SOCIAL SUPPORT AND REPRODUCTIVE HEALTH

4.1. INTRODUCTION

The importance of social support in health and illness and in reproductive health (Boone, 1989; McLean et al., 1993) has been extensively explored. The literature suggests that support networks are important in recognition, compliance, and treatment during and after (cf. Helman, 1990) pregnancy (Boone, 1989). Though intervention trials to provide social support have found little evidence of increased birth weight or reduced preterm delivery, studies are needed to explore the definition, meaning, and differential effect of social support (Rowley et al., 1993).

Family, though often narrowly defined, has been viewed as a primary support system. Furthermore, the marital tie has been presumed to be a major source of social support, which suggests a strong relationship between marital status and reported well-being. For example, Schulz and Rau (1985) observe, "Perhaps the most powerful normative life-course supportive relationship, in terms of its health protective functions, is the marital relationship."

In Central Harlem in 1990, 69 percent of all households with children under 18 were described as headed by women. The decline of the traditional married-couple family found in Harlem is part of a national trend that now affects all racial and ethnic groups in the United States (Wilson, 1996). It is important to note that the precipitous increase in the number of households headed by women has developed largely in the past 30 years. Before the 1950s, the typical African American household consisted of a two-parent family with the father or both parents working (Gutman, 1976). This household form persisted throughout the periods of Jim Crow, the disruption of the "great migration" north, and ghettoization. For this reason, analysis of what has occurred in the past 30 years to produce such a rapid and devastating transformation in family and gender roles is a major issue among social theorists. Sociologist Wilson (1987, 1996) has persuasively demonstrated the role of larger structural forces, such as the flight of businesses from cities and the preference of employers for nonblack employees, in producing black male joblessness and low earnings. These findings have been widely discussed and debated (Wilson, 1996). In his recent book, Wilson argues:
In the inner-city ghetto community, not only have the norms in support of husband-wife families and against out-of-wedlock births become weaker as a result of the general trend in society, they have also gradually disintegrated because of worsening economic conditions in the inner city, including the sharp rise in joblessness and declining real incomes. (1996:97)

Other scholars have explored the role of additional structural forces, including the expansion of the criminal justice system as a means of social control and the simultaneous deterioration of the social welfare apparatus (Marable, 1996, 2000); the impact of the proliferation of illegal drugs, particularly crack cocaine, in the mid-1980s (Hamid, 1993); and the mass introduction and proliferation of firearms in urban areas (Canada, 1995).

In examining how women actually make decisions about their pregnancies, what emerges is the importance of family both in women’s discovery of pregnancy and in their subsequent attitudes toward the discovery. This is true not only for adolescents but also for older women, since “the family” includes a wide array of social relationships with parents, partners, and affines. The nature of these relationships also has an important effect on the course of the pregnancies and women’s overall experience of their pregnancies, as well as their long-term health status and that of their families. In this chapter, we examine the role social networks play in decisions about pregnancy as well as the role of social support systems in maintaining reproductive health and in mitigating stress. We argue that though the married-couple family form has declined, women frequently form networks, often woman centered, that have a strong influence on economic survival and childbearing decisions; that how these networks are recruited may vary with class; and that women relate to men in a variety of ways, including through men’s consanguineal kin networks.

4.1.1. Sources of Stress

We emphasize the ways woman-centered networks serve as a support system to allow women to have and raise children without a steady income from men and to maintain their households despite adverse circumstances. However, it is important not to romanticize the cost of this to women, who have primary responsibility for supporting the household, often on marginal incomes. Though the disadvantages for children in these households has been widely discussed and debated, less emphasis has been placed on the consequences for the women. This section presents, in women’s own words, the major source of stress or chronic strain reported in a focus group of women heads of household.

Studies have found that persistently poor families tend to be headed by women (Edin, 1994). For low-income women, as well as for some middle-income women, the lack of economic resources is a major issue. When asked what they perceived as most difficult about their lives, single mothers who participated in our focus group on women heads of household discussed financial difficulties and their attempts to deal with them. One participant commented:

I would have to say ... basically ... finance.... Finances is a big part of it. Because, if you can’t support them the way you want, or the way you think they should be supported, then it’s very hard.