatherless because her father was not “there” during the pregnancy and postpartum. From the way **Siphe** constructed her statement, it could be assumed that she had fears of being rejected as in the first pregnancy and that she would be alone without support.

Extract 4

Siphe: *In the first pregnancy, the father of my child left when I was:: 4 months pregnant. When I told him I was pregnant, he left...yhuu! I was very hurt; ...(.) I regretted getting pregnant, I was questioning myself why I got pregnant in the first place, I felt lonely. There was just no support, no one to talk to.*

Similarly, **Zenande** contrasted the social support (being there - mere presence) received from her husband now that she was pregnant versus when she was not.

Extract 5

Zenande: *...most of the time, my husband used to drink, he would drink alcohol most of the time. Nevertheless, now that I am pregnant, he comes home early and stays at home [with Zenande] the whole weekend... I feel better because... **he is always here**.*

The underlying assumption is that his presence is constructed as meaningful because he was spending quality time with her and he was no longer leaving her at home, on her own. Here, “being there” as a mere presence was constructed in a way that seemed to communicate being cared for. **Zenande**’s talk of her husband’s (the expectant father) presence for “*the whole weekend*” is constructed as a ‘sacrifice’ that the expectant father had to do because of the pregnancy. The term “*whole*” seems to suggest a surprise factor that indeed her husband is “there” for the entire weekend. The sacrifice of his lifestyle (not going out and stopping using alcohol) is constructed by **Zenande** as “being there”, which translates to reassurance (“always” here). **Zenande** suggests a positive change came with her being pregnant as she states, “now that I am pregnant”. The assumption could be that pregnancy has improved the quality of their relationship, which could have been compromised by the expectant father’s lifestyle habits, who was absent. Similarly, as seen in the literature (Backstrom & Wahn, 2009; Glazier et al., 2004; Mlotshwa et al., 2017; Rini et al., 2006), the higher the quality of the relationship with the expectant father, the greater the emotional closeness which is interpreted as perceived social support.

Zenande’s previous pregnancy experience (discussed in extract 38), where they experienced miscarriage, was attributed to stress. Thus, the expectant father’s presence could have been counteracting a similar outcome, miscarriage, by ensuring that he was his wife’s stress buffer

instead of the cause of stress. The importance of **Extract 2 and 4 (Siphe)** and **extract 5 (Zenande)** is showing how these pregnant women appreciated mere presence because they have previously experienced absence. It is in light of the actual or potential absence of the expectant father that mere presence becomes so important. Participants indicated that the expectant father presence would affirm the *doing* of fatherhood in relation to being an actively involved father and taking responsibility.

4.1.2. Absence: NOT “being there”

Although some participants talked about expectant fathers “being there”, for some participants, expectant father’s not “being there” physically was constructed in a way that positioned their intimate partners as inaccessible and not willing to provide social support and rejecting them. Some participants talked about how expectant fathers’ physical absence coupled with emotional distance resulted in difficulties in pregnancy. Expectant fathers who were emotionally distant, physically and financially unavailable, were considered unsupportive. Expectant fathers with uncaring behaviours contributed to the participants’ difficult encounters with pregnancy, which were physical and/or psychological (as evidenced in research by Corbet-Owen, 2003). Expectant father absence emerged as five sub-themes: the injustice of absence, absence and marriage, *ukwaliswa/ukubukuzana*: temporary absence, normalising absence and, absence and family burden. Below I provide extracts that talk to the said sub-themes in relation to how participants constructed their understanding of expectant father not “being there”.

4.1.2.1. The injustice of absence:

Expectant mothers construct expectant father absence as unjust and unfair as they are expected to be “there” as expectant mothers. The participants’ constructs suggest that as expectant mothers they cannot opt for not “being there” as expectant fathers can.

Extract 6

Ayabonga: *I lost the baby, [the baby dying], he was not be there to support me, (.) I get pregnant, he is not there to support me, I give birth, and he is not there to support me. The worst was when he was not available for his child's burial after the baby passed on; he could not even try then. I had to do everything on my own.*

In the above extract, a pattern of expectation and disappointment runs through from pregnancy, prenatal and postnatal. The way she constructs the 'need' for the expectant father's presence throughout the experience communicates her expectation that the expectant father should have been "there" and that if he were there, things would have been better. The account communicates feelings of being alone, uncared for, abandoned and rejected, when she needed and expected the expectant father to have been the major source of support. This thread depicts these feelings, **Ayabonga** states: "*I get pregnant, he is not there, I give birth, he is not there, the baby dies, and he can't be there*". Although the expectant father was unavailable during pregnancy, it appears that she hoped that he would return and be part of the experience, be involved, be responsible and engage with her.

Her statement also had embryonic hope that expectant father would eventually support her (hoping for his return perhaps could be attributed to what is termed *ukubukuzana/ukwaliswa* discussed further in extract 14 and 15). **Ayabonga** also talks about the injustice that the absence of the expectant father means in relation to how she had to experience all these life-changing experiences alone. In the extract, it seems that she could tolerate his absence and give him the benefit of doubt during pregnancy. She however, could not tolerate the injustice of his absence when their baby died. She expresses disappointment at how, even as pregnancy progressed, her expectation was not met, as he was still rejecting them.

Extract 7

Nosipho: *if he was here, he would see how I am feeling and how I am coping... may be if he was with me, things would be better.*

Nosipho's use of "*if he was here*" denotes a desire, expectation and wanting the expectant fathers support. That desire, expectation and wanting has a latent meaning of placing the expectant father presence as improving of social support. She further talks about the expectant father's absence as leading to not sharing the experience with her and monitoring pregnancy. There is an undertone that the expectant father's absence positions her in an emotionally unchecked position, which could be detrimental to pregnancy. Evident in this statement, "*he would see how I am feeling and how I am coping*". The word, "see" indicates the expectant father's failure to respond accordingly. Thus, absence robs the expectant father of the ability to monitor and respond to the woman's emotions and capacities. From how **Nosipho** constructed the expectant father's potential presence, he would fulfil a role of being a stress buffer, as it manifest from this statement "*may be if he was with me, things would be better*". The expectant father's absence is constructed in a way that makes pregnancy difficult, implying that his presence would have made pregnancy easier.

Extract 8

Thandeka: *the father of the child is: is far from me[distant] (.)and he is not bothered by this [pregnancy]... there are two of us when making the baby, but, when the baby is here, you [woman] are left on your own.*

Thandeka employed the term "not bothered" which denotes uncaring behaviour and an unwillingness to share the pregnancy experience. The term implies that he is unfeeling and irresponsible, whereas she is responsible and feeling. She alludes to an inequality that she, as a woman, she has to be bothered whereas the expectant father could get away with not being bothered. **Thandeka** carries this theme through as she makes this statement, "*you [woman] are left on your own*". Further, the act of getting pregnant required sharing an experience ("there are two of us"). Her statement reveals anger at the injustice that absence means in terms of labour around the baby. She positions the expectant father presence "being there" as justice and fairness in taking the responsibility (being "bothered").

In the above extracts, it can be clearly seen how participants' construct the expectant father's absence (not "being there") as lack of social support. The extracts suggest that participants had expected social support from the expectant fathers during pregnancy. There was a taken-for-granted assumption that the expectant fathers would or should be "there" present. This is depicted by participants' desire, hope, disappointment and romanticising the expectant father's presence. For participants, expectant fathers not "being there" depicted uncaring behaviour (that they were not readily available and easily accessible). Thus, the associated benefits of expectant fathers' support cease to materialise. From these three **extracts, 6, 7, and 8**, it is clear that the expectant fathers involvement during pregnancy is associated with emotional regulation and support. This is similar to participants in Alio et al.'s (2013) study who reported that the expectant father's presence meant equal investment, shared interest and willingness to parent together without the woman feeling alone.

Interestingly, participants associated absence with being unmarried. Below I discuss the concept of marriage in relation to absence, not "being there". There is an assumption that when married, pregnancy wantedness is automatic.

4.1.2.2. Absence and marriage:

Participants constructed expectant father's absence as related to their relationship status. Being unmarried and pregnant was seen as almost guaranteeing absence of the expectant father. Added, that having a child as an unmarried woman, changes the relationship with the intimate partner.

Extract 9

Nosipho: *I think it's a perfect message that one must be prepared for a possibility that the **child's father might leave you, especially if you are not married to him**... Love just changes totally [with pregnancy and child].*

Nosipho talked about how when one is unmarried, the chances of getting social support from an expectant father are limited. Instead, as a pregnant unmarried woman you get rejected and

unsupported, left on your own. Interestingly, **Nosipho** suggests that “*a child*” comes between boyfriend and girlfriend when unmarried. The child here is constructed as an interference of what could have been a perfect relationship. This talk suggests that the absence of the expectant father is caused by the presence of the child (pregnancy). Therefore, the child brings an end to what could have been a meaningful relationship.

Extract 10

***R1 (Researcher):** So how did your family take it when you told them the father of the baby is absent?*

***Thandeka:** I did not tell them [family] (2) and they have not asked me (.) because they believe that if you are **not married**, the child then **belongs** to the maternal family.*

When **Thandeka** was asked how her family reacted to the expectant father’s absence, she responded by suggesting that absence is predetermined by marriage. Her response has an undertone that suggests that, because she is not married to the expectant father, she cannot expect his presence, owing to the fact that the child does not belong to the paternal family in the absence of *intlawulo* or *ilobola*. This explanation (child “belonging”) provides some rationale for expectant father absence. Without *intlawulo* or *ilobola paid*, the child ‘belongs’ to the maternal family which has to provide social support and not the intimate partner or paternal family. In other words, in the absence of these said cultural practices, the expectant father and the paternal family have little (when both are in a position to or when they choose to) or no obligation towards social support during pregnancy and postpartum.

For one participant, absence was constructed in relation to paternity. Questioning paternity warranted **Thandeka**’s expectant father absence.

Extract 11

***Thandeka:** He told me that he **will see from the baby** [if it is his] (1)... I asked him what he meant by that (.) and he told me that the problem is **he is not sure the child is his** (.) I then I asked him how will he see that the child is yours then? (.) He said he will see **if the child looks like his family or not** (.) I then suggested that instead of doing all that, a blood test [DNA test with the child] would be more accurate ... he said ok he would do it... I suppose it’s [not sure the child is his] associated with the **long distance**, him not being here most of the time [she suspects that he is having an*

affair] ..., there is no change because he has not said anything to me. He talks to N on WhatsApp, he would ask N [Thandeka's friend], who the baby looks like, and whether there is any resemblance to him or not. N told him that the baby looks like him. The baby's father said no, the baby looks like my brother instead [after seeing the baby of Thandeka's WhatsApp profile].

From this abstract, it is clear that **Thandeka's** intimate partner doubted the paternity of the pregnancy. It is suggested by the extract that his absence would resolve once there was surety in relation to paternity. This is possibly evident in how he reportedly suggests, "*He will see from the baby*". Interestingly, he does not propose to determine the paternity through scientific methods, but rather that he will "*see if the child looks like his family*". **Thandeka**, however, in desperate attempt, suggests that a more scientific method be used by suggesting a DNA test. Further, his uncertainty about the paternity is enabled by his distance from **Thandeka**, as he lives and works in Cape Town. The impression is that as he is far away **Thandeka** must be having an affair. Although the baby is born, **Thandeka** indicated that there is no change in relation to her partner's support. When she was still pregnant, he gave an impression that his absence was because of being unsure of paternity. However, with the baby been born (almost four months), he has not established the paternity in order to make a decision about support.

Participants further constructed expectant father absence in relation to a cultural phenomenon of *ukwaliswa/ukubukuzana*. This phenomenon and how participants talk about it as possible explanation for expectant partner absence is discussed below.

4.1.2.3. Ukwaliswa/Ukubukuzana: temporary absence during pregnancy:

Participants in the construct of absence talked about the cultural common phenomenon (*ukwaliswa/ukubukuzana*) of men leaving temporarily during pregnancy because of the pregnancy mood (often directly translated, as the foetus does not want the father). **Ayabonga** and **Nosipho** draw on a cultural narrative of *ukubukuzana/ukwaliswa*, which refers to a socially constructed understanding of men's tendency to engage in other sexual activities

during pregnancy. This social construct is given an almost biological attribution and normalised based on men's uncontrollable sexual desires.

Extract 12

Ayabonga: *My friend would tell me, its fine, leave him, maybe it's because you are pregnant. You know that pregnancies are not the same. The mood of a pregnancy can keep a guy away. Pregnancy [foetus] sometimes hates the father and the sometimes other pregnancies love their father. This pregnancy is making him not want to be around. Just leave him, let him be and he will probably be fine after you deliver (I)... Well, it is the only explanation that he has someone. Otherwise, how else would I explain his disappearance? ...I think he has a girlfriend because of the pregnancy, indeed. Perhaps, he has a **short-term girlfriend on the side**. [Because of pregnancy - baby's father does not want to be near the pregnant mother during pregnancy]... I can understand pregnancy R1 [researcher 1 - interviewer], when a woman is pregnant some men "**bayabukuzana**" [leave you] but they usually get back together. Even if they don't get back together, the child is still supported.*

It is not simply pregnancy or the financial or instrumental demands of pregnancy that results in absence, but some indefinable or nebulous 'mood'. **Ayabonga's** friend comforts her by normalising absence through this obscure mood. The absence is thus constructed as temporal, only until pregnancy ends, as she states, "*this pregnancy is making him not want to be around*". The impression provided is that in the meantime, **Ayabonga** must accept the absence and not interpret it as lack of social support. Social support from the expectant father is to be expected postpartum. The notion here is the taken-for-granted assumption, that men do not have much role during pregnancy. Thus, they can only have a palpable presence once the baby is born, evident in this statement, "*leave him, let him be and he will probably be fine after you deliver*". Postpartum the woman must welcome the child's father back to play the fatherly role.

In the same breath, **Ayabonga** seems to believe and accept the concept of *ukubukuzana*, that indeed it is to be expected that a man leaves during pregnancy but will eventually return. This understanding reinforces the notion that fatherhood begins only after delivery as pregnancy is *for* women (Draper, 2002; Richter et al., 2010). The father's role can only be evident postpartum and his role of support is financial support, and involves buying food and clothing

items (Hill et al., 2015; Mkhize, 2006). Added to this, **Ayabonga** resists her friend's explanation that her partner might have another girlfriend, but she then concedes that perhaps the girlfriend is only "*short-term*". There is a level of expectation or hope here that indeed, the girlfriend is short-term and thus the father of her unborn child will return.

Nosipho received the same talk and explanation for the absence of the expectant father as Ayabonga.

Extract 13

Nosipho: *Or they [friends] would say he will come back after giving birth or in the 9th month others said, give him a trimester, he'll be back, others after two...But, I'm now in my second trimester and I was like, well he is not coming back, he is not answering his phone, messages, nothing. I was not harsh to him, I write messages (.) like "I miss you" or tell him, "I cannot sleep, yet you are sleeping, but that does not mean wake up and be next to me.*

Her friends give her hope by suggesting that the pregnancy is causing his absence (discussed in extract 15). In the meantime, she should wait until he returns after nine months. The narrative provided here, was that he was coming back. Again, just like **Ayabonga**, social support will occur upon his return. Although **Nosipho** realised that the expectant father was not coming back, she had mixed feelings between accepting that she should let go and still living in hope of his return, in light of the cultural suggestion that he would. Interestingly, **Nosipho** blamed herself for the absence. She looked for fault in her behaviour as she talked about how she did not speak harshly to him; "*I was not harsh to him*", in a desperate attempt to have his attention; she talked about how she would make him aware that she was struggling without him, "*I cannot sleep, yet you are sleeping*". Looking for fault(s) in her behaviour is suggestive of absolving the expectant father's decision. Put differently, she conceded that it could only have been herself who drove him away and caused the absence and that she must have done something wrong. Perhaps, if she had not done anything to him, then she would have his presence and social support.

Unlike **Nosipho**'s partner, **Ayabonga**'s partner indeed returned after birth and provided social support in the form of being a financial provider. **Ayabonga** talked about how he was supporting the child now that she gave birth. Upon his return, **Ayabonga** did not question her partner, further perpetuating the gendered power relations. Added to this, the partner's return perpetuated the taken-for-granted assumption that fatherhood and fathering means being able to provide financially.

Extract 14

Ayabonga: *he came back to his senses, because we are ok again...after I gave birth,... he told me that he left me money with a taxi driver [for her to go home from the hospital]... he came and asked to see the baby, he apologised for everything he did while I was pregnant. I welcomed his apology because there was nothing else I could do. He supported the baby; he was buying food, nappies and everything.*

From this extract, **Ayabonga** can only concede that the expectant father must have been out of his senses in his absence. In other words, absence in this regard can only occur if the expectant father is not in his senses. After **Ayabonga** gave birth, “*he left me money with a taxi driver*” for her to go home from the hospital. It is clear in this statement, that indeed after birth, he considered his role as that of being a financier. As some kind of recompense on an emotional level, her partner “*apologised for everything*”. **Ayabonga** talks of “*nothing else I could do*”. This statement is suggestive of powerlessness. In her statement, there is an impression that she conceded to his apology because she had no authority and no power to question him, as long as he is back and providing financial support. There is a sense of an imbalance of power dynamics and because her partner is financially providing, she cannot question him, otherwise she would lose even that support. Besides, **Ayabonga** states “*he supported the baby; he was buying food, nappies and everything*”, in other words, he is providing social support to the baby specifically. On the contrary, **Nosipho**'s partner did not return even after birth.

Extract 15

Nosipho: *Now, I don't bother [about his return]. However, for a long time I had hope, and thought he would because of what is termed "ukwaliswa" – [when your partner does not want to be anywhere near you during pregnancy]. So, I thought uyaliswa, but I at his age what does that mean? Besides, if we were married (.) was ukwaliswa still going to apply and how? Now, I can see that he is not interested, he has not communicated and I have stopped. I will see then when he comes back, if he does...I might not want him back in my life (1), but what about my child (.) When this child wants to see and know him, where will my child see her father. Because, at the end of the day, this child will want to know her father (.)*

In the above extract, **Nosipho** accepts that the expectant father is not coming back and that she should forget about getting social support from him. She admits that for a long time, she held on to hope of his return, at the promise of "ukwaliswa". She hoped that indeed after giving birth, he would *father*. **Nosipho** questions the cultural narrative of *ukwaliswa* by bringing age and marital status. She criticises the term, in relation to a man's age (i.e., when does *ukwaliswa* begin and when does it end)? Added to that, if an expectant father is married, what happens to *ukwaliswa* (i.e., does it continue, is he allowed to have a short-term girlfriend for the duration of pregnancy)? Although **Nosipho** was critical of the term 'ukwaliswa', her talk was conflicted because she wanted her child to know and have a relationship with the father. **Nosipho's** conflict is between what she wants for herself and for the child.

Although **Thandeka** does not talk about the term of *ukwaliswa* or *ukubukuzana*, she shares **Nosipho's** conflicted perspective around the child having a relationship with his father.

Extract 16

Thandeka: *It is ok if he does not love me anymore but at least he must love his child. I know both my parents, it is sad that my baby will not know her father...my child needs his love, besides, the child is innocent in all this.*

In the extract, **Thandeka** wishes that the child has a relationship with the father even if they [Thandeka and the father] do not share a love interest anymore. **Thandeka** talks about how she knows her parents and, thus, wishes that her child would also know her father. She alludes that the child is "innocent in all this". The impression given here is that the father

should provide social support to the child as a way of creating a relationship and bond with the child. Thus, the narrative that paternal involvement is important in child development is maintained by **Thandeka**'s desperate attempt, as she states, "*at least he must love the child*".

Ayabonga, Thandeka and **Nosipho** spoke about how their partners during pregnancy were emotionally and physically disconnected and engaged in other intimate relationships. Although they all expressed discomfort and distress because of this distance, they were willing to accommodate their partners' emotional and physical distance in order to preserve their relationship and that of their child with their father. How the participants spoke about this lack of emotional/physical commitment could be considered socially acceptable owing to the cultural narrative that some pregnancies may cause a man to leave the pregnant woman. Similar findings were reported by Mlosthwa et al. (2017). Words such as "*ukubukuzana*", "*ukwaliswa*", both meaning that expectant fathers may leave their expectant partners based on the mood of pregnancy, show how this possibility is embedded in cultural expectations. As such, expectant mothers have to accept it. This socially understandable 'truth' is perpetuated and reinforced by participants' other social networks. Their friends told them that the expectant father were distant because of the pregnancy. The implication was that pregnancy may at times cause expectant fathers to be distant from their partner whilst they are still pregnant but *will* return after birth. The expectation is that the pregnant woman must accept this distance and the explanation given.

4.1.2.4. Normalising absence:

Furthermore, absence was constructed as 'not a new thing' as it is seen as common and to be expected. Participants found comfort in this narrative from their social networks (friends and sisters). This understanding is unpacked further in these extracts below.

Extract 17

Thandeka: *They would tell me that it is not a problem or a new thing and their children's fathers are absent and their children have grown without their fathers in their lives. Therefore, it is not a problem if the child's father is absent, **the child will grow older in spite of the absence** of the father... N[Thandeka's friend], told my baby's father that my child will grow and be old **regardless of his support** and made reference to herself, that even her own child, the father disappeared, but **her child thrived** regardless of the father's involvement. The child is now at school. So, even if my baby's father can run away and leave his responsibility towards my child, my child **will also grow healthier**". Some will tell me:: he left me (.), that I last heard from him when I got pregnant... then you get to realize actually I am not the only one. This:: (.) is actually **a common problem** and I am **not isolated** in this...I feel better, I feel much better afterwards.*

In the above extract, **Thandeka** reveals that when she spoke to her friends about absent expectant fathers, she discovered that it was a common phenomenon. This theme was common amongst the participants being that a child will grow in spite of a father's absence, rejection and lack of social support provided from him. The language used in the extract seems to suggest other forms of social support are sufficient for the child to grow. **Thandeka's** friends normalised the absence, that it is something to be expected, "*not a problem or a new thing*". By constructing absence as normal, her friends seem to be encouraging **Thandeka** that worrying and seeking the expectant father's presence is not worth it. The normalisation plays into the South African trend of absent fathers as suggested in the review of literature. The construction is that the ideal of the nuclear family is not necessary for the child's growth (Ratele et al., 2012). Instead various sources of social support like social fathers (significant male figures like brothers, uncles, grandfathers et.) as well as other social networks (parents, friends, colleagues, churches and others) can play just as much of a role of social support (Richter et al., 2010) . **Thandeka** referred to her friend, N, whose child had grown without the baby's father and the child was healthy and attending school.

Nosipho's friends and sisters also spoke in similar ways about absent expectant fathers and how children grow despite the father's absence.

Extract 18

Nosipho: *So, you will be fine, we have raised our children without their fathers (.) and you saw **how we didn't really struggle** (.) as we thought we would [when their fathers rejected us] and we were still pregnant.*

In this extract, similar to **Thandeka**, **Nosipho**'s family and friends normalise absence and that **Nosipho** should not be looking for social support from the expectant father. Instead, she should learn from them as they too experienced absence. They allude to the fact that in spite of absence, they did not struggle, and therefore, **Nosipho** will not suffer. **Thandeka** and **Nosipho**'s friends and sisters, have turned the negative construct of absence from intimate partners into a positive one. They are not only coping without the father of their children, but they are doing well. They use phrases like the “*child thrived regardless*” and he “*will also grow healthier*”, and “*how we didn't really struggle*”. All these phrases depict a sense of achievement and managing without father involvement.

4.1.2.5. Absence and family burden:

In the absence of the expectant father financial/instrumental/informational involvement, participants identified other social support structures such as family (mothers, sisters and brothers) and friends as important sources of social support, especially instrumental support. However, the absence of the expectant father resulted in burdens being placed on the family.

Extract 19

Siphe: *I told my mother when I was 4 months pregnant (.), my mother said, she will not travel Maclear to Cape Town just because I am pregnant. She told me that she sent me to Cape Town to study and I then got myself pregnant by Cape Town boys, (.)*

Absence from the expectant father translated into absence of how to talk about him as here, he is simply “*Cape Town boys*” a generic and depersonalised category. The expectant father here is stripped of the fatherhood category. Upon her return from Cape Town, **Siphe** talked

about having to rely on her family to support her child which brought financial burden and stress to the family. I unpack **Siphe** and her family's stress in extract 35.

Extract 20

Nosipho: *In order to get those things [food because of cravings] I have to go to town and I am afraid of being a **nuisance** to my mom as the baby's father is **not** in the picture anymore. I am then scared of being a nuisance to my mom so I pretend I do not want anything...I would cry, but **I had to hide it** because I did not want to **stress** my mom.*

Nosipho, who also did not receive any support from the expectant father, kept the unplanned pregnancy from her mother because she did not want to burden her. However, as a result of health risks because of stress from the expectant father's rejection, she had to tell her and her sisters. She identified and relied on her family and friends' support (parents, especially her mother, and sisters as support structures). Although she identified these support structures, she still felt it was not enough because of the expectant father's absence. The expectant father's absence ("not being there") is constructed as a burden. **Nosipho** talks about how the expectant father's absence has brought a sense of feeling as if she was burdening her family, especially her mother. Thus, had the expectant father "been there", doing things for her, providing for her financially, she would not feel like she was causing her mother stress/anxiety or feel as if she was a burden.

Extract 21

Thandeka: *I don't know they:: /laughs/ but they did (.) One of them [aunt] said, "you are pregnant and you must go to the clinic"... Because most of the time, I was always with them at home [they were always there for her when she needed them], they were helping me a lot, /sounds of tissues being opened/ **I had my hopes in them, especially knowing that the father of the baby is not available. I really had my hope in them.** So, when that happened [accident], **I lost all hope**...even now, it is difficult:: [crying] but I am trying. At times, I wish I could just not think about it (3) [crying]... So, even if I was not here at home, I would **not really worry** about my mother and younger sister, worrying about their well-being, because I knew my brothers [those who passed on] were here [could well take care of the family's well-being]. But now, **I can just see that the amount of responsibility will be more.***

Similarly, **Thandeka** hid her pregnancy from her family until her pregnancy was spotted because she could not tell them who the expectant father was as he had rejected her. After the

pregnancy was spotted, her aunt encouraged her to go to the clinic. She talked of how her brothers would provide her with financial support as they were working and she was not. Tragically, during the data collection, her brothers died in a car accident. Their passing turned **Thandeka**'s world upside down not only because of losing her siblings but also because they were her hope for her unborn child. **Thandeka**'s construction of support and "being there" was her brothers' support and she already positioned them as social fathers to her unborn baby. The literature on fatherhood documents that not only biological fathers can be there ("being there") but, that social fathers (brothers, grandparents, uncles or any other significant male figure) play a significant role of "being there" when biological fathers are unavailable (Richter et al., 2010; Ratele et al., 2012). The language of lost hope is constructed in a manner of financial loss, which further speaks to the language of construction of fatherhood as economic providers, regardless of whether they are biological or social fathers. From this extract, the extrapolated implications are that the lack of support from the expectant father burdens her family. When her family is unable to continue providing that support, she is only left to worry.

4.1.3. Unstable absence/presence and abuse

As seen in the review of literature, IPV is quite prevalent in South Africa, resulting in women either being motivated to leave the relationship following the pregnancy or staying because of their fear of the intimate partner. **Ayabonga** is the only one who talked about IPV during pregnancy.

Extract 22

Ayabonga: *He was treating me badly, he would beat me, **emotionally and physically abusing me, he was jealous.** He did not want me to have a phone [- her phone was thrown away by her partner because he is the "jealous type" – (this square bracketed insert was unrecorded but noted in research notes, as recorder was off)], **he wanted me to be at his place all the time and he did not like it when I was at my home.** However, when he found someone [another girlfriend] whom he thought was right for him, he then changed, and wanted me to go back to my home, barred me from calling him and that **I should not to ask his whereabouts.** I gave birth, and then he wanted me back,*

that we should be fine with each other, he pretended that he had changed yet he had not. I still do not know what his problem was then, but he now wanted us to go back to where things were as if nothing had happened, resume where we left off. He wanted us to pretend, because he was pretending as if he was now interested and coming back to us, yet, when our baby passed on, he ran as fast as he could.

In the extract, **Ayabonga** talks about experiencing emotional and physical abuse from the expectant father during pregnancy because he was the jealous type. Gendered power relations are evident in this extract as **Ayabonga**'s intimate partner controlled and over powered her into always being at his house, and not having a phone to the point of smashing it against the wall because he was jealous. Moreover, when he had another girlfriend, **Ayabonga** was told to go back to her home without an explanation and not to question him. Thus, within these gendered power dynamics, **Ayabonga** does not have a voice. There seems to be a level of anger from **Ayabonga**, that she was subjected to all the violent abuse during pregnancy and still she was rejected and that because he has come back, she had to concede and pretend. Even after the pretending, she still was voiceless in the relationship and her partner continued to reject her.

Extract 23

Ayabonga: *This picture:: of a bed represents the:: (.) father of the baby. We sleep not knowing where he is. He:: has his problems outside, with someone else [another woman]. He can spend the whole night not at home and not come back until early morning. He has his own house but spends nights at home. But now he is mostly absent at home and these are some of the things that make this pregnancy difficult because I stress.*

In this extract, **Ayabonga** reveals how the expectant father's absence in the form of not sleeping at her home is making her pregnancy difficult. Interestingly, **Ayabonga** explains the expectant father's absence by thinking that he must have a mistress, otherwise, he would be sleeping at home. There is a subtle suggestion that when he comes back home early in the morning, she just accepts that he is home and no questions would be asked or explanation required. **Ayabonga** states that, "he has his problems outside", suggesting that the mistress is constructed as a "problem". The expectant father's absence is not constructed as the problem,

but that the mistress is the problem that is causing him to not be present during pregnancy. Because of the suspected affair, **Ayabonga** interpreted that as a lack of social support while pregnant. Further, in the extract, the expectant father's reported response suggests that he does not feel he owes **Ayabonga** an explanation regarding his whereabouts.

This section shows that presence and absence can both be problematic: partner presence when there is abuse, absence when partner decides to abandon her, and presence and absence living at home but going out without explanation. Below I discuss and unpack the subtheme of being there for instrumental and information support.

4.1.4. "Being there": Instrumental and information support

Participants' talk of social support included expectant fathers doing things for them which involved being financial providers and offering assistance by doing physical enacted support. Participants constructed "being there" as actual actions and communicative behaviours performed by their partners for and with them during pregnancy. Participants' constructions of social support placed emphasis on the actions performed by the expectant fathers. These actions play an important role in the quality of social support and the appraisal thereof. Participants' appraised enacted behaviours as affirmation that these 'doings' were meaningful social support. For instance, some of the constructs that participants appraised as meaningful social support included: expectant fathers "*giving wallet*", expectant fathers doing "*house chores*", and expectant fathers "*going to the clinic*" with them. Part of "being there" included the providing of financial support. Participants' talk continues to perpetuate the positioning of fathers as financial providers. Expectant fathers were identified as important sources of support by most of the women even those who reported lack of father involvement. The construction of being there financially could be explained by the participants' socioeconomic demographics. The extracts below unpack and discuss being there for instrumental and informational social support.

As participants talked about the expectant fathers “being there” as financial providers, they also talked about the expectant fathers “being there” as providers of other instrumental and tangible (Reblin & Uchino, 2008) support like doing household chores they were unable to perform because of pregnancy and related complications. By doing these things, expectant fathers showed that they were “there”, available and showed a willingness to support them during pregnancy by these doings, which fostered a sense of being cared for (Coffman & Ray 2001).

Extract 24

Siphe:...*in this photo he is washing the dishes...I had come from hospital...a whole week passed without me doing anything...He was washing dishes, cooking and doing washing::. So for me that showed his support...So he was not allowing me to do anything in the house.*

Washing of dishes and cooking is associated with femininity in this context. **Siphe** recognises going against what is traditionally seen as women’s tasks as support from the expectant father. She however, gives no indication that she would expect him to wash dishes and cook under ‘usual’ circumstances. Thus, pregnancy allowed the expectant father to go against masculinity ideals. Although unorthodox, this type of provided support (performing ‘feminine’ tasks) could very well form part of a masculine ideal as he could be appraised as a protector (as he helped her recover after she returned from hospital).

Extract 25

Ayabonga: *He used to be very ‘right’ because he:: he used to rub my feet (1), I was working then at a kitchen [domestic worker], I would come back from work::, **he had cooked:: and the house would be clean.***

Equally, **Ayabonga** talks about the expectant father being “right” – performing daily routine activities associated with feminine duties when **Ayabonga** could not. The expectant father’s performance of caring duties provided her with comfort. There was comfort in knowing that he was there and caring for her whilst pregnant. In addition, she does not give an impression of similar treatment under usual circumstances (when she is not pregnant). It is interesting

how in both extract 24 and 25, **Siphe** and **Ayabonga** talk about support being tasks associated with femininity. In their construct of support, there is an impression provided that without being pregnant, that kind of support would not materialise. Thus, such support is only provided under certain positions of privilege, pregnancy being one of them.

Although some participants reported that the expectant fathers were involved, interestingly, **Kudzai** was the only participant we met who was accompanied by the expectant father to the clinic. **Kudzai** and her husband explained that part of his “being there” was because of language barrier, as she only speaks Shona. We interviewed her in English and at times isiXhosa and her husband translated for her. She, however, explained that was not the only reason, but that her husband wanted to be part of the experiences.

Extract 26

Kudzai: *my husband /laughs/.../laughs/ makes eggs for me...**Simbarashe** [**Kudzai's husband**]: I always make sure I get everything she wants, not only eggs. She also likes yoghurt; I make sure that she gets yoghurt at least once a week as she may get away with not having it every day. But eggs, no, it's her everyday diet.*

Just like **Siphe** and **Ayabonga's** partners, now that **Kudzai** was pregnant, her husband was making eggs for her, making sure that she had everything she needed. **Simbarashe** had to ensure that **Kudzai** had her eggs and yoghurt because she was pregnant. It is not clear whether under different circumstances he would provide her with these food items. **Kudzai** regarded **Simbarashe's** buying and bringing of these food items as support. They gave an impression of being there and of caring. Below, **Simbarashe** explains his presence (“being there”).

Extract 27

Simbarashe: *Because I am the owner of the pregnancy. I'm feeling like I'm pregnant also [**Kudzai** /laughs/] because this one it's me also (.) because I'm inside her, so I must be there for everything, for her.*

Kudzai's husband explained that he wanted to be “there” for his partner because he was taking ownership of the pregnancy. There is a level of entitlement and power to his statement,

when he states that; “*I am the owner of the pregnancy*”. This sense of entitlement and power seems to exclude **Kudzai** as the owner, and he is constructed as the carrier rather. Because he is “*inside*” her, he has a say, power, control and sense of responsibility towards her and the unborn baby. The statement does not give the impression that **Kudzai** has a voice as a carrier. **Simbarashe** “being there” for his partner indicated the shift from the traditional understanding of fatherhood and masculinity. However, his acknowledgement of pregnancy and “being there” could be interpreted as a masculine achievement.

Brandth and Kvande (2002) question whether involved fathering is integrated into hegemonic forms of masculinity or emasculating and thus a subordinated form of masculinity. **Kudzai** came to South Africa following her husband who is her only support structure here. **Simbarashe** is navigating between being a “new father” (involved and engaging) and a traditional man associated with masculinity (fatherhood associated with being a provider and a protector for his wife and coming child).

Below, I discuss “being there” as social support in relation to emotional support.

4.1.5. “Being there”: Emotional support and sharing the experience

In addition to the father’s physical presence, for some participants “being there” meant that they felt loved and cared for by their partners and that they shared the pregnancy experience. Participants who had support from the expectant fathers reported less stress. Participants talked about how important emotional support was for their pregnancy journey. All participants (those with and those without partner support) argued that expressions of love and supportive behaviours which were associated with being cared for, made the pregnancy easier and the lack thereof made pregnancy stressful. They expressed that the expectant fathers’ emotional presence/availability translated to knowing that they cared for them. They talked about the things expectant fathers did for them as evidence of showing support. These actions of support meant that expectant fathers were not regretting the pregnancy and they

were in loved with them. Thus, for participants the expectant fathers' presence was a stress buffer.

Extract 28

Xoliswa: *I am not bothered by it because he phones regularly. Besides, when I need him I call him or send a "please call me" message and he phones me back. I don't feel hurt or unsupported just because he is not here because whenever I need him I can get hold of him.*

Xoliswa expressed how even without the expectant father's consistent physical presence (because he works out of town) she still felt supported and cared for. Thus, physical presence alone did not mean reliable and attainable social support. **Xoliswa** constructed the expectant father's emotional support in a language that communicated reassurance and the ability to rely on him. This reassurance was enough for her to believe that the expectant father was "being there". She perceived her ability to reach him anytime as social support. Knowing that she could at any time call and reach him meant that he was accessible and available for her and their unborn baby. At the same time, she reassures herself and us (interviewers) that she is not emotionally affected by her partner's absence as she states: "*I don't feel hurt*". This indicates the assumption that emotional support is better with physical presence.

As previously, stated **Siphe** had two different experiences of social support from her intimate partner during pregnancy. In the first pregnancy, she talked about how the expectant father was absent, unavailable and inaccessible. His unavailability, inaccessibility, lack of responsibility and acknowledgement of the pregnancy made her pregnancy difficult. In the extract below, **Siphe**'s emotionality about the current experience was disbelief that she could be loved, cared for and supported during pregnancy.

Extract 28

Siphe: *It's a very beautiful pregnancy, I am in a happy mood, and nothing is stressing me (...). I feel very happy about it and feel that he cares for me. Sometimes when I look at him, I would find myself crying and he would wonder why I am crying. I would tell him that I am thankful and lucky to have found someone like him who cares and supports me. I would tell him about my previous pregnancy and how difficult it was. I*

never experienced any support from the father of my child. It shows that even when the baby is here he will continue being supportive and doing all these things like cooking.

In this extract, **Siphe**'s talk encompassed disbelief that after her previous experience with pregnancy, she could enjoy a beautiful and stress-free pregnancy. The expectant father's presence and his caring behaviours communicate that indeed her partner cares for her. She reveals that she would find herself crying when comparing her previous pregnancy and current pregnancy. This extract gives the impression, that **Siphe** did not expect caring behaviours or emotional support. Crying because of the expectant father's affective behaviours indicates the importance of emotional support. The expectant father's presence and his emotional support, reassures her of his continued social support post-delivery.

A study by Alio et al. (2013) on communities' perspectives on the role of expectant fathers during pregnancy indicated that the quality (connection or lack thereof) of the relationship between the expectant mother and the expectant father had major influence on the level of involvement by the father. They indicated that the level of involvement or lack thereof also had a major influence on the mental wellbeing of the mother both during and after pregnancy (Alio et al., 2013). Similarly, some participants indicated that pregnancy changed their intimate partners' outlook, the quality of the relationship and behaviour; participants interpreted this change in behaviour as social support.

Extract 29

Siphe: *...he loves me now that I am pregnant. Even before, I was pregnant... I do not suffer with him unlike the first one... So for me that shows that he is eager for this baby and when I compare with the previous pregnancy, I never got these things. That is why I am happy to have this child.*

In this extract, **Siphe** constructs the expectant father's emotional support as love and that pregnancy has made their relationship strong. Thus, the quality of the relationship is strengthened because of the pregnancy. She states: "*He loves me now that I am pregnant. Even before, I was pregnant*". Her statement gives the impression, that with pregnancy, there

is a change/shift in the relationship. **Siphe** constructed emotional support as a stress buffer as she states that “*I do not suffer*”. Thus, emotional support is constructed as a reliever of suffering and therefore indicates important social support. It also gives reassurance of the expectant father’s acknowledgement of the baby and his will to be available, accessible and always there. This is evident in this statement, “*so for me that shows that he is eager for this baby*”.

Extract 30

Zenande: *But now, as I am pregnant, he always listens to me... all the time because he also worried about losing another baby...he always asks when last was the baby kicking .hh and he touches and feels my stomach, trying to feel if the baby is kicking .hh and laugh when he can feel the baby kicking [laughing]... Since in the first pregnancy, I had difficulties, ended up losing the baby [miscarriage] at 8 months. The baby was not kicking anymore ...Then, the next day I Ju::st stay and listen and he [her husband].hh checked if he was kicking or not. However, he did not, then I went to the doctor and then the doctor told me that his [foetus] heart stopped. I received support from home and my husband was supporting me.*

In the above extract, **Zenande** positions herself as always being listened to now that she is pregnant. The statement suggests that under different circumstances, her husband would not always listen to her. Thus, her newfound position as a pregnant person gives her power, control and authority to be listened to. This newfound power is contrary to the traditional associations of femininity but consistent with those of masculinity. This newfound change is important to **Zenande** and she perceives it as social support. In addition, in this extract **Zenande** talks about the worry she shares with her husband. For **Zenande**, her husband’s presence and sharing of the experience meant less chances of miscarriage. Both **Zenande** and her husband are worried about miscarriage, given their experience previously. Sharing this worry and the relief at the feeling of the foetus’s movement is important social support to **Zenande**. This, is evident in the statement:, “*laugh when he can feel*”.

Extract 31

Kudzai: Simbarashe: *[translates into English]:... If she feels difficult, I difficult also, we share our problems together, instead of being alone without a partner who made*

you pregnant. Yeah, so that is the main reason of this photo, she feels comfort about me [Simbarashe].

In the above extract, **Kudzai** talks through Simbarashe, about feeling good because her husband is still with her during pregnancy. There is an impression that she is in better position because of her husband's presence and the ability to share their problems. Thus, her husband's presence during pregnancy and despite being pregnant is constructed as important social support.

As indicated earlier, some participants had previous pregnancy experiences. As such, participants often contrasted their previous experiences with current experiences of social support. I discuss this further below.

4.1.6. Contrasting support/lack of support

Comparing support received and lack thereof from different experiences of pregnancies from different expectant fathers emerged strongly. Participants often compared their different experiences of support to give explanation to their constructs of social support during pregnancy.

Xoliswa talked of lack of consistent financial support from the father of her first-born child.

Extract 32

***Xoliswa:** occasionally supports, he [father of firstborn child] supports her [firstborn child] when he (.) feels like it...she lives with her grandmother, my mother
My current partner supports her [firstborn child], when he receives his wages; I buy clothes for my daughter and take the clothes to her. My partner has no problem with my daughter.*

This extract reveals how the father of the first child only supports their child at his own discretion, as he supports the child "when he feels like it". The phenomenon of social fatherhood is also evident in here, evident in how **Xoliswa** indicated that the current expectant father supports her first child although the child is not his. The first child does not live with them but the current intimate partner provides financial support for her first child.

Extract 33

Xoliswa: *This [wallet] has my money that I get from my boyfriend...So with this wallet I am showing my money now that I am pregnant. Because when I was not pregnant he was not giving me money...this is his wallet but the money inside is mine. That is how I see that my pregnancy is not difficult because he is there for me and it was easy to give him a child. Therefore, to me this photo shows that he is supportive. Because before I was pregnant with this child, I did not have access to his wallet or money. He was not giving me stuff...the money in this wallet is the money that he has sacrificed for me....he never used to give me his wallet, I always waited for him to give me money, and he would give when he wanted to. If he did not, I did not get anything. Now after I told him I am pregnant, he is free in everything... I feel very happy and it is a nice feeling, I see change you see (.) after I got pregnant with his child. There has been positive change since the pregnancy, things are not as before...He has changed because he is usually not someone you get stuff easily from (1).*

The above extract clearly reveals a shift in the relationship dynamic and how, for **Xoliswa**, this shift has produced positive change in the relationship because she can now have access to financial resources that were previously handled by the expectant father. This suggests that she might feel empowered because she can now control financial resources for the first time because of pregnancy. Thus, pregnancy (motherhood) has provided her with prestige and power to have a voice. This change of power dynamic, the ability to have and control financial resources is evident in this statement: *“I am showing my money now that I am pregnant. Because when I was not pregnant he was not giving me money”*. This statement also reveals **Xoliswa**'s powerlessness when she is without her child. Added to that, the giving of a wallet and money is interpreted as a change in the quality of the relationship and in the expectant father's caring behaviour.

Xoliswa talks of 'waiting' before she was pregnant; she states, *“I always waited for him to give me money”*. This suggests that **Xoliswa** is not in a position to *ask* for money; instead, she has to *wait* for it. The waiting stops when she becomes pregnant. Once again, the power of pregnancy and motherhood is clear. Her position, status and voice are only possible when she is with child. For this, she reported that it was easier to concede to being pregnant. She

states that “my pregnancy is not difficult”, implying that had it not been for the wallet that gives her financial freedom, her pregnancy would be difficult.

Xoliswa also talked about “being there” as “*sacrifice*”, suggesting that the expectant father gave up his money for her, which was constructed as supportive and caring behaviour. Because she was looked after, she could also reciprocate by agreeing to become pregnant and she could have an ‘easier’ pregnancy. The taken-for-granted assumption is that an expectant father is a provider and protector whereas she, as a woman, is expected to carry the pregnancy gracefully. The expectant father was making this sacrifice for her to ensure a smooth pregnancy and healthy pregnancy outcome. The sacrifice she refers to is understood as a positive outcome as she referred to how he had changed.

Similarly, **Siphe**’s talk of social support included financial support. Her construction of social support carried ‘hope’ and an ‘expectation’. She talked about the ability to rely on the expectant father for provision of financial support. The expectant father’s financial stability gave her reassurance of being looked after, taken care of and being loved. This financial stability meant that she would not need anyone else’s assistance (family/friends) when it came to financial resources because the expectant father was “there”. The expectant father’s availability, stability, and presence, was perceived and enacted social support.

Extract 34

Siphe: *I got pregnant[previous pregnancy]...he left...every time I went to his family home to ask for money to go to the clinic for ANC, I would be told that they [the family] did not get me pregnant (1)...I got pregnant knowing that he [boyfriend then] is not working. However, with this pregnancy, it is very different... it is the first time I am getting support from the person who has impregnated me. Because with the first child, I raised her on my own... I do not **suffer** with him unlike the first one. This is different to my previous pregnancy because in that pregnancy I had to fend for myself.*

In this extract, **Siphe** talks about her first pregnancy when the expectant father at the time, left her when she told him that she was pregnant. The expectant father’s leaving at the time

could be interpreted as abandoning, uncaring and rejecting. She however, had an expectation that in the absence of her partner, she could rely on his family to carry the responsibility of “being there”. The extract also depicts despondence and paralysis because the paternal family was just as rejecting as the then expectant father was. Similar to extract 6 (**Ayabonga**), the theme of injustice and unfairness is carried through here too. The expectant father at the time could easily be absolved of responsibilities because she got pregnant knowing that he was unemployed. There is an underlying assumption that **Siphe** had a sole responsibility of ensuring that she did not get pregnant, from the response from family of her previous when seeking their assistance. His family positioned their son as incapable of fathering. Put differently, he would only father and perform fatherhood if he had financial resources. Thus, in the absence of financial resources, fathering and fatherhood cannot materialise.

Siphe makes a comparison between the two experiences of pregnancy. She states that, “*However, with this pregnancy, it is very different*”. In this statement, relief and reassurance is extrapolated in that the expectant father is available and present. **Siphe** uses the term “*not suffer*”, in other words, in the presence of the expectant father, she is relieved of the suffering that she endured in her first pregnancy, where she was alone and ‘suffered’ the consequences of abandonment by the expectant father. She also talks about how she had to find ways of making pregnancy and the labour around the baby work on her own as she states that she had “*to fend for myself*”. Thus, with this pregnancy, she gets a certain level of freedom and relief from worrying about the labour around the child.

Extract 35

Siphe: *I then tell her [sister] I am not going to ask anything from her so she should not be bothered... she always phones...being harsh and telling me that I must not take the new-baby to our mother. She would say that our mother must not nurse that baby...She would say things like “I must know that I got pregnant for myself, not for our mother”. She would say that the baby that she [sister] and our mother will support is the first one, not the second one. They will support my first child without a father. The father of this new child must take care of his child...I always tell her I am not going to need anything from her. I don’t need anything from you even now!...I*

always tell them that *I am not expecting anything from you, because **this baby has a father** I am just making sure you know so, that you **don't have stress if I will ask you for nappies, I will not ask for anything...*** It will not be like the first one where **I had to beg from you guys**.

From this extract, **Siphe** exerts her sense of newfound freedom, not having to worry about fending for her second baby. She informs her sister of this newfound freedom and position of power because she can now afford to take care of herself and her child in contrast to the previous pregnancy. **Siphe** constructed the expectant father's presence in this pregnancy as financial stability. This extract also reveals how **Siphe** had to beg and seek assistance from her family with her first pregnancy. Thus, absence is constructed as unjust because absence led her to beg and put her in a position of seeking for her family's mercy. **Siphe's** sister talked about the first child not having a father because of absence (i.e., abandonment and rejection). Therefore, **Siphe's** sister positions a father who is not providing as not existing, as she claims that: "*They will support my first child **without a father***". Similar to extract 34 (the pronouncement by her previous partner's family that she got pregnant knowing that her partner was not working), in the same breath, **Siphe's** sister's assertion that **Siphe** must know that she got pregnant for herself and not their mother, reinforces the narrative that **Siphe** as a woman is responsible for being pregnant. The expectant father's financial stability means that her family and her are free is, as she no longer has to compete with other family members for resources or beg for their assistance.

Siphe constructs the presence of the expectant father as assurance of social support. The construction of "*this baby has a father*" positioned her current partner as doing fatherhood through "being there". The language of surety encapsulated by this construction was that the expectant father was a reliable financial provider, which is the normative and idealized assumption of men as breadwinners. The language **Siphe** used had an undertone of fatherhood constructed as the man's ability to provide economically, unlike the father of her

first child, who did not provide financially. She positioned this father as ‘not a man’, ‘not capable’, and ‘not a father’. The current expected father was constructed as ‘capable’ and ‘fathering’ because he was providing financially. Put differently, social processes and language positions a man who cannot provide and protect his family financially as emasculated (Gregory & Milner, 2011).

Some participants talked about social support as an expectation and fantasised about what having support from an expectant father would be like. Below, I discuss these fantasies and expectations and how they informed participants’ understanding of social support.

4.1.7. Fantasizing/expecting support

Although some participants knew that their intimate partners had distanced themselves from the pregnancy, they still had preconceived ideas that his presence would translate into financial support. These are discussed below.

Extract 36

Nosipho: *...maybe if he was with me, things would be better. He probably would (.) well **he is working**... maybe he would send me and **pay for a ‘special doctor’**... “I think maybe if he was still here, it would have made a difference **because I would think differently**...**he would advise** or see that this [pain] needs a doctor. He was going to **share my pain**. Perhaps even **feel it more** because he would **not be experiencing** it physically but seeing me getting sick, vomiting, losing my energy and crying, so he would see that I feel very sick. He would know:: my moods because he would be here. **My pain would be his.***

Nosipho talked about the perceived ideas she ascribed to the expectant father’s presence, if he was available. For her, if the expectant father were present, he would provide financially for her and provide access to better healthcare services. The expectant father’s employment status is equated with financial stability and a means of providing for her and the baby. The financial support that **Nosipho** talks about reveals a desire for ‘special’ medical care beyond what she can currently access. However, she also desires someone to share in the decision-making regarding medical issues, as it is information that could help her “*think differently*”

and advise her. Her talk also speaks to her wanting the expectant father to share her pain and that he would feel it more because he would be seeing the effects of the pregnancy on her.

Extract 37

Ayabonga: *I have phoned him for money to go to the clinic [for ANC]. I will ask him for transport money, he will say he does not have money (1)...It makes me feel very 'wrong' (1). I just become very 'wrong'!...I get stressed, I collapse due to high blood glucose and my high blood pressure gets out of control. I just got back actually; last week Tuesday, was hospitalised in Maclear Hospital after I collapsed. I was later transferred to Dr Malizo Mpehle Hospital, in Tsolo because of stress...*

In the same way, in the above extract, **Ayabonga** talks about how in spite of the expectant father's presence and rejection of this pregnancy, she still expected him to care for her and the unborn baby. **Ayabonga's** extract gives an impression that, because she is asking for money to go to the clinic for ANC, the expectant father should have the money because the money is not for her but for the unborn baby. Thus, ANC is constructed as important because it is associated with the baby's health. The expectant father's presence would translate to his ability to provide financially for her and the unborn child. She still felt that he needed to provide for her in order to access antenatal care. His responses to her expectation frustrate and dismay her such that her health is endangered. Because of his absence, her health is compromised, whilst she is hoping that he would support her.

Extract 38

Thandeka: *I think that they gave me good support...These are things that should be done by the father of the baby since I am pregnant. But my friends are playing that role now = Things like when I need to go somewhere:: and I don't have money, they give it to me (1). They support me financially if I need money to go do the stuff I need to do.*

Thandeka talked about how the absence of the expectant father made her rely on her friends for support instead of him. However, in spite of her friends' support, she still assumed that the expectant father should be playing a significant role in the pregnancy journey. She referenced how her friends provided her with emotional and financial support whereas the expectant father has distanced himself. For **Thandeka**, the expectant father should have

fulfilled the role that her friends played. **Thandeka** had fantasies about how the expectant father would provide for her whilst pregnant. Despite the rejection from the expectant fathers, both **Ayabonga** and **Thandeka** still had perceived ideas that fathers are economic providers, and as a result of this view, they should still provide for them.

Participants who had no partner support in this study reported difficulty in pregnancy. They constructed the understanding of their partner not “being there” as rejection and confirmation of pregnancy unwantedness. This understanding brings about the next sub-theme, pregnancy wantedness and social support. In this theme, I unpack how expectant fathers’ involvement or lack thereof affected social support provided or not in relation to pregnancy wantedness from both the participant and intimate partner.

4.1.8. Social support and pregnancy wantedness:

Partner support during pregnancy has been reported to have positive consequences for the pregnant woman’s desire to carry pregnancy full term. Partner support and his feelings toward the pregnancy correlate positively with the support he provides (Kroeng & Oths, 2002; Ney et al., 2011). Some studies have indicated that unplanned pregnancies may contribute to men’s disengagement and detachment during pregnancy (Mlotshwa et al, 2017). Participants who had social support from expectant fathers reported a desire to carry their pregnancy to full term and they expressed contentment that they were pregnant. Similar findings were reported by Kroeng and Oths (2001). Participants reported they did not regret being pregnant as expectant fathers depicted willingness to have the baby and support them.

Extract 39

Xoliswa: *So, even when I am sitting alone (1), I do not regret or feel bad about being pregnant with his child. All the photos that I have shown you, do not show difficulty in my pregnancy... /giggles/, he is smiling because he can see that I am not regretting being pregnant and I’m not in any pain.*

Xoliswa talked about not regretting getting pregnant because of the expectant father’s social support. She mentions that all the photos she produced for this study were an indication of

her easy pregnancy. She refers to the photo of her and the expectant father where the partner is smiling in the photo. She perceives the expectant father's smile as acknowledging that she is happy with being pregnant. Her statement about not regretting being pregnant, gives the impression that she wanted the pregnancy and the expectant father's smile to give a similar impression. She indicates that she is not in pain; this statement suggests that lack of intimate partner social support is painful. Thus, with pregnancy wantedness, it is easier for a pregnant woman to be provided with social support by the expectant father.

Extract 40

Siphe: *Well, when I look back, in the previous pregnancy; there were times when I would lock myself in the room (.), cry, hate myself, hated being pregnant and regretted it... I actually did the abortion by ingesting pills but they never worked...I told them [clinic] that I don't want this baby because when I go to the baby's father's home they tell me that they didn't get me pregnant and that we got ourselves pregnant knowing that we are unemployed and we are still in school.*

In contrast, in the above extract, **Siphe** compared her current pregnancy and previous pregnancy; her intimate partner at the time rejected her, and she had no desire to keep the baby, and she felt alone and had no support. **Siphe** indicated that she attempted abortion when the expectant father of her first child was absent and rejected her. The impression here is that lack of social support from the expectant father affects pregnancy wantedness. It is clear that should she receive support from the expectant father or paternal family; she could 'tolerate' or 'want' the pregnancy. Being in school and being unemployed whilst pregnant, affects pregnancy wantedness and the provision of social support.

Extract 41

Siphe: *[laughs] this [a picture of Siphe and her partner] was the first time I told him I was pregnant (.) mhm. I was from the clinic here and I told him I was pregnant. He was so happy (.) there were no problems. Even if I want to do stuff, he would say no, do not do that you cannot be shaking the baby. Even if we are sleeping, he will always put his arm around my tummy as if the baby would start kicking... He was elated (.), when he came back from work, he brought me some fruit, yoghurt.: (.) when he has to go to work, he would ask me what I want and what I will have later on and I'd tell him I don't know. He would then ask, what our baby wants if I do not want anything. He just showed me more love when I told him I was pregnant...I was very happy (.) it was a nice feeling (.) such that he did not go to work for 2 days. We*

just sat at home (.) and he would touch my belly and I also felt like my tummy [bump] was taking time (.) so that when he touches it he could also feel the baby's kicks (.) so that he can be part of the experience.

For the current pregnancy, **Siphe** indicated a different outlook of social support because the father of the unborn baby was present, available and accessible (emotionally and instrumentally) which made it easier for her to carry the pregnancy to full term. She reported no regrets because the expectant father was “there” as he was showing her love even though she was pregnant. When she first informed the expectant father that she was pregnant, his response depicted that he wanted the pregnancy. The expectant father’s involvement and subsequent interest in shared experiences was interpreted as the wantedness of pregnancy and social support. The caring behaviours that the expectant father was performing for her were perceived and interpreted as social support. Wantedness of the pregnancy was shown through emotional responses such as: “happy”, “elated”, instrumental care, “doing stuff”, like buying “some fruit and yoghurt” and intimate actions indicated by the “put his arms around my tummy”. **Siphe** positioned the expectant father as unable to share the experience of pregnancy in the early stages because there was no movement yet. She revealed that it could only be shared once the foetus started to move.

Extract 42

Zenande: *Maybe he used to ask if the baby when he last kicking .hh and feel here my stomach he is kicking .hh and laugh when he hear that [laughing].*

Equally, **Zenande**’s husband kept touching and feeling her stomach for the “kicking”. Touching and feeling the foetal movements’ makes expectant fathers much more physically close and connected with the foetus. A similar argument to both **Siphe** and **Zenande** is presented by Draper (2002) when he argued that men may have an out-of-experience feeling because biologically pregnancy is embodied by a woman. As the pregnancy progresses, expectant fathers may then extend their support as they get to be close and share in the experience by feeling the foetal movements (thereby establishing a connection). Similarly,

Habib and Lancaster (2010) indicated that the literature and construction of fatherhood seems to suggest that ‘transition’ to fatherhood commenced only after birth or when the expectant father could directly have interaction with the foetal movement. Both **Siphe** and **Zenande** also seem to suggest that because of biological barriers in the early stages of pregnancy, the father of the child could not be directly involved.

Extract 43

Kudzai: [*Simbarashe translated to English*] *that was very important to her that is why she said she is feeling good about the pregnancy. Most girls now, in our generation, just fall pregnant at age 14/15 years old. But she [Kudzai]:: she tried, she avoided it up to 20years, so she is feeling ready to have a child, sure we planned it...*

For **Kudzai** and her husband, age was important when deciding to have a baby as they planned their pregnancy and, as such, it was a wanted pregnancy. **Simbarashe** indicates that **Kudzai** has complied with the public health rhetoric of ‘planning’ pregnancy, “*we planned it*”. In doing so, he distances her from those who are irresponsible, particularly the young, “*she tried, and she avoided it up to 20 years*”. In this statement, **Simbarashe** positions his wife as being responsible for avoiding pregnancy. Notably, he does not position himself in the same position of responsibility. In alluding to, “*most girls*”, he places the responsibility of not getting pregnant on girl children, responsibility is stripped off from boys or men.

In this extract, **Kudzai** refers to the notion that pregnancy wantedness and age are important factors for partner involvement and subsequent social support. This construction of pregnancy wantedness and social support concurs with Marsiglio and Pleck’s (2005) findings that age plays a major role in how fatherhood and fathering was constructed. When feeling emasculated with no ‘emotional literacy’ to confront the taken-for-granted positioning of fathers as breadwinners, the chances of being involved are limited. Thus, partner readiness (age, stability and dependability) is crucial (Kroelinger & Oths, 2002) as indicated by **Kudzai** and **Simbarashe**.

Participants who had no social support from their partners reported regret for getting pregnant and they had no desire to carry their pregnancy to full term. The expectant fathers depicted no willingness to have the baby or provide support.

Extract 44

Nosipho: *My baby's father is not in my life anymore. He has never been in our lives from the first day of me telling him I am pregnant. He didn't want to hear about it and I saw that ok (.) and he actually said if you don't (.) have a 2nd option[implying abortion] with regards to keeping this baby, just know that I won't be, will not be able to be the father to the baby and I will also not be with you. So do not tell me you need support or the child needs support, I consider myself as not having a baby. I told him it's ok...The baby was **not planned** but because of my age:: and considering that at least I have **completed school**::...so **termination was not an option**... To me, 6 months was (1) a short (.) period of time, but to him it was not; so he (.) felt that they had been dating for long. That's exactly when I got pregnant...I sacrificed, I sacrificed my life.*

In this extract, **Nosipho** talks about the absence of the expectant father; from the first time she confirmed pregnancy, he rejected her and the unborn baby. The expectant father was not prepared to hear that he was going to be a father, such that he presented an ultimatum that **Nosipho** should consider abortion. Because, the expectant father distanced himself from the pregnancy, he exonerated himself of fathering. This is evident in how he told **Nosipho** that if she does not consider abortion, he will not father and, therefore, no social support should be expected of him. As far as he is concerned, he is not an expectant father because he gave her a clearing option, “2nd option”. In addition, in the same extract, it is clear how gendered power dynamics played out in relation to having unprotected sex. **Nosipho** talked about how she was not ready to have unprotected sex, since her relationship with the expectant partner was still relatively new. However, the expectant father thought that their relationship was relatively old, thus unprotected sex was warranted. Similar reports of sexual coercion and ones inability to negotiate condom use was reported by Maman et al. (2000) and Wood et al., (1998). She reported that their pregnancy was not planned but, because of her age and that she had completed school, she did not consider termination of pregnancy.

Extract 45

Ayabonga: *He wanted the baby /phone ringing/... but now that I am pregnant he is not accepting...He would say “I want a baby”...because he doesn’t have a child. So, /deep breath/ when I refuse [unprotected sex], it would appear as if I was ‘busy’ on the sides [implying having an affair].*

In the same way, **Ayabonga** talked about how the expectant father insisted on unprotected sex and how he interpreted her refusal as her having an affair. She conceded, regardless of her reservations. Society has for years constructed women as bearers and rearers of children (Marsiglio & Pleck, 2005) and if they refuse to bear children, this may be interpreted as infidelity and not preference. Both these extracts depict the positioning of women as powerless in their relationships. This positioning of masculinities and femininities suggests that **Nosipho** and **Ayabonga** had no power to challenge and negotiate protected sex or affirm their position of not wanting to be pregnant.

Interestingly, some participants associated pregnancy unwantedness/wantedness with being married. This understanding is unpacked in the extracts below.

Extract 46

Nosipho: *one must be prepared for a possibility that the child’s father might leave you, especially if you are not married to him... I found out that once there is a child; love between boyfriend and girlfriend changes a lot... Some of these women would tell me that, with the first child, it was delightful...Us unmarried people, they say that you get lucky when it’s their first child, more so when it’s a boy child others would still be happy with a girl.*

In this extract married women are seen as rightfully bearing children and, therefore, inevitably displaying pregnancy wantedness. This language suggests that if a pregnant woman is married, then pregnancy wantedness is expected and that social support from the expectant father is inevitable. Thus, as an unmarried pregnant woman, social support from the expectant father is a privilege. **Nosipho** states: “one must be prepared for a possibility that the child’s father might leave, especially if unmarried”. The implication here denotes that unmarried pregnant women should not expect that their intimate partners wanted the pregnancy and, therefore, cannot expect to have social support from them. This is

problematic because it once again negates other forms of fatherhood, personal choices and intimate partner violence in South Africa.

Further, **Nosipho** stated that depending on whether one's intimate partner had other children or not, one might get support if the expectant father was having the child for the first time or if it was a boy. **Nosipho**'s informal research from the women in her community perpetuates the taken-for-granted assumption that fathers were more interested in fathering boys than they were in fathering girls. The implication here is that if an unmarried woman gets pregnant, pregnancy wantedness and child wantedness from the expectant father will be determined by the gender of the child. This extract perpetuates a heteronormative construction of male dominance. Thus, a female (girl) foetus could very well denote unwantedness as she will not affirm the masculine status for the father. Social processes and interactions have and continue to perpetuate the notion that a boy child is more worthy of social support from the father than that of a girl child (Vuori, 2009). In addition, wantedness was constructed as being determined by how many other children the expectant father has. This narrative gives an indication of wantedness was also determined by the number of children a female partner has. Thus, the suggestion here is that regardless of how many children a woman has, when pregnant, she must want the pregnancy. This extract further suggests that the construction of wantedness is contingent. It is contingent on affirmations of masculinity.

Some participants (**Nosipho**) reported that unsupportive expectant fathers pushed them towards termination of pregnancy. Research has found that at times lack of social support and emotional commitment from intimate partners could lead to pregnant women choosing between keeping pregnancy and considering termination of pregnancy (Kroelinger & Oths, 2002; Ney et al., 2013).

Extract 47

Nosipho: *He would say things like, life is important, this thing is still coming [the foetus is still forming] but you are here/alive, so let's check if this [pregnancy/pains] will not have any effect on your life... He then suggested I go to a doctor, but not a general practitioner, he suggested I go to a gynaecologist. I did not know, not knowing that, well he first wanted to know how far long I was. I did not know that when he wanted to know how far long I was, he:: had:: (1) he had a different agenda. He said termination would not be dangerous if it's still early.*

This extract reveals pregnancy unwantedness from the expectant father. In the extract, it is evident how he was being manipulative, suggesting that **Nosipho's** health and life were more important than the foetus. Thus, because **Nosipho** keeps being sick, it is not worth it to have the baby. The expectant father to **Nosipho's** unborn child used her sickness during pregnancy to justify his pregnancy unwantedness. He depersonalised the foetus as he called the foetus "this thing". The depersonalisation gives an impression of unwantedness from him as well as suggesting a level of persuasion, because the foetus is not fully developed yet. As suggested it would, therefore, be easier to terminate the pregnancy: "*termination would not be dangerous if it is still early*". In the extract, **Nosipho** suggests that she was unsuspecting that the expectant father actually wanted to know how far along she was in her pregnancy in order to do a termination of the pregnancy. In this instance, social support was used manipulatively to reject fathering and fatherhood (pregnancy unwantedness) by suggesting a termination of pregnancy and problematising the resources that came with performing the task of parenting.

Pregnancy wantedness and social support literature and participants point towards the same construction of social support from intimate partners. Whether the pregnancy is planned or unplanned, what seems to be a major key indicator of support is whether the pregnancy is constructed as wanted or not. Partner involvement is constructed as high when the pregnancy is wanted. If pregnancy is unwanted, and there is no social support, studies indicate that health risks might occur. The next sub-theme talks about social support and healthy pregnancy outcome.

4.1.9. Social support and healthy pregnancy and outcome:

As seen in the literature, there is an association between social support, psychological stress and pregnancy outcomes (Da Costa et al., 2000; Elsenbruch et al., 2007). Low social support during pregnancy has adverse effects in pregnancy outcomes (Da Costa et al., 2000). Some participants reported that partner social support during pregnancy was important in foetal and baby development. Although some participants reported and received social support from the expectant fathers, other participants did not receive social support from them but they expressed the significance of the expectant fathers' support during pregnancy. Some participants reported experiences of unhealthy pregnancy because of lack of partner support. These participants still perceived the presence of partner support during pregnancy as crucial for healthy pregnancy, foetal development and healthy pregnancy outcomes (Tanner-Stapleton et al., 2012).

Extract 48

Xoliswa: *It is very important [father presence during pregnancy]..., it is important, the child will **not grow** without the father... You might be getting support from friends but it is **not the same as the baby's father**. His is **different**, so when he is absent, it **cannot be well** [foetus]... you see when I go home to my village, my belly is not free when I'm there, and it gets hard/knotty. But when I'm here with him, my belly is free, the baby moves, it's as if when I'm at home, the baby can feel it that I'm not near the father.*

In this extract, **Xoliswa** talks about the importance of the expectant fathers involvement during pregnancy; otherwise, the foetus will not develop. She indicates that although a pregnant woman would be in receipt of social support, that social support is somehow not as sufficient as social support from the father. She uses the term “*different*”, which gives an impression that without father involvement foetal development cannot happen properly, regardless of support provided by other social networks.

Extract 49

Nosipho: *I heard that:: that a father has a **role in growth and development of the child**. Because when you are happy [because of the father], the child **develops***

more...because you are not stressed...He would also play a role in caring for the child [when born]. If he was here, I think everything would be perfect in my life.

In the above extract, **Nosipho** talks about the father's role in growth and development of the foetus during pregnancy. She alludes that the foetus develops well when the expectant father is involved because the pregnant woman would not be stressed. His absence is thus associated with causing stress, which leads to poor foetal growth development. She further indicates that, not only does the expectant father's role influence foetal growth during pregnancy, but also child development postpartum. Unlike **Xoliswa** and **Siphe** who have their intimate partners present and involved in their pregnancy, **Nosipho** only wishes that her partner would be involved; then her life would be perfect. This suggests that without the expectant father's role during pregnancy, foetal development would not be perfect.

Although, **Ayabonga** does not mention the importance of the expectant father in this extract below, she does, however, talk about health effects because of lack of expectant father's support during pregnancy.

Extract 50

***Ayabonga:** Ever since, I feel under a lot of stress, I feel wrong since pregnancy, the return of the baby's father after giving birth and that when the baby passed on, he just did not care/support me. All those things make me feel very bad and hurting a lot such that I went to the doctor 3 times. The doctor told me that my heart was submerged in water, my veins were swollen. I could not sleep, and dawn will come I am still awake, crying all the time. My mother would relentlessly comfort me; she would tell me not to mind him [baby's father] because as she would say that she could see that what was stressing me the most was him. I feel wrong [sad/hurt/emotional, angry, gobsmacked]. I cannot look at him. When I look at him I just get overwhelmed by emotions and cry. Even now, I can't look at him; I just face the other way when I see him in town because he's not right.*

Ayabonga reported how she was hospitalised following stress after her blood pressure got out of control because of expectant father's lack of support. **Ayabonga** talked about lack of support from the expectant father during pregnancy, although, her partner came back post-delivery. In the extract, it is clear that **Ayabonga** had no choice but to allow for his return and welcome his apology because he was financially stable. In this extract, it is clear that even

then, **Ayabonga** did not feel he cared for her or supported her. Further, she talked about how she still experienced absence when the baby died. She endured stress because he rejected her prenatally and rejected the baby even after the death of the baby. **Ayabonga** constructed absence as causing health risks, psychologically and medically. As discussed in the extract, due to stress (from absence of partner), high blood pressure and glucose levels, Ayabonga needed medical attention. As seen in literature, Alio et al. (2010) found that lack of supportive role from intimate partners could lead to pregnancy complications and delivery. Glazier et al., (2004) found that women who reported low levels of social support had presented with stress, anxiety and depressive symptoms. Just as these findings reveal, **Ayabonga** experienced the same.

4.2.CONCLUSION:

In conclusion, pregnant women's talk of social support from their partners concludes that paternal involvement is important during pregnancy. Their talk includes expectant fathers "being there" which means not only mere presence, but active involvement. "Being there" includes emotional, instrumental support whether perceived or enacted. Thus, paternal involvement includes intimate partners being accessible, available, and being responsible towards the mother and the unborn baby. Some of the constructs women attributed to intimate partner support included the importance of expectant father support in foetal development and in stress buffering. It is clear from the findings how gendered power dynamics are embedded in pregnant women's talk/construction's of social support from intimate partners during pregnancy. These positions of masculinity and femininity continue to place and position men as providers of economic resources during pregnancy and that is interpreted as social support. Expectant father involvement during pregnancy was emphasized as important, but that they were not always available. Interestingly, although partner involvement/new father(s) were highlighted as important, they existed within

particular gendered power relations. It is clear from the findings that male partner social support is not always in the best interest of the women, considering gender-based violence, intimate partner violence and sexual coercion. The following chapter provides an overview of the findings, the limitations of the study and future research interests.

CHAPTER 5: DISCUSSION, CONCLUSION, LIMITATIONS

AND RECOMMENDATIONS

5.1. INTRODUCTION:

The study sought to explore pregnant women's talk/constructions of social support from their intimate partners during pregnancy. The study was situated within a social constructionist theoretical framework. The underlying assumptions of this framework were unpacked using Burr's four tenets of social constructionism. Social constructionism acknowledges that the world confers meaning to us through culture and history. However, this paradigm also acknowledges that meaning is not static but continuously being constructed through social processes (language). Thus, the implication of enacted or perceived support is subjective to each participant and how that support is appraised. How they make sense of support is constantly been constructed through their engagement with social processes. Research findings of this study demonstrate how gendered power dynamics are embedded in women's talk of social support received during pregnancy or lack thereof. Thus, in constructing their talk, participants demonstrated how dominant gendered power relations shape and mould their talk of social support. Below, I discuss a summary of findings, present an outline of study limitations and make further research recommendations.

5.2. SUMMARY OF FINDINGS:

Findings reveal how women construct the significance of the expectant father during pregnancy. For participants intimate partner involvement meant that the expectant father was "there". How pregnant women talk and construct the expectant father's absence during pregnancy was also discussed.

5.1.1. Being there

The study's findings confirm previous studies (Alio et al., 2013; Maman et al., 2011; Mlotshwa et al., 2017) where participants constructed "being there" as social support. "Being there" in our study was constructed as not just as mere presence but presence as reassurance in the context of abandonment. "Being there" was also constructed as instrumental and information support. Lastly, participants spoke of emotional support and sharing the experience as "being there". Pregnant women talked about the significance of intimate partner social support as expectant fathers by just being present. Being physically present meant that expectant fathers were present and available when needed. Being present and available translated to pregnant women easily accessing expectant fathers and gave them a position of knowing they could count on their intimate partner's presence during pregnancy and postpartum. Pregnant women constructed expectant father support as making pregnancy easier. Thus, because of the expectant father's mere presence, participants did not find pregnancy difficult.

Research findings from Somers-Smith's (1998) revealed similar findings in that a partner's presence had an emotional effect on pregnant women, which resulted in a positive pregnancy experience. Alio et al. (2013) also reported that a present father was accessible and available. The findings suggest that a partner's mere presence is enough to assure these pregnant women that they are not abandoned, not rejected and they are assured of partner involvement – availability, togetherness and engagement.

Further, our study revealed pregnant women's' constructions of the expectant father's presence as being involved by sharing pregnancy experience. Thus, women's talk of their intimate partner's support included expectant fathers actively caring about the progress of pregnancy, woman's health and genuine interest on the journey. These similar results were

report by Alio et al. (2013) that an involved man meant that he was an engaged partner who cared about the process of pregnancy.

Our study reveals that the participants further constructed the expectant father's mere presence as caring behaviour and that he was prepared to father and provide for both the mother and the child. Participants constructed intimate partner's presence as knowing that the expectant father emotionally cared for them. Expectant fathers' presence during pregnancy and birth gave the assurance of being cared for, valued and appreciated (Backstrom & Wahn, 2009). Similarly, Tanner-Stapleton et al. (2012) found that partners' mere presence was associated with social support as participants felt listened to and experienced affectionate behaviours from their intimate partners.

"Being there" as mere presence was not only constructed as mere presence but that the expectant fathers cared for them and the unborn baby. This finding confirmed the "new fathers" narrative (i.e., fathers who are "there") (Gregory & Milner, 2011; Smidova, 2007). The 'new' construct of fatherhood is fathers who spend time and care for their loved ones, being referred to as 'talking fathers' by Ratele et al. (2012). This 'new' construct of fatherhood disrupts the taken-for-granted notion of traditional fatherhood, which is embedded in a traditional construction of masculinity (authoritarian, emotionally detached, breadwinners). Participants' talk about the expectant fathers' presence indicated an expectation that the support would continue to childbirth and postpartum, which is similar to findings by Kaye et al. (2014).

Although our study reported on the "new father" narrative, participants still constructed expectant father support as providers of financial resources. Thus, pregnant women's talk of social support revealed the significance of "being there" for instrumental and informational support. Just as the typical masculine ideal positioned and continues to position fathers

(including expectant fathers) as economic providers. Findings in this research support that narrative, as participants positioned their expectant fathers as providing financial resources during pregnancy. Contrary to the dominant construction of partners as financial/economic providers, a study by Alio et al. (2013) found that participants did not talk about financial support as main support provided by fathers. Instead, they indicated that financial support was important but, emotional and physical support was far more crucial. Thus, man's inability to provide financially did not absolve him of his parental responsibility. In this study, although participants talked about the importance of physical and emotional support, financial stability and the ability to provide was still paramount.

The positioning of male partner support as financial reinforces hegemonic masculinity. Gregory and Milner (2011) state that the breadwinner model of a man provided a particular construction of masculine identity. Equally, in our research study, gendered power dynamics positioned intimate partners as dominant providers and women as submissive expectants. The study revealed that prior to being pregnant, some women spoke of having to wait for their intimate partners to provide money for them, which is embedded in masculinity discourse in relation to power, control, dominance and authority. However, there was a shift in position during pregnancy. Instead of being allocated an allowance when the expectant father thought fit, the study revealed that during pregnancy participants constructed intimate partner support through changing power positions as they could now have access to financial resources without waiting on the expectant father.

Although participants held a position of power because they had access to financial resources, some women still constructed that position of power/access to money as 'undeserving', because the expectant father 'sacrificed'. They reported that their partners sacrificed their financial resources for them. Various studies reported that this positioning of the expectant father support during pregnancy might continue to alienate and exclude fathers who are not

financially capable. Studies have reported that any incapacity to provide and protect their families leave expectant fathers overwhelmed with shame. Fathers feel ‘emasculated’, not worthy, challenged on their masculinity, which is reported as one of the contributing factors of men leaving pregnant women to fend for themselves (Hunter, 2006; Mkhize, 2006; Ramphela & Richter, 2006). In this study, however, expectant fathers were positioned as men who could be there financially because they were employed, implying they were financially capable. Thus, not all men who are absent are absent because of financial stability.

Other forms of instrumental social support included participants talking about the expectant fathers doing unorthodox and feminine daily routine activities. Although, some participants reported intimate partner support in relation to instrumental social support, only one expectant father attended antenatal care with the pregnant woman. The low partner male ANC visits could be explained by partner working conditions (often working out of town). Maman et al. (2011) reported similar findings of poor male partner attendance at the clinic.

In sum, for participants “being there” encompassed more than just mere presence, but that presence gave them reassurance of accepting pregnancy. The expectant father’s presence and availability gave participants surety that they will not be abandoned. Findings revealed how participants’ construction of social support was often in comparison with previous experiences of lack of support, absence and rejection. It is in light of the actual or potential absence of the expectant father that mere presence becomes so important.

5.1.2. Absence: NOT “being there” and abuse

Our study added to the understanding of absent fathers in South Africa. Participants talked of the expectant father absence, which was constructed as not being there. The construction of lack of social support or father absence could be situated in debates of masculinities and femininities. Literature on fatherhood has revealed that traditional masculinities placed fathers as providers and not involved in pregnancy, suggesting the taken-for granted

assumption that fathering and fatherhood commences postpartum. Traditional dominant constructs of fatherhood problematize emotional and nurturing ‘soft’ behaviours (Gregory & Milner, 2011). Instead, it bolstered a construction of fatherhood, which seemed to suggest that fathers had to be emotionally distant and exercise toughness (Smidova, 2007). Being authoritarian and disciplinarian (Ratele et al., 2012) informed fatherhood and fathering identity (Marsiglio & Pleck, 2005). Unlike these studies, Maman et al.’s (2011) participants reported varied talks of social support from their partners. They reported that partner involvement did not always provide social support but burdened and stressed participants.

In our study, the expectant fathers’ absence was not reported as resolving postpartum. Out of participants who reported expectant father absence, only one partner returned, only to leave later. Participants constructed physical partner absence during pregnancy as uncaring behaviour. Participants constructed expectant father absence as unfair and discriminatory towards expectant mothers. How participants constructed the unjustness of the expectant father absence seems to indicate that as expectant mothers they have to be “there” while expectant fathers can simply opt out (temporally or permanently, at their discretion). Those who reported absence reported having hope and expectations of the expectant father’s return. The expectant fathers’ return was constructed as the return to provide financial and emotional support.

The study revealed that women constructed the relationship between partners as having a critical influence on the level of involvement by the father and support appraisal thereof. It revealed how pregnant womens’ constructions of partner absence was based on being unmarried. Being unmarried warranted the partner’s lack of social support. In other words, because the expectant mother and the father were unmarried, the father had no obligation towards fathering and providing social support. Thus, pregnancy and provision of social support was a function only the mother and maternal family could provide. Cabrera et al.,

(2002) revealed similar results that unmarried fathers were less involved during pregnancy than married fathers. In the African tradition, a child born out of wedlock belongs to the maternal family. “The focus in customary family law is on the family, and children belong to a family – the father's family” (Olivier et al., 1995 p. 39). A child would only transition to the paternal family once the father pays *lobola* and marries the mother⁷. Even if *intlawulo* is paid, the child still belongs to the maternal family, but the father can have visitation rights.

Within patriarchal arrangements, responsibility of preventing pregnancy between heterosexual couples is placed on the women as women are positioned as policing sexual activity and reproduction whereas men are exempted from this position. Crawford and Poop (2003) also reported on the societal double standard around masculinity and femininity, where women are expected to defend their sexual reputations whilst men are encouraged to express theirs. In our study, the cultural phenomenon of *ukubukuzana/ukwaliswa* seems to explain this.

Gender norms and cultural stereotypes continue to position women as submissive and accepting, evidenced by the unequal gendered power relations revealed in this study. Our study revealed and perpetuated the cultural phenomenon of *ukubukuzana* and *ukwaliswa* as the cause of expectant father absence. Women construed the expectant father absence based on *ukubukuzana* and *ukwaliswa*, which caused ‘temporary’ absence during pregnancy. Because of these elements, societal norms encourage expectant fathers to seek other sexual engagements during pregnancy. Baloyi and Manala (2013) reported similar findings that cultural beliefs allowed men to have extramarital affairs during pregnancy because of impurity during pregnancy. Our findings revealed pregnant women are expected to accept

⁷ “The main concern is to establish to which family a child belongs. The answer hereto is determined by whether *lobolo* has been paid and that in turn will depend on whether the mother is married or not. *Lobolo* is a crucial factor, because it inter alia signifies the transfer of the woman’s childbearing capacity to her husband and his family” (Boezaart, 2013, p.398).

and allow expectant fathers to be involved in other sexual practices because the foetus may 'hate' the expectant father or the pregnancy mood causes the expectant mother and the expectant father to 'hate' each other, thus leading the expectant father to be distant. Acceptance of this explanation is expected. The study revealed how women reported that they could not ask questions, because, if they do, then they could encounter intimate partner violence. Thus, women indicated that social support would only occur and be made available on men's terms and when he returns.

Studies reveal that intimate partner violence is an exercise of further positioning male dominance, control and power over women. The language of powerlessness means accepting their partner's infidelity and rejecting talk to problematizing masculine and feminine power relations. The participants' position of 'acceptance', 'despondency' and 'paralysis' is as a result of gendered power relations. The literature reviewed in Brandth and Kvande's (1998) paper supports this. Our study further revealed the perpetuated gendered powered dynamics as participants constructed partner absence as a common occurrence and therefore normalising absence. Constructing partner absence as a common occurrence adds to the South African absent father narrative (Ratele et al., 2012). It adds to the narrative of women-headed households. Thus, because absence is constructed as common, women exonerate men from positions of social support.

Although, Ratele et al. (2012) found similar constructs of social support, ("being there") he cautions against romanticising the partners presence as it assumes and perpetuates a nuclear family ideal and assumes the importance of fathers in families within numerous other contexts. He argues that the current positioning of fathers as "being there" limits other fathering such as social fatherhood. Ratele et al. (2012) indicated that the romanticizing of the father's presence was flawed within the South African context and was problematic for other ways of fathering. Because of the South African history and socioeconomic ills that forced

black African fathers out of their family units, social fathering emerged. Thus, in his findings, participants reported that “being there” did not just mean being a mere presence, as there were fathering figures other than the biological father.

Our research found similar constructions of social fatherhood, as at times biological fathers were reported as not being actively involved during pregnancy. Thus, other forms of paternal support from the pregnant women’s family filled in the gap. Being there has various meanings and undertones as discussed above as it includes physical presence, emotional presence, and instrumental/informational presence. Participants’ interpretations and appraisals of social support as “being there” is cultural and historically constructed. The language of constructing fatherhood and fathering in relation to social support is sustained through living and constructing the world daily. The partner’s unavailability, inaccessibility, lack of responsibility and acknowledgement of the pregnancy made the pregnancy difficult (Alio et al., 2013; Corbet-Owen, 2003). However, even with knowledge of social fathers and having social network support, our participants constructed the expectant father absence as a burden to their families and friends. Participants indicated that duties and responsibilities that ‘ought’ to be performed by the expectant father were now adding as resource burdens in their families.

5.1.3. Support and Pregnancy wantedness and pregnancy health outcomes

Our study further revealed that age and being financially stable made pregnancy easier and thus a wanted pregnancy. However, financial stability was constructed in relation to the intimate partner (expectant father). All our participants were unemployed but even those who reported financial stability referred to their intimate partners. This reinforces the father position and role as that of financial resource provider. Further, the study revealed that partner presence, availability, accessibility and engagement made it easier for some participants to agree to pregnancy. Because the participants appraised their partners’ actions

as enacted and perceived support, they enjoyed and wanted pregnancy. However, our study revealed the power of sexual coercion where women could not negotiate and assert their position in relation to prevention of pregnancy and condom use.

Similar results were reported by Maman et al. (2000) that unequal power relations compromise women's sexual health because of their inability to negotiate health seeking sexual behaviours. Similarly, Wood et al. (1998) revealed that in South Africa, women are expected to submit to the love and sexual demands of men. It is clear from our study that the intimate partners constructed as absent by our participants, used their positions of power and control to have participants coerced into falling pregnant. Thus, the traditional power structures of male dominance and female subordination were maintained. Some participants revealed that refusal to engage in (unprotected) sexual activities with the intimate partner would be interpreted as having an affair.

The findings revealed that pregnancy wantedness was contingent, in that male partners may choose to be involved in providing social support or not based on the gender of the child and how many other children they have and their current financial stability. However, it is not presented in the same manner for pregnant women. Instead, it is presented as non-contingent. In other words, the study's findings reveal that women do not choose as they must accept the pregnancy and possible absence from the expectant father. Added to this, findings indicated the importance of partner support during pregnancy as some participants constructed their presence and involvement as influential in health pregnancy and foetal development. Partner absence was constructed as causing stress and compromised the health of the pregnant woman.

5.2.LIMITATIONS:

The focus of this study was to explore how pregnant women construct/talk about social support they received or did not receive from their intimate partner/expectant father during pregnancy. Although the research yielded interesting findings, it was, however, not without limitations. Below I briefly provide limitations of the study.

- The nature of the study was qualitative and the sample was relatively small (consisting of only seven pregnant women). However, in spite of the small sample size, the findings of this study were rich in the descriptions of the subjective realities of the selected pregnant women. It must, however, be mentioned that the study's findings cannot be generalised to all populations fitting their particular demographics. The attrition rate impacted on the sample size.
- This research study yielded rich and in-depth detail of intimate partner support during pregnancy yet it was clear that the responses were one-sided. Expectant fathers did not form part of the study, and it would be interesting to compare and contrast their responses to those presented by participants in future studies.
- Working with translated text often means that meaning may get lost in translation. Having one isiXhosa interviewer as a primary interviewer and primary translator, meant that the translated data could not be independently verified. In the sample, we had a Zimbabwean woman, who only spoke Shona and the only person who could translate Shona to English for us was her husband who was with her for the ANC visit. The limitation of this was that her husband spoke for her instead of translating and reinforced the gendered power dynamics revealed in this study. Researchers kept having to ask him to provide what **Kudzai** said and not add or impose his views, unless asked. In some instances, this did not occur. Further, **Simbarashe**'s mere presence in the interviews presented as a limitation as her responses could have been

different without his presence. **Kudzai** may have felt constrained in what she could say in the presence of her husband. **Simbarashe**'s 'unavoidable' presence created uncertainty and frustration during the interviewing process.

5.3.RECOMMENDATIONS:

In light of the findings and limitations of this study, the following recommendations are presented below.

- Further studies, should explore further the cultural phenomenon of *ukubukuzana/ukwaliswa* during pregnancy as it provides rich explanations of partner absence during pregnancy. In addition, father absence as a common occurrence should be studied to understand its occurrence outside of financial instability.
- Further studies could explore the expectant father's constructions of social support during pregnancy. The study would provide a detailed and rich understanding from their point of view.
- Future studies should compare constructions of social support between women of different socio-economic backgrounds. The women in our study were unemployed, with just two having a matric level education. Thus, a comparison of construction of social support from intimate partners during pregnancy among different educational and employment conditions could yield different results.

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Appendix 1
Consent Form

RHODES UNIVERSITY
DEPARTMENT OF PSYCHOLOGY
AGREEMENT BETWEEN STUDENT RESEARCHER AND RESEARCH PARTICIPANT

I _____ (participant's name), agree to participate in the research project of Megan Reuvers/ Phathiswa Esona Bottoman understanding 'supportability' in women's narratives of their experience of pregnancy.

I understand that:

1. The researchers are students conducting the research as part of the requirements for a Master's/Honours degree at Rhodes University. The research project has been approved by the relevant ethics committee, and is under the supervision of Prof Catriona Macleod in the Psychology Department at Rhodes University, who may be contacted on +27 (0)46 603 7329 or c.macleod@ru.ac.za. The researchers may be contacted on
 - Megan: 084 583 2825 or m.reuvers@ru.ac.za
 - Phathiswa Esona: 071 622 7079 or esonapatbottoman@yahoo.com
2. The researcher is interested in exploring how women experience their pregnancy with a specific focus on the support available or unavailable to them as well as the factors that affect the 'supportability' of their pregnancies.
3. My participation will involve four interviews. The first will be an introduction, signing of the various consent forms and guidelines regarding photo-taking. The second and third meeting will be approximately an hour each. The fourth will function as a follow-up and last approximately twenty minutes.
4. I may be asked to answer questions of a personal nature, but I can choose not to answer any questions about aspects of my life, which I am not willing to disclose.
5. I am invited to voice to the researcher any concerns I have about my participation in the study, or consequences I may experience as a result of my participation, and to have these addressed to my satisfaction. *LifeLine may be contacted for further support on at 0861 322 322 or will be referred to Department of Social Development for social work intervention.*
6. The report on the project may contain information about my personal experiences, attitudes and behaviours, but that the report will be designed in such a way that it will not be possible to be identified by the general reader.
7. My willingness to participate in this research will in no way affect the service that I receive from the clinic.
8. I wish to receive feedback regarding the results of this research. Yes ___/ No ___
If yes, then the results may be posted to me at _____
9. I am free to withdraw from the study at any time during data collection – however I commit myself to full participation unless some unusual circumstances occur, or I have concerns about my participation, which I did not originally anticipate.

Signed on (Date):

Participant: _____ Researcher: _____

Appendix 2

RHODES UNIVERSITY DEPARTMENT OF PSYCHOLOGY

Photo Consent Form

I understand that:

1. I will be taking photographs of “anything that makes my pregnancy easy and anything that makes it difficult”.
2. I will get verbal consent from anyone I wish to photograph, where the person is identifiable in the picture.
3. I allow Rhodes University the right to collect and analyze the photographs that I choose to share with them.
4. Should a third party or I not want a particular photograph to be used for the research, I will explain the contents of the image to the researcher and retain the photograph.
5. I have been informed that all photographs I take will be kept strictly confidential and saved in a secure location.
6. These photographs will used purely for academic research purposes and not for any commercial gains.
7. I understand that all photographs used in public research reports will have identifying features of any third party and me, removed.
8. I am aware that my participation is voluntary and I will not be compensated for any of these images.

I have read and understand the above:

Signature _____

Printed name _____

Address _____

Date _____

Appendix 3

RHODES UNIVERSITY DEPARTMENT OF PSYCHOLOGY

Image Release Form

Permission to use photographs

- I _____ (name of the participant) have taken _____ number of photographs surrounding my pregnancy experiences.
- I am sharing _____ number of photographs with the researches.
- I have obtained verbal consent from identifiable other people (3rd parties) photographed in these images to share these images with the researcher and for the researcher to use the pictures in their research.
- All 3rd parties have been made aware that their identifying features will be removed in the final report.
- I am not sharing pictures of people from whom I have not received consent.
- These photographs will used purely for academic research purposes and not for any commercial gains.

I have read and understand the above:

Signature _____

Printed name _____

Date _____

Appendix 4: Tape recording form

Rhodes University — Department of Psychology

**USE OF TAPE RECORDINGS FOR RESEARCH PURPOSES
PERMISSION AND RELEASE FORM**

Name of participant			
Participant's contacts details	Email address: Phone number:		
Name of researcher			
Level of research	Honours	Masters	PhD
Brief title of project			
Name of supervisor			

DECLARATION

(Please initial/tick blocks next to the relevant statements)

1.	The nature of the research and the nature of my participation have been explained to me.	verbally	
		in writing	
2.	I agree to be interviewed and to allow recordings to be made of the interview.	audiotape	
		videotape	
3.	I agree to _____ and to allow recordings to be made.	audiotape	
		videotape	
4.	The tape recordings may be transcribed	without conditions	
		only by the researcher	
		by one or more nominated third parties	
5.	I have been informed by the researcher that the tape recordings will be erased once the study is complete and the report has been written. OR I give permission for the tape recordings to be retained after the study and for them to be utilised for the following purposes and under the following conditions		

Signature of participant: _____

Date: _____

Witnessed by researcher: _____

Date: _____

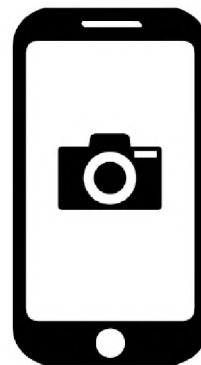
Are you 13 or more weeks pregnant?

Are you visiting your clinic for antenatal care check-ups?

Are you 18 years or older?



Would you like to take photos of your pregnancy journey with your cellphone and share your experience with Rhodes University researchers?



This project aims to explore the types of support women in your community experience when pregnant.

Tell us your story!

If you are interested in taking part in this project read more about it on the back of this leaflet . Our contact details are also on the back so give us a call.

You can also speak to us at the clinic - we will be wearing name tags.

What is this project about?

The name of this project is called: *Women's experiences of pregnancy support*. The focus of this study is to explore women's experiences of pregnancy that are influenced by the various support networks available to them.

Who is running the project?

- Rhodes University Psychology Department
- Research supervisor: Professor Catriona Macleod
- Researchers (Masters degree): Yamini Kalayramaran, Megan Reuvers and Esona Bottoman

How will participants take part in this project?

Voluntary participants will be asked to take pictures of their pregnancy journey. They will be interviewed on an individual basis to discuss their pregnancy and the pictures that have been taken. The participants will meet with the researchers for an estimated 1.5 hours on four occasions at the local clinic or the Assumption Development Centre or a place where the participant feels comfortable:

- **Meeting 1:** will include a full explanation of the project, consent process and participation process including some basic training and guidelines on taking photographs.
- **Meeting 2:** will be an individual interview where the participant will discuss her pregnancy and her photos with the researcher.
- **Meeting 3:** will cover information the participant wishes to talk about for which she did not have a photo and any questions that the researcher might have.
- **Meeting 4:** will function to fill in any gaps and for the participant to add or retract any information.

Participant consent and privacy

- Participating in this project is voluntary and participants can withdraw from the study at any time while data are being collected.
- Participants will be asked to sign consent forms and image consent /release forms should they wish to take part in the project
- Selected stories and photographs will be used in the research findings. However, names and personal information provided by the participants will be kept completely confidential. Participants will be able to choose their own pseudonyms (pretend names) for this study.
- Should participants feel unsafe or at risk at any time, they will be supplied with the details of an appropriate counseling centre.
- Participants must get an informed verbal consent from anyone they photograph before sharing the image with the researcher.
- All faces will be pixelated in the final report i.e. all identifying features of the person photographed will be removed.

Approvals

- This project has been approved by the Research Project and Ethics Review Committee of Rhodes University, Department of Psychology on 25 March 2015.
- This project has also been approved by the Eastern Cape Department of Health on 01 June 2015.

Closing date

The closing date to take part in this study is: 08 July 2016

Contact information

For more information on this project, contact:

- Yamini: 079 706 3020 or yamini.arts@gmail.com
- Megan: 084 583 2825 or m.reuvers@ru.ac.za
- Esona: 071 622 7079 or esonapatbottoman@yahoo.com

Appendix 6



Eastern Cape Department of Health

Enquiries: Zonwabele Morle
Date: 01st June 2015
e-mail address: zonwabele.morle@echealth.gov.za

Tel No: 040 608 0630
Fax No: 043 042 1409

Dear Prof C. Macleod

Re: An Intra-categorical intersectional framework for understanding 'supportability' in women's narratives of their pregnancy (EC_2015RP45_281)

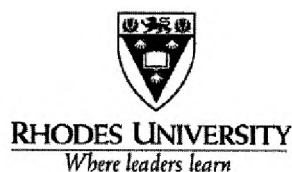
The Department of Health would like to inform you that your application for conducting a research on the abovementioned topic has been approved based on the following conditions:

1. During your study, you will follow the submitted protocol with ethical approval and can only deviate from it after having a written approval from the Department of Health in writing.
2. You are advised to ensure, observe and respect the rights and culture of your research participants and maintain confidentiality of their identities and shall remove or not collect any information which can be used to link the participants.
3. The Department of Health expects you to provide a progress on your study every 3 months (from date you received this letter) in writing.
4. At the end of your study, you will be expected to send a full written report with your findings and implementable recommendations to the Epidemiological Research & Surveillance Management. You may be invited to the department to come and present your research findings with your implementable recommendations.
5. Your results on the Eastern Cape will not be presented anywhere unless you have shared them with the Department of Health as indicated above.

Your compliance in this regard will be highly appreciated.

SECRETARIAT: EASTERN CAPE HEALTH RESEARCH COMMITTEE





Critical Studies in Sexualities and Reproduction research programme
CSSR house, Lucas Road, Grahamstown, 6139, South Africa
PO Box 94, Grahamstown, 6140, South Africa
t: +27 (0) 46 603 7329
f: +27 (0) 46 603 7614
e: cssradmin@ru.ac.za
www.ru.ac.za/criticalstudies/

Senior Management Research and Epidemiology Unit
Department of Health Eastern Cape
Dukumbana Building
Independence Avenue
Bhisho
Eastern Cape
South Africa

26 April 2016

Dear Mr Merile,

Change of location for research project EC_2015RP45_281

We refer to your letter of approval to conduct our research project called *An intra-categorical intersectional framework for understanding "supportability" in women's narratives of their pregnancy*.

In our application, we requested permission to conduct our research in Dwesa (which included Badi, Msendo and Nqabara clinics). Owing to time constraints and some logistical issues in accessing this area, we would like to change the location of our research to that of the town of Maclear. The clinics we would like to include are Elundini area. We feel that this area will also be suitable with regards to recruiting our participants as the town is small and the clinics provide services to many rural communities in this area. The researchers that will be conducting the research in this area are Esona Bottoman and Megan Reuvers, supervised by Professor Catriona Macleod.

We would be most grateful if you could grant us approval to change the location of our research in the above-mentioned application. All other details related to this research study (as well as our ethics submission) remain unchanged.

For further reference please also find our original request for permission letter and the department's letter of approval for our study.

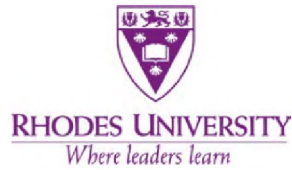
We look forward to hearing from you soon.

Yours sincerely,

Professor Catriona Macleod

Phathiswa Esona Bottoman

Megan Reuvers



Critical Studies in Sexualities and Reproduction research programme
CSSR house, Lucas Road, Grahamstown, 6139, South Africa
PO Box 94, Grahamstown, 6140, South Africa
t: +27 (0) 46 603 7329
f: +27 (0) 46 603 7614
e: cssradmin@ru.ac.za
www.ru.ac.za/criticalstudies/

Dear Ms van Wyk,

Subject: Permission to use premises for recruitment of participants (accessing antenatal care) for the purpose of research

We are from the Department of Psychology at Rhodes University. We are researching women's narratives of their pregnancy experience.

Two students are involved in the research - Megan Reuvers and Esona Bottoman. Our supervisor is Prof Catriona Macleod (email id: c.macleod@ru.ac.za).

We require six to ten participants. We wish to place flyers (in isiXhosa and English) at your reception desk. The criteria for inclusiveness would be for the women to be: above 18 years; in their second trimester onwards of their pregnancy; and accessing antenatal care at your clinic. Their participation would involve four meetings. The first will take place at the clinic, during which the aims of the research will be explained and the participant will decide whether to participate in the project. After this, the interviews will happen at a place convenient to the participant.

The Psychology Research Projects and Ethics Review Committee has approved the ethics of this project and permission has been granted by the sub-district manager of the Department of Health.

We would like to be present at the clinic for a few days wearing name tags, so that prospective participants can identify and approach us should they be interested in taking part in the research project. It would also be much appreciated if you could inform the women about our project and ask them to contact us if they are interested in taking part. It would be important to stress to the women that their agreement or refusal to participate will in no way affect the services they receive at your clinic.

Please grant us permission to use the clinics' premises for recruitment of our participants and also to conduct any of the interviews on site, should a participant so prefer.

We thank you for your cooperation and assistance.

Kind regards,

Megan Reuvers and Phathiswa Esona Bottoman

Appendix 9: Ethical Clearance Letter



RHODES UNIVERSITY
Grahamstown • 6140 • South Africa

DEPARTMENT OF PSYCHOLOGY

Tel: +27 (0)46 603 8500 • Fax: +27 (0)46 622 4032 • Website: <http://www.rhodes.ac.za/academic/department/psychology>

RESEARCH PROJECTS AND ETHICS REVIEW COMMITTEE

25 March 2015

Yamini Kalyanaraman
Department of Psychology
RHODES UNIVERSITY
6140

Dear Yamini

ETHICAL CLEARANCE OF PROJECT PSY2015/04

This letter confirms your research proposal with tracking number PSY2015/04 and title, 'An intra-categorical intersectional framework for understanding 'supportability' in women's narratives of their pregnancy', served at the Research Projects and Ethics Review Committee (RPERC) of the Psychology Department of Rhodes University on 25 March 2015. The project has been given ethics clearance.

Please ensure that the RPERC is notified should any substantive change(s) be made, for whatever reason, during the research process. This includes changes in investigators.

Yours sincerely

Dr Jacqui Marx
CHAIRPERSON OF THE RPERC