

**INDIGENOUS PRACTICES OF PREGNANT WOMEN AT THE DILOKONG  
HOSPITAL OF THE GREATER TUBATSE MUNICIPALITY IN THE LIMPOPO  
PROVINCE**

BY

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## **DECLARATION**

I, Mamagoro Anna Mogawane, declare that the research reported in this thesis “Indigenous practices of pregnant women at the Dilokong Hospital of the Greater Tubatse Municipality in the Limpopo Province” is my original work.

The dissertation hereby submitted to the University of Limpopo for the degree Master of Curationis (M CUR) in Nursing Sciences has not been submitted for a degree at any other university or institution, that it is my own work in design and execution, and that all material contained herein has been duly acknowledged.

Signature.....

Date.....

## **DEDICATION**

This study is dedicated to my beloved children Kgopotso, Mashoto, and Lefa.

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## **ABSTRACT**

### **BACKGROUND**

Indigenous practices (IPs) are experiences generated by people who are living in a specific region context and a specific cultured group. IPs are shaped by cultural traits that are passed from one generation to the next. The practices are rooted and embedded in such a society and, therefore, the practices become part of the people's lifestyle. It is difficult to try and change these practices, since people have adhered to them throughout their entire lives. The believe system plays a major role in health care seeking behaviour of individuals because they are informed by the IPs that are observed in their environment (Shaik & Hatcher, 2005).

IPs are stored in people's memories and are expressed in songs, dances, beliefs, rituals, cultural values, myths, and healing of diseases by using herbs. During pregnancy, IPs are still applied worldwide. Ayaz and Efe (2008) indicate that it occurs mostly in Turkey and Africa where women's reassurance is depending on the local context and meaning of pregnancy.

### **THE PURPOSE OF THE STUDY**

To determine indigenous practices of pregnant women at the Dilokong Hospital in the Greater Tubatse Municipality of the Limpopo Province. This was achieved by the exploring and describing the indigenous practices of pregnant women in the antenatal (ANC) clinic of the maternity ward at the Dilokong Hospital..

### **DESIGN AND METHOD**

A qualitative, descriptive, explorative and contextual research design was used for the participants to describe the indigenous practices by pregnant women. Data was collected by means of unstructured one-on-one interviews in maternity unit of the ANC clinic at the Dilokong Hospital of the Greater Tubatse Municipality. Ethical considerations as described by Denosa (2000) were adhered to in order to ensure the

quality of the study. The criteria for trustworthiness were observed as stipulated in Babbie and Mouton (2009). Fifteen pregnant women were interviewed.

## **FINDINGS AND RECOMMENDATIONS**

Four themes with sub-themes emerged from the data analysis by using Tech's open coding approach (Creswell 2006, Botma, Greef, Mulaudzi & Wright, 2010). Four themes were emerged namely; indigenous practices based on ancestral knowledge; indigenous practices based on spiritual diviners versus church principles; restricted practices versus instructions followed during pregnancy and labour and indigenous practices during labour and delivery. It is recommended that a national IP strategy needs to be developed to provide a framework and platform to support and promote grass roots IPs into mainstream development in the health care system in relation to midwifery practice.

## **CONCLUSION**

The study findings indicated that IPs were regarded as an honourable health intervention by THPs, families, and pregnant women. They showed trust in methods used to preserve pregnancy, labour, and delivery, although, the indigenous practices by pregnant women still continue. Indigenous practices such as cords around their waists, are still observed during physical examinations. However, there is a reduction of prescribed potions mixed with cool drinks for use to accelerate labour and to prevent negative consequences because the potential toxicity has been explained during the provision of health education. These findings call for health care professionals to emphasise training and workshops for the THPs church diviners that are the fundamental principle of effective implementation of IPs to enhance improvement in the prevention of complications during pregnancy, labour and delivery.

## **KEYWORDS**

Pregnant women

Indigenous practice

Indigenous knowledge

Antenatal care

## **DEFINITION OF KEY CONCEPTS**

### **Indigenous practice**

Indigenous practices are the performance or the acts that originate from a naturally living growing environment, or practices in a specific region or country for a specific cultural group (Harber, Katherine-Payton & Geoffrey, 2001).

In this study, indigenous practices shall mean practices embraced by pregnant women in relation to the pregnancy cycle in the context of a given cultural background at Dilokong Hospital of the Greater Tubatse Municipality in the Limpopo Province.

### **Pregnancy**

Pregnancy refers to the in utero development of a human zygote, embryo, and foetus and the period of gestation that is divided into three trimesters which are known as the first, second, and third trimester (Sellers, 2000). In this study, pregnancy means an embryo that is developing in the uterus of a woman who uses indigenous practices and who resides in the area that is served by the Dilokong Hospital of the Greater Tubatse Municipality in the Limpopo Province.

### **Pregnant woman**

A pregnant woman is a grownup female human being who is having a developing embryo in her uterus (Oxford dictionary, 2009). In this study, pregnant women shall mean grownup pregnant females who attend antenatal care at the Dilokong Hospital of the Greater Tubatse Municipality in the Limpopo Province.

## **LIST OF ABBREVIATIONS**

ANC	Antenatal care
ATM	African Traditional Medicine
DoH	Department of Health
DENOSA	Democratic Nursing Organisation of South Africa
IK	Indigenous knowledge
IP	Indigenous practice
SA	South Africa
THPs	Traditional Health Practitioners
WHO	World Health Organisation



## TABLE OF CONTENTS

DECLARATION.....	ii
DEDICATION.....	iii
ACKNOWLEDGEMENTS .....	iv
ABSTRACT.....	v
FINDINGS AND RECOMMENDATIONS .....	vi
DEFINITION OF KEY CONCEPTS.....	vii
LIST OF ABBREVIATIONS.....	viii

### CHAPTER 1

<b>OVERVIEW OF THE RESEARCH STUDY.....</b>	<b>1</b>
1.1 INTRODUCTION AND BACKGROUND.....	1
1.2 PROBLEM STATEMENT .....	2
1.3 AIM OF STUDY.....	3
1.4 RESEARCH QUESTIONS.....	3
1.5 OBJECTIVES OF THE STUDY.....	3
1.6 LITERATURE REVIEW .....	4
1.7 RESEARCH METHODOLOGY .....	5
1.8 ARRANGEMENT OF CHAPTERS .....	6
1.9 CONCLUSION.....	6

### CHAPTER 2

<b>RESEARCH METHODOLOGY.....</b>	<b>7</b>
2.1 INTRODUCTION.....	7

2.2	RESEARCH DESIGN.....	7
2.2.1	Qualitative research approach.....	7
2.2.2	Descriptive research design.....	8
2.2.3	Exploratory research design.....	8
2.2.4	Contextual research design.....	9
2.3	POPULATION AND SAMPLING.....	9
2.3.1	Population.....	9
2.3.2	Sampling.....	10
2.3.3	Inclusion criteria.....	10
2.3.4	Exclusion criteria.....	10
2.4	STUDY SITE.....	11
2.5	DATA COLLECTION METHOD.....	11
2.5.1	Preparation of research field.....	12
2.5.2	Selection of data collection methods.....	12
2.5.3	Unstructured one-on-one interview.....	13
2.5.4	Communication techniques used during data collection.....	13
2.6	DATA ANALYSIS.....	14
2.7	LITERATURE CONTROL.....	15
2.8	MEASURES TO ENSURE TRUSTWORTHINESS.....	16
2.8.1	Credibility.....	16
2.8.2	Confirmability.....	16
2.8.3	Transferability.....	17
2.8.4	Dependability.....	17
2.9	ETHICAL CONSIDERATIONS.....	20

2.9.1	Permission to conduct the research.....	20
2.9.2	Informed consent .....	20
2.9.3	Autonomy.....	20
2.9.4	Avoidance of harm .....	21
2.9.5	Confidentiality and anonymity .....	21
2.10	SIGNIFICANCE OF STUDY .....	<b>Error! Bookmark not defined.</b>
2.11	CONCLUSION.....	22

### CHAPTER 3

	<b>DISCUSSION OF RESEARCH FINDINGS AND LITERATURE CONTROL.....</b>	<b>23</b>
3.1	INTRODUCTION .....	23
3.2	DEMOGRAPHIC CHARACTERISTICS OF PARTICIPANTS.....	23
3.3	DESCRIPTION OF FINDINGS .....	24
3.4	CENTRAL STORYLINE .....	24
3.5	DISCUSSION OF THEMES, SUB-THEMES, AND LITERATURE CONTROL.....	25
3.5.1	THEME 1: INDIGENOUS PRACTICES BASED ON ANCESTRAL KNOWLEDGE.....	26
3.5.2	THEME 2: INDIGENOUS PRACTICES BASED ON SPIRITUAL DIVINERS VERSUS CHURCH PRINCIPLES... <b>Error! Bookmark not defined.</b>	
3.5.3	THEME 3: RESTRICTED PRACTICES VERSUS INSTRUCTIONS FOLLOWED DURING PREGNANCY AND LABOUR.....	33
3.5.4	THEME 4: INDIGENOUS PRACTICES DURING LABOUR AND DELIVERY .....	35
3.6	CONCLUSION.....	38

## CHAPTER 4

### SUMMARY, RECOMMENDATIONS, GUIDING PRINCIPLES, LIMITATIONS,

### AND CONCLUSIONS .....39

4.1 INTRODUCTION .....39

4.2 PROBLEM STATEMENT .....39

4.3 THE OBJECTIVES OF THE STUDY WERE TO: .....40

4.4 RESEARCH DESIGN AND METHOD .....40

4.5 SUMMARY OF THE FINDINGS .....41

4.6 RECOMMENDED GUIDING PRINCIPLES .....42

4.6.1 Recommended guiding principles based on ancestral knowledge...42

4.6.2 Recommended guiding principles based on spiritual diviners  
versus church principles .....43

4.6.3 Recommended guiding principles for restricted practices versus  
instructions followed during pregnancy and labour .....44

4.6.4 Recommended guiding principles for indigenous practices during  
labour and delivery.....45

4.7 LIMITATIONS .....46

4.8 CONCLUSION.....46

LIST OF REFERENCES .....47

#### APPENDIX A:

PERMISSION LETTER FROM THE LIMPOPO DEPARTMENT OF  
HEALTH TO CONDUCT THE STUDY .....53

APPENDIX B	
PROVISIONAL APPROVAL FROM THE UNIVERSITY OF LIMPOPO RESEARCH AND ETHICS COMMITTEE.....	54
APPENDIX C	
CLEARANCE CERTIFICATE FROM THE UNIVERSITY OF LIMPOPO RESEARCH AND ETHICS COMMITTEE.....	55
APPENDIX D	
INDIGENOUS PRACTICES AND DEFINITIONS .....	56
APPENDIX E	
ENGLISH CONSENT FORM.....	57
APPENDIX F	
SEPEDDI CONSENT FORM .....	59
APPENDIX G	
TRANSCRIPT OF AN UNSTRUCTURED INTERVIEW .....	61
APPENDIX H	
CODING REPORT .....	64
APPENDIX I	
CERTIFICATE FROM INDEPENDENT CODER .....	66
APPENDIX J	
EDITING CONFIRMATION .....	67

## LIST OF TABLES

Table 2.1:	Summary of strategies to establish trustworthiness.....	18
Table 3.1:	Themes and sub-themes reflecting the indigenous practices of pregnant women at the Dilokong Hospital in the Greater Tubatse Municipality .....	25

# CHAPTER 1

## OVERVIEW OF THE RESEARCH STUDY

### 1.1 INTRODUCTION AND BACKGROUND

Indigenous practices (IPs) are experiences generated by people who are living in a specific cultural group. Indigenous practices are shaped by cultural traits that are passed from one generation to the next. It is further stated that practices are rooted and embedded in those societies and, therefore, become part of the people's lifestyle. It is also indicated that it is difficult to change those practices, since people have adhered to them throughout their entire lives. A believe system plays a major role in health care seeking behaviour of individuals because they are informed by the IPs that are prevailing in their environment (Shaikh & Hatcher, 2005).

IPs are stored in people's memories and get expressed in songs, dances, beliefs, rituals, cultural values, myths, and the treatment of diseases by using herbs. IPs are still applied during pregnancy worldwide. Ayaz and Efe (2008) indicate that it occurs in Turkey and Africa where women's reassurance is depending on the local context and meaning of pregnancy. Evidence suggests the possibility that following those traditional practices during pregnancy has both therapeutic and harmful consequences. Ayas and Efe (2008) indicate that there is a need for health care professionals to have knowledge of and to acknowledge IPs when executing their daily activities during ANC. This could lead to proper counselling of pregnant women by health professionals about taking care of themselves during pregnancy with the purpose of achieving expected outcomes that are to deliver a healthy infant without complications. An understanding of the IPs of pregnant woman in relation to health issues is imperative in ensuring quality care and positive outcomes for both pregnant women and their unborn babies.

The study conducted by Gracey and King (2009) in Australia points out that almost 400 million indigenous people in the world maintain a low standard of health. It is further stated that inadequate clinical care and health and poor disease prevention are aggravating that situation. Therefore, there is a need to acknowledge IPs by creating

increased awareness campaigns, as well as political commitment and recognition of those serious and complex problems that are experienced by pregnant women who are using traditional medicine. The Department of Health (DoH) (2005) states that Traditional Health Practitioners (THPs) are providing health care services in South Africa (SA) but their competencies are not recognised. Therefore, there is a need for the health care system to learn more about IPs in order to create a platform for the integration of services between western medicine and IPs. Tshabalala-Msimang (2008) outlines that the THPs and indigenous birth attendance have been legalised in SA under the Traditional Health Practitioners Act, Act 22 of 2007. It is, therefore, imperative for midwives to understand the IPs of pregnant women. Mulaudzi & Ngomane (2003) indicates that 80% of Africans depend on THPs for care due to poverty and inaccessibility of health facilities. The study conducted by Peltzer, Phaswana-Mafuya and Treger (2009) points out that THPs use IPs either to prevent or to heal childhood illness.

With this background, the researcher was motivated to conduct a scientific research study about the indigenous practices of pregnant women at the Dilokong Hospital of the Greater Tubatse Municipality of the Limpopo Province.

## **1.2 PROBLEM STATEMENT**

Out of 20 clients seen in January 2012 at the Dilokong Hospital in the Limpopo Province during physical examination presented with evidential signs of using IPs; such as razor blade cut marks, and wearing robes, made of animal skin, with small knots around their abdomens. Furthermore, it was observed that they had smeared yellow egg yolk on their entire abdomen. The family members also brought traditional African medicine (ATM) contained in cold drink bottles for the pregnant women which they were instructed to drink while in hospital. According to the researcher's observation, health care institutions that were providing care to pregnant women who believed in IPs seemed not to have strategies for counselling that could be used by the health professionals during the antenatal care with the purpose of achieving expected pregnancy outcomes. In the study they have conducted; Peltzer, Phaswana-Mafuya and

Treger (2009) reveal that even though the health care providers are still suspicious about traditional remedies, they are also of the opinion that THPs could play an important role in health care provision. According to the researcher's observation, health care professionals seemed not to undermine indigenous practices during physical examination of pregnant women. The South African Government has introduced an initiative that promotes the collaboration between health care workers and traditional / spiritual healers. However, scientific information seemed not to have existed about the use IPs by pregnant women relevant to specific ethnic groups in the Limpopo Province.

### **1.3 AIM OF STUDY**

The aim of the study was:

- To determine indigenous practices of pregnant women at the Dilokong Hospital in the Greater Tubatse Municipality of the Limpopo Province.

### **1.4 RESEARCH QUESTIONS**

The following research questions guided the researcher during the period of conducting this study:

- What are the indigenous practices of the pregnant women at the Dilokong Hospital in the Greater Tubatse Municipality of the Limpopo Province?
- What guiding principles are there for the health professionals about the strategies that could be used in the prevention of the risks that occur due to indigenous practices during pregnancy?

### **1.5 OBJECTIVES OF THE STUDY**

The objectives of the study were to:

- Explore indigenous practices of the pregnant women at the Dilokong Hospital in the Greater Tubatse Municipality of the Limpopo Province;
- Describe the indigenous practices of the pregnant women at the Dilokong Hospital at the Greater Tubatse Municipality; and



- Suggest the guiding principles based on the study findings for health care professionals about the strategies that could be used to care for the pregnant women who engaged in indigenous practices.

## **1.6 LITERATURE REVIEW**

Traditional medicine plays an important role in society because the community believes more in traditional medicine in comparison with biomedicine. According to Camacho, Castro and Kaufman (2006), taboos and permission to use IPs during reproductive cycle are related to the knowledge, practices, and rituals that are linked to the nature and economic activities. It is further stated that noncompliance to antenatal medication and instructions given to pregnant women by health professionals might result in either difficult delivery or abortion. According to Maimbolwa, Yamba Diwan, Ransjo and Arvidson (2003), women who are considered to be traditional birth assistants lack understanding of the cause of obstetric complications during childbirth. In Africa and Turkey, IPs during pregnancy are still practiced, since it is the way of caring in these countries. IPs and beliefs influence and underpin the behaviour of women during pregnancy and childbirth (Ayas & Efe, 2008).

Traditional medicine usage is popular amongst the majority of the human population (Soewu & Ayodele, 2009). The World Health Organisation (WHO) (2003) indicates that 80% of the world population rely on traditional medicine for their daily health requirements. The traditional medicine practice contributes to the discovery of new drugs that are found to be useful in caring for the majority of ailments such as childhood illness immediately after delivery by using chicken dump faeces to treat the umbilical cord that previously have been incurable (Soewu & Ayodele, 2009).

Lau (2007) states that the culture of the Chinese practises traditional pregnancy restrictions to protect the child from 'malign influence' and to avoid the problems associated with pregnancy and birth; such as miscarriage, stillbirth, and imperfection of the new born baby. Hilgert and Gil (2007) conducted a study on traditional and institutional systems. This study reveals that in Chinese communities, traditional medicines prevail over institutional medicines. People are diagnosed by the THPs who

indicate whether they should deliver at the hospital or whether they would need the THPs to provide treatment to them. Despite the fact that mothers in these communities accept that deliveries at the hospital are safer, they will still refuse to go to the hospital because many of the practices that are embedded in their culture could not be carried out at hospitals. Hilgert and Gil (2007) indicate that better communication and understanding of cultural practices by health care professionals are encouraged who should take into consideration the planned health programmes in the provision of education to the people who still engage in IPs, since it provides an opportunity to minimise drug interaction (Peltzer *et al.* 2009).

## **1.7 RESEARCH METHODOLOGY**

A qualitative, explorative, descriptive, and contextual research design assisted the researcher to obtain complete and accurate information on IPs while providing care to pregnant women at the Dilokong Hospital in the Greater Tubatse Municipality of the Limpopo Province. Brink (2006) further describes a qualitative research approach as a method to explore the meaning, to describe and promote understanding of the view of the participants in the context in which a particular action is taking place. Exploratory research is conducted to gain insight into the research phenomenon (De Vos, Strydom, Fouche & Delport, 2006; Babbie & Mouton, 2009). Descriptive research presents specific details about a situation and social setting of the phenomenon studied (Polit & Beck, 2008). Contextual interest by the researcher was aimed at understanding events of the phenomenon studied within the concrete, natural context of the participants in which the practice occurred, that was the pregnant women who were simultaneously making use of indigenous practices while seeking health care at the Dilokong Hospital in the Greater Tubatse Municipality of the Limpopo Province (Burns & Grove, 2009; Brink, 2006; Babbie & Mouton, 2009). Non-probability purposive sampling was used to select the sample that had information related to the problem studied. Unstructured one-on-one interviews were used to collect data. Data was analysed using the eight steps of Tech's open coding method of qualitative data analysis as outlined by Creswell (2006).

## **1.8 ARRANGEMENT OF CHAPTERS**

The arrangement of in this dissertation is as follows:

- Chapter 1 – Overview of the study;
- Chapter 2 – Research methodology;
- Chapter 3 – Discussion of research findings and literature control; and
- Chapter 4 – Summary, Recommendations, Guiding Principles, Limitations, and Conclusions.

## **1.9 CONCLUSION**

The overview of the research study is discussed in this chapter. The problem statement, literature related to the problem studied, research question, aims, objectives, and the significance of the study are outlined to present the rationale of conducting this scientific investigation. Chapter 2 will discuss the research methodology used in this study.

## **CHAPTER 2**

### **RESEARCH METHODOLOGY**

#### **2.1 INTRODUCTION**

The purpose of this chapter is to describe the research methodology of this study that deals with indigenous practices of pregnant women at the Dilokong Hospital in the Greater Tubatse Municipality of the Limpopo Province, Republic of South Africa. An outline is provided of the research design, measures to ensure trustworthiness, and ethical standards that were adhered to during this study.

#### **2.2 RESEARCH DESIGN**

Babbie and Mouton (2009), and De Vos *et al.* (2006) state that a research design is a plan or blueprint that guides how the researcher will conduct the research study. In this study, the research design was used as a plan to investigate the problem studied in order to assist with determining the process to be followed in investigating research problem. The research design assisted the researcher to obtain complete and accurate information about IPs while providing care to pregnant women during their antenatal visits to the Dilokong Hospital ANC clinic. The principle for the research design was to enable the researcher to outline what needed to be investigated and to explain the way in which the investigation would be carried out (Babbie & Mouton, 2009).

A qualitative, explorative, descriptive, and contextual research design was used to conduct this study. This research approach assisted the researcher to gain a better understanding of the indigenous practices of pregnant women at the Dilokong Hospital in the Greater Tubatse Municipality of the Limpopo Province. The participants were given the opportunity to describe IPs in relation to their pregnancies during their care in the maternity ward of the ANC clinic at the Dilokong Hospital.

##### **2.2.1 Qualitative research approach**

A qualitative research approach was used in this study. A qualitative research approach is a method used by a researcher to explore the meaning and to describe and promote

an understanding of human experiences from the point of view of the participants in the context in which the action is taking place (Brink, 2006). A qualitative research approach was used by the researcher in order to explore, describe the indigenous practice by the pregnant women at the Dilokong Hospital in the Greater Tubatse Municipality of the Limpopo Province. It focused on the qualitative aspects of meaning, experiences, and understanding. The participants were allowed time to describe what they knew with regard to indigenous practices during pregnancy. The qualitative research approach further assisted the researcher to explore meaning, describe and understand the indigenous practices of the pregnant women in their own context.

### **2.2.2 Descriptive research design**

De Vos *et al.* (2006) describe descriptive research as a more intensive examination of a phenomenon and its deeper meaning. Polit and Beck (2008) support this notion by indicating that during descriptive research an in-depth description of a specific individual's situation is emphasised. A descriptive research design assisted the researcher to gather data by giving the participants time to describe indigenous practices in relation to pregnancy care. The researcher examined the indigenous practices of pregnant women visiting the ANC clinic in the maternity ward at the Dilokong Hospital during the interview sessions that were conducted. This was achieved by giving the participants an opportunity to describe their practices of indigenous practices during their antenatal period. The researcher had an opportunity to understand the phenomenon with a detailed account of the context and activities as the phenomenon occurred in the context of the participants' descriptions.

### **2.2.3 Exploratory research design**

An exploratory research design was conducted in this study to gain insight into the phenomenon studied. An exploratory research design could be used where there is a lack of basic information about the problem in order to get acquainted with a situation (De Vos *et al.*, 2006; Babbie, 2009). The researcher asked one main central question in the same way to all participants in order to achieve the explorative part of the study. The central question was: "Will you kindly describe indigenous practices that are used during

pregnancy that you know?" Responses were followed by probing questions that were clarity seeking questions, after the participants' first response to enable the participants to clarify the aspects that the researcher did not understand (De Vos *et al.*, 2006). The researcher wrote down own ideas about the research phenomenon before starting each interview session to identify which ideas she had in order to be able to bracket them (De Vos *et al.*, 2011).

#### **2.2.4 Contextual research design**

The study was conducted in a natural context of the participants (Brink, 2006; Babbie & Mouton, 2009). Burns and Grove (2009) explain that a contextual research design involves understanding the participants of the study within their immediate setting they live in while avoiding the separation of participants from their context. In this study, a contextual research design was used to assist the researcher with understanding events of the research phenomenon, i.e. the indigenous practices of the pregnant women in the maternity ward at the ANC clinic of the Dilokong Hospital, Greater Tubatse Municipality in Limpopo Province (Brink, 2006). Babbie and Mouton (2009) support the idea by indicating that it is required to conduct a study in the context of participants because they will be able to describe their own world with ease.

### **2.3 POPULATION AND SAMPLING**

#### **2.3.1 Population**

A population is the entire aggregation of the cases that the researcher is interested in studying, from which the study participants are chosen Polit & Hungler (2001). The study was conducted in the maternity ward of the ANC clinic at the Dilokong Hospital in the Limpopo Province. The target population were 15 participants out of 35 pregnant women who attended the maternity ward at the ANC clinic of the Dilokong Hospital in the Limpopo Province during July and August 2013.

### **2.3.2 Sampling**

Sampling is a subset of elements selected from the population under study (Brink, 2006; Polit & Beck, 2008). A non-probability purposive sampling technique was used in this study. Purposive sampling is explained as a judgmental technique that is based on the judgment of the researcher with regard to the choice of the participants who should be the representatives of the study population (Burns & Grove, 2009; Brink, 2006). A purposive sample was achieved by including only the participants who had knowledge about the research phenomenon for providing information during unstructured interviews until data saturation was reached (De Vos *et al.*, 2006). Fifteen participants took part on the basis of their experiences with indigenous practices in relation to their pregnancies.

### **2.3.3 Inclusion criteria**

Inclusion criteria are those characteristics that participants have to possess in order to take part in an unstructured interview (Burns & Grove, 2009). Pregnant women had to satisfy the inclusion criteria in order to take part in the unstructured interviews of the study. Indigenous practices of pregnant women in the maternity ward at the ANC clinic of the Dilokong Hospital were based on the following criteria:

- Razor blade cut marks that were observed during physical examination;
- Ropes with small pieces of animal skin tied in knots around the waist;
- Yellow egg yolk smeared on the whole abdomen; and
- Traditional medicine in bottles in their lockers.

### **2.3.4 Exclusion criteria**

The following were exclusion criteria to participate in the study:

- Pregnant women without razor marks and ropes of animal skin tied around their waist observed during physical examination; and
- The ones who did not have traditional medicinal herbs in bottles.

## 2.4 STUDY SITE

According to Brink (2006), setting is the physical location and conditions in which data collection takes place. The study site was the Dilokong Hospital which is a first level hospital that provides care for, amongst others, pregnant women. It is situated in the Greater Tubatse Local Municipality of the Sekhukhune District, Limpopo Province in South Africa. It is along the R375 road, approximately 140 km from the city of Polokwane and approximately 20 km from Burgersfort. The hospital serves patients from 14 Primary Health, 1 Health centre, 18 mobile clinics, 3 mine clinics and a gateway clinic. This study had been conducted at the Dilokong Hospital in the Limpopo Province, specifically at the ANC clinic of the maternity ward.

## 2.5 DATA COLLECTION METHOD

Unstructured interviews in the format of a normal conversation with a purpose were conducted, since the researcher did not possess enough knowledge about the problem (Brink, 2006). Unstructured one-on-one interviews were conducted during this study to determine the indigenous practices of pregnant women at the Dilokong Hospital of the Greater Tubatse Municipality in the Limpopo Province. One central question was asked in the same way to each participant: **“will you kindly describe indigenous practices that are used during pregnancy that you know?”** The main question was followed by probing questions to allow the participants to clarify areas where the researcher sought more clarity to increase and generate detailed data until data saturation was reached (Brink, 2006).

The interview sessions were conducted in a private room away from distraction to ensure privacy. The unstructured interviews enhanced the researcher’s understanding of the research problem. All interview sessions were recorded verbatim by using a voice recorder and field notes were written to capture non-verbal cues that were not captured by the voice recorder to supplement the data collected (Brink, 2006). Unstructured one-on-one interviews were conducted for a period of 2 months (July & August 2013) and the sessions lasted for approximately 30 to 40 minutes. There was flexibility in phrasing the questions that was based on what the participants’ responses were. This flexibility



acknowledged that not every word had the same meaning and not every participant used the same vocabulary (Brink, 2006).

### **2.5.1 Preparation of research field**

The research field was prepared properly for collection of data. The preparation of the research field encompassed a background information check about the nature of the research field in order to provide the researcher with confident and proper guidance when approaching the participants in the field (De Vos *et al.*, 2011). Watson, Mackenna, Cowman, and Keady (2008) describe the main aim of preparing the research field as ensuring that the venue is relatively quiet and in a private space where the researcher could talk freely to the participants without distractions, e.g. telephone calls and visitors. The venue was prepared in a way that a free conversation in a comfortable manner could be initiated. The researcher organised the sitting arrangement before the unstructured one-on-one interview by using two small desks that were facing each other; one desk for the researcher and the other for the participant (Burns & Grove, 2009). The interview sessions of the participants were facilitated by the manager in charge of the unit in collaboration with the researcher.

### **2.5.2 Selection of data collection methods**

Methodological triangulation was used in this study to enhance the trustworthiness of the data collection (De Vos *et al.*, 2011). De Vos *et al.* (2006) describes methodological triangulation as the use of two or more methods of data collection procedures within a single study. Triangulation of data collection methods was used in this study; namely the unstructured one-on-one interviews were conducted, a voice recorder for recording verbal responses, and writing field notes for capturing the non-verbal responses of the participants.

### **2.5.3 Unstructured one-on-one interview**

Unstructured one-on-one interviews were used in this study with the purpose of achieving clarification and formalisation of the conversation between the researcher and each participant. The interview sessions assisted the researcher to collect in-depth data about the participant's indigenous practices during pregnancy. An unstructured one-on-one interview had a narrow focus which allowed the researcher and each participant to explore the phenomenon extensively. The root of data was found in the understanding and practices of participants and the meaning they attached to those practices (De Vos *et al.*, 2006). In this study, the purpose of the unstructured one-on-one interviews was to determine the indigenous practices of pregnant women at the Dilokong Hospital of the Greater Tubatse Municipality in the Limpopo Province. Unstructured one-on-one interviews also assisted the researcher to reach an understanding of pregnant women in relation to indigenous practices during pregnancy.

### **2.5.4 Communication techniques used during data collection**

The researcher obtained relevant information about the research phenomenon without threatening or annoying the participants by employing a good interpersonal attitude and skills during all unstructured one-on-one interviews (Watson *et al.*, 2008). The researcher utilised communication techniques during the unstructured one-on-one interviews; like paraphrasing, timing, clarification, tracking, using silence, and probing.

- The researcher used paraphrasing to restate the participant's descriptions in simple but fewer words without adding new ideas to the message; especially at the end of each unstructured interview.
- The participants were given time to describe the indigenous practices used by pregnant women and were not interrupted in any way before finishing what they intended to communicate.
- The researcher repeated what the participant had said in an understanding way with regard to indigenous practices by pregnant women as a reflection of what the participant had communicated and in order for the participant to perceive the researcher as being respectful.

- The researcher did tracking by showing interest and encouraging the participants to communicate freely about the content and meaning of their verbal and nonverbal conversation.
- The researcher used silence to allow the participants and the interviewer to think, share perceptions, and to motivate the participant to talk.
- The researcher probed to stimulate the participants to provide additional information for clarification of misunderstood responses (De Vos *et al.*, 2011; Babbie & Mouton, 2009).

## **2.6 DATA ANALYSIS**

Tesch's inductive, descriptive coding technique (Creswell, 2009; Botma *et al.*, 2010) was used to analyse the data. The following eight steps were used and included categorising, ordering, manipulating, summarising, and describing the data in meaningful terms:

- The researcher who is a qualitative research expert obtained a sense of the whole by reading through the transcriptions carefully. Ideas that came to mind were jotted down.
- The researcher selected one interview, e.g. the shortest interview, the one at the top of the pile, or the most interesting and went through it while asking: "What is this all about?" The purpose was to establish the underlying meaning of the information. Again, any thoughts that came to mind were jotted down in the margin of the interview transcript.
- After the researcher had completed that task for several respondents, a list of all the topics was compiled. Similar topics were clustered together and grouped into columns that were arranged according to major topics, unique topics, and exceptions.
- The researcher took the list and returned to the data. The topics were abbreviated as codes and the codes were written next to the appropriate segments of the text.
- The researcher decided on the most descriptive wording for the topics and grouped them into themes with the purpose of reducing the total list of themes by

grouping together topics that related to one another. Lines were drawn between themes to show interrelationships. The co-coder established whether new themes and sub-themes codes were emerging.

- The researcher made a final decision on the abbreviations for each theme and sub-theme and placed the themes according importance in a table.
- The data belonging to each theme had been assembled in one column and a preliminary analysis was performed. That was followed by a meeting between the researcher and co-coder to reach consensus on themes and sub-themes that they had independently identified.

Field notes and voice recordings were used as a point of reference during data analysis. An independent coder was requested to analyse raw data. A meeting was held between the independent coder and the researcher to reach consensus about the categories they had identified independently.

## **2.7 LITERATURE CONTROL**

The reason for conducting a qualitative study was to satisfy the exploratory nature of the study, i.e. not so much had been written about the phenomenon or the population studied, and the researcher sought to listen to participants and develop a comprehensive picture about the indigenous practices of pregnant women at the Dilokong Hospital in the Greater Tubatse Municipality (Creswell, 2006). The literature control was carried out after data analysis had been finalised and it was presented during a discussion of the results of the study as a basis for supporting the findings with existing literature. The results, differences, and similarities had been compared with the theories and literature of the research phenomenon and were presented in the narrative format.

## **2.8 MEASURES TO ENSURE TRUSTWORTHINESS**

The following measures to ensure trustworthiness were adhered to in this study as described by Babbie and Mouton (2009), and De Vos *et al.* (2011).

### **2.8.1 Credibility**

Credibility refers to the confidence one ought to have in the truth of the research findings that could be established by complying with different methods, e.g. prolonged engagement in the study field and triangulation of data collection methods. In this study, credibility was ensured by extensive engagement with the participants in the field while collecting data during unstructured one-on-one interviews over a period of two months (July & August 2013) until data saturated was reached (Polit & Beck, 2008). Different sources were used in data gathering to provide a thicker and more credible set of data.

The researcher used a voice recorder to capture all interview proceedings and field notes were written during interview sessions to capture the non-verbal cues that could not be captured by a voice recorder (Brink, 2006). Voice recordings of the interviews and field notes were sent to an independent coder and a consensus meeting was held in order to agree on codes that were identified independently.

### **2.8.2 Confirmability**

Babbie and Mouton (2009) define conformability as the degree to which the findings of a research study are the product of the inquiry and not of the biases of the researcher. In this study, confirmability was ensured by utilising a voice recorder to capture the proceedings of the interviews sessions and written field notes. An independent coder was given the recorded interviews to listen to and to check whether there were internal agreement between the investigator's interpretation and the actual evidence (Brink, 2006). An enquiry auditor was used in this study to check and assess whether the conclusions, findings, and interpretations were supported by the collected data.

### **2.8.3 Transferability**

Transferability means that other researchers could reach similar findings in their own settings and using the research method that the researcher had used as long as it is described in full. Babbie and Mouton (2009) state that transferability is extended to the fact that the findings of the study could be transferred to another context or with other participants if the research methodology used is adhered to.

Purposive sampling was used to select pregnant women who were involved in indigenous practices in the maternity ward at the ANC Clinic of the Dilokong Hospital in the Limpopo Province. In this study, the researcher provided a thick detailed description of the research methodology of the study for other researchers to determine whether the findings of the study could be repeated in another setting (Brink *et al.*, 2006).

### **2.8.4 Dependability**

Dependability was ensured by involving an independent coder and the research supervisors to determine whether the process and procedures used were acceptable by submitting the voice recordings, transcripts of interviews, and field notes (De Vos *et al.*, 2006). The research supervisors and independent coder listened to the voice recordings and written field notes were read in order to confirm that the interviews were conducted by the researcher.

**Table 2.1: Summary of strategies to establish trustworthiness**

<b>Strategy</b>	<b>Criteria</b>	<b>Trustworthiness criteria accomplished by executing the following activities</b>
Credibility	Prolonged engagement	The researcher collected data for a period of two months (July & August 2013) until data saturation was reached
	Triangulation	Voice recorder was used and field notes were written to capture all interview sessions
Confirmability	Triangulation	Voice recorder was used and field notes were written to collect data
	Independent coder	An independent coder was involved in this study.  The researcher was supervised by two experienced researchers.
Transferability	Nominated sample	Purposive sampling was used to include the participants in the study
	Dense description	It was ensured by a thick description of the research method used.

<b>Strategy</b>	<b>Criteria</b>	<b>Trustworthiness criteria accomplished by executing the following activities</b>
Dependability	Dense description of research method	Was ensured by a thick description of research method used
	Triangulation	Voice recorder was used and fields were written to capture all interview sessions.
	Peer examination	The researcher's research proposal and the final report were presented during the research seminar in the Department of Nursing Science.
	Code-recode procedure	The independent coder was given the raw data to identify codes independently and an agreement about final codes was reached with the researcher



## **2.9 ETHICAL CONSIDERATIONS**

The following ethical standards for nurse researchers as outlined by the Democratic Nursing Organisation of South Africa (DENOSA) (DENOSA, 2000) were adhered to during the research project.

### **2.9.1 Permission to conduct the research**

Research ethical clearance was obtained from the Medunsa Research Ethics Committee (MREC). Permission for collecting data at the health facility was sought from the Limpopo Provincial Department of Health. Furthermore, permission had been obtained from the Chief Executive Officer and the maternity unit manager at the Dilokong Hospital of the Greater Tubatse Municipality in the Limpopo Province based on presentation of the permission letter from the the Provincial Department of Health before the commencement of the interviews.

### **2.9.2 Informed consent**

Written informed consent was obtained voluntarily from each participant after the participants had been adequately given an outline of risks and benefits involved in the research project and before commencement of the interview sessions. The consent form included the title of the research study, the name of the researcher, the names of the researcher's supervisors, purpose, objective brief description of the study, and its procedure. The participants were made aware that they had a right to withdraw at any time, an assurance was given that participation was voluntarily, and that field notes would be written. Permission to use a voice recorder for capturing the proceedings of the interviews had been requested from each participant before data collection commenced (Brink, 2006; Babbie & Mouton, 2009).

### **2.9.3 Autonomy**

The participants were informed about the right to self-determination. Self-determination meant that participants were made aware of the right to decide whether to take part in the study or not without being penalised. Furthermore, it meant that the participants had

the right to withdraw from the study at any time, but the information they had shared at the time of termination would still be used for the purpose of the study. The right to refuse, to not supply information, to not answer any question when they felt it would violate their rights and confidentiality, and not to be coerced into participating were outlined clearly to the participants (Brink, 2006).

#### **2.9.4 Avoidance of harm**

The participants were informed that there would not be any harm or discomfort in the form of physical, emotional, social, and / or legal harm during participation in the interview sessions. The participants were informed that they should not answer a question when they felt that such question were violating their right to confidentiality and that they could terminate their participation in the research study when they felt that they could not continue (De Vos *et al.*, 2011).

#### **2.9.5 Confidentiality and anonymity**

Brink (2003) describes anonymity as omitting the names of participants. The worth and dignity of participants were maintained through allocating numbers to all participants in this study. No form of identity appeared on either the voice recordings or transcripts. Instead, codes in the form of numbers were allocated to each participant. To ensure confidentiality, participants were informed that the information that they were providing during the interview sessions would not be revealed. No participants' names were used in naming files created in the voice recorder (De Vos *et al.*, 2011).

### **2.10 SIGNIFICANCE OF STUDY**

Most of the pregnant women who were visiting the maternity ward at the ANC clinic of the Dilokong Hospital were using IPs. As a result, babies were born with complications, were critically ill, and many lives were lost due to the practice. The guidelines developed in this study are based on the findings and might assist pregnant women and health professionals to mitigate the use of IPs in relation to pregnant women

## **2.11 CONCLUSION**

In this study; a qualitative, descriptive, explorative and contextual research approach was used which was contextual in nature. A non-probability, purposive sampling method was used to select participants from the identified population and unstructured interviews continued until data saturation was reached. A voice recorder was used and field notes were taken during the interviews. Data was analysed according to Tesch's open coding approach as outlined in Creswell (2009) and Botma *et al.* (2010). Criteria to ensure trustworthiness as outlined by Babbie and Mouton (2009) were adhered to in this study. Ethical standards for nurse researchers were adhered to during the research project as outlined in the position statement by DENOSA (2000). Chapter 3 presents a discussion of research results of the study.

# CHAPTER 3

## DISCUSSION OF RESEARCH FINDINGS AND LITERATURE CONTROL

### 3.1 INTRODUCTION

Chapter 2 describes the research design and method that were followed in this study. Chapter 3 presents the results of the qualitative data analysis on indigenous practices of pregnant women by using Tesch's open coding technique as described in Botma *et al.*, (2010) and Creswell (2009). This chapter also explains the findings of this study that are presented with the support of literature to generate meaning which is based on existing relevant sources and previously conducted research studies. Themes and sub-themes that are reflecting indigenous practices of pregnant women are presented below with relevant quotations from the participants.

### 3.2 DEMOGRAPHIC CHARACTERISTICS OF PARTICIPANTS

The aim of presenting the demographic information is to provide a concise description of participants' characteristics that may have a possible influence on the study results. The information was collected by asking the individual participant about demographic characteristics and it was voice recorded prior to conducting individual interviews. The demographic profile of the participants includes the following:

- **Age:** The participants' age ranged between 18 and 38 years with a mean age of 21 years.
- **Parity:** There was no parity limitation, since every pregnant woman who had been sampled satisfied the inclusion criteria and was included in the interview schedule for the purpose of establishing whether IPs had been used previously.
- **Gestational age:** There were no limitations on women in relation to their weeks of gestation, since the IPs were usually introduced immediately after conception.
- **Residence:** Ten participants were from rural areas; five participants were from semi-urban areas but were staying with their working partners in the residential

facilities of the mines. However, the findings showed that experiences stated by each of them were more or less the same.

- **Marital status:** Participants were asked about their marital status; some were married and others not but in a steady relationship. Marital status is important, since the use of IPs were influenced by families, partners and elders.

### 3.3 DESCRIPTION OF FINDINGS

The findings of the study are based on the unstructured one-on-one interview proceedings. The information supplied by the participants was captured by means of a voice recorder and written field notes. The central storyline as outlined by De Vos *et al.* (2011) reflects that the participants had shared indigenous practices based on ancestral knowledge and they confirmed that those indigenous practices were performed immediately after conception. The quotations of participants' responses are indicated in *italics* in the discussions of themes and sub-themes that emerged from data analysis that employed the Tesch's open coding technique.

### 3.4 CENTRAL STORYLINE

Participants shared different indigenous practices relating to the care of pregnancy, labour, delivery, and care of the infant immediately after birth. The difference in the practices were recorded in relation to the women's consultation of spiritual diviners, churches, and ancestral knowledge executed by their grandparents and parents who indicated how they could protect themselves during pregnancy, labour, delivery, and how to care for their infants. Spiritual diviners' instructions are reflected in the following quotation: "...*pregnant women sometimes go to Saint John Apostolic Church who tie them with cords (motlemo) around their waist and abdomen for protection of any evil spirit that will be a delay of woman during the process of birth*". Another participant confirmed the ancestral information by saying: "*Then, if you are pregnant and someone who is pregnant share drinking water with you, you wait for her to bath first to avoid the bad consequences, such as 'makgoma'*". On the other hand, participants who indicated observing church instructions to protect themselves said: "...*once you become aware that you are pregnant, the church elders will prepare for you some obligatory*

*presentation which is called 'ditaelo' like Joko tea which is very weak which will protect you against evil spirits".*

### **3.5 DISCUSSION OF THEMES, SUB-THEMES, AND LITERATURE CONTROL**

The themes and sub-themes are discussed with accompanying quotations from the data and supported by literature control.

**Table 3.1: Themes and sub-themes reflecting the indigenous practices of pregnant women at the Dilokong Hospital in the Greater Tubatse Municipality**

<b>Themes</b>	<b>Sub-themes</b>
1. Indigenous practices based on ancestral knowledge	1.1. Indigenous practices after conception 1.2. Restrictions during pregnancy 1.3. Practices aimed at correcting malpractices 1.4. Indigenous knowledge transferred from elders to young ones 1.5. Outcomes of pregnancy based on one's beliefs 1.6. Significance of indigenous practices
2. Indigenous practices based on spiritual diviners versus church principles	2.1 Different pregnancy protection practices 2.2 Period of protection 2.3 Rationale for utilisation of the protection 2.4 Significance of the practices towards pregnancy outcomes 2.5 Right to prescribe the protection
3. Restricted practices versus instructions followed during pregnancy and labour	3.1 Spiritual results of not honouring instructions

Themes	Sub-themes
	3.2 Physical signs and symptoms of not honouring instructions 3.3 Peoples' influence towards the outcomes of the pregnancy
4. Indigenous practices during labour and delivery	4.1 Procedures executed for prevention of bad spirit 4.2 Practices for precipitating delivery process 4.3 Consequences of the women not obeying instructions from THPs 4.4 Consequences of disobeying instructions related to the infant 4.5 Indigenous practice after delivery

**3.5.1 THEME 1: INDIGENOUS PRACTICES BASED ON ANCESTRAL KNOWLEDGE**

The study findings reflect that the participants had described different practices that they were engaged in related to indigenous practices during pregnancy, labour, and delivery. There were six sub-themes that had emerged under this theme; i.e. indigenous practices after conception, restrictions during pregnancy; practices aimed at correcting malpractices, indigenous knowledge transferred from elders to young ones, outcomes of pregnancy based on one's beliefs, and the significance of indigenous practices.

### **3.5.1.1 Sub-theme 1.1: Indigenous practice after conception**

The findings of this study reveal that there are practices which the pregnant women do engage in immediately after conception. A story of indigenous practice after conception was indicated by the participant who said: *"...once you become aware that you are pregnant, they will prepare for you for some solemn obligatory prescription (ditaelo) like Joko tea which is very weak."* Furthermore, a participant indicated, *"Yes, that you will always live with it and drink it"*. Another participant with the same practice outlined, *"They give us some solemn water (mogamolo) and a very weak tea because the strong one is not good for a pregnant woman"*.

Beliefs in witchcraft are a contributory factor to the delay in the first attendance at the antenatal clinic, since pregnant women are visiting the TPHs immediately when they discover that they are pregnant (Mphempeni, Leshabari & Killewo 2007). In this study, indigenous practices by pregnant women was acknowledged by church leaders after it had been reported to them by the pregnant women after conception, which delay them for early ANC attendance. Cronje and Grobler (2003) indicated that early pregnancy detection after conception is from the hormone B-HCG which can be found in urine when a specimen is sent to the laboratory for analysis.

### **3.5.1.2 Sub-theme 1.2: Restrictions during pregnancy**

The study findings reveal the restrictions that pregnant women have to adhere to during pregnancy as indicated by the participants in their own words: *"Then, if you are pregnant and someone who is also pregnant but low with gestational age, shares drinking water with you, you wait for her to bath, so that you will be able to walk across her soiled used water to get rid of the consequences, like she denies helping me get rid of the consequences (makgoma) but you know her."*

The findings from this study, participants believed that when pregnant women shared water from same basket, one will experience some complications. This is supported by Lau (2007) who confirms that Chinese culture has traditional pregnancy restrictions to protect the child from "malign influence" and to avoid problems associated with



pregnancy and birth; such as miscarriage, stillbirth, and imperfection of the new born baby. Peltzer (2009) confirm that traditional healers usually are the first professionals consulted by people with health problems and these healers will tell these people about the restrictions during pregnancy, since they are more accessible geographically and are providing a culturally accepted treatment.

### **3.5.1.3 Sub-theme 1.3: Practices aimed at correcting malpractices**

The study findings reveal that there are practices which are aimed at correcting malpractices. The findings are supported by the participant who indicated: “...*The egg of the killed hen will be taken and will break it and split it on the middle of my head, and this will weakens the magic then I will be released*”.

In support of the study findings, Truter (2007) indicates that traditional medicine is the most common therapeutic method used by African traditional healers for protecting patients from any form of possible afflictions such as miscarrying or birth complications.

### **3.5.1.4 Sub-theme 1.4: Indigenous knowledge transferred from elders to young ones**

The study findings indicate that the indigenous knowledge is transferred from elders to young ones. It was indicated by the participants who said: “...*No that is all. This is the information I have learnt from my elders of using some of this medicinal plants to protect my pregnancy*”. The same participant further indicated: “...*There is a potion that is added into [sic] the water which is put aside specifically to be drunk by a pregnant woman, when she needs water. Elders know and have taught us that*”.

Many traditional practitioners are people without education mostly being elders, who have received knowledge of medicinal plants and their effects on the human body from their forefathers. (Furber, Carrod, Maloney, Lovell & McGowan, 2009). Furber *et al.* (2009) further state that when pregnancy restrictions are imposed by older members of the family, intergenerational disputes can also put women under stress. Some women, despite their scepticism about traditional customs, still follow the advice of the older generation (Liamputtong & Ezzy 2005).

### **3.5.1.5 Sub-theme 1.5: Outcomes of pregnancy based on one's beliefs**

The study findings reveal that the participants displayed beliefs related to the outcomes of pregnancy. A positive belief was indicated by the participant who said: *"...It depends on the believer of the pregnant woman. If she does not believe in practices, the child will be born a healthy baby. It will just be normal before and after birth. Some women believe that these rituals are genuine and indispensable that of course is helpful. Once they arrive at the hospital they bear their children with less labour"*.

Papen (2008) states that indigenous practices take shape around the cultural traits that are passed from one generation to the next. These practices are deeply rooted and embedded in these societies and, therefore, they become part of the people's lifestyle. They are innate to such an extent that it is difficult to try and change these beliefs and practices, since people have adhered to them throughout their entire lives. Believe systems play a major role in the health-seeking behaviour of individuals (Shaikh & Hatcher, 2005). IP (2009) states that pregnant woman should avoid foods with *yin* qualities (cold foods) as are associated with miscarriage and bleeding.

### **3.5.1.6 Sub-theme 1.6: Significance of indigenous practices**

The study findings indicate that there is significance in indigenous practices to individuals which was confirmed by the participant who stated: *"...Mmm! They also give us cords, which are white on which three small pieces of blue cloths are sewn, to protect from miscarriages."* Another participant added: *"Mm! when you are 8 to 9 months they will give you a boiled Klim which will protect you against witches, enemies, the people who want bewitch you by taking your urine cannot be successful because you will be passing milk only."*

These findings were supported by the study conducted by Truter (2007) stated that herbal medication is the most common therapeutic method used by the African traditional healers for protecting patients from possible afflictions. Therefore, they are preparing powders and earth ointments which comprise animal fat, clay, and ashes for their patients. Nxumalo, Alabab, Harrisa, Chensicha and Gouggea (2011) state that

respectful treatment, proximity, and availability of medicine do also impact on clients' use of the services of African traditional healers.

### **3.5.2 THEME 2: INDIGENOUS PRACTICES BASED ON SPIRITUAL DIVINERS VERSUS CHURCH PRINCIPLES**

The study findings reflect that the participants described indigenous practices which were based on the anomaly between spiritual diviners and church principles. Five sub-themes emerged under this theme; namely different pregnancy protection practices, period of protection, rationale for utilisation of protection, significance of the practices towards pregnancy outcome, and rights to prescribe the protection.

#### **3.5.2.1 Sub-theme 2.1: Different pregnancy protection practices**

The study findings reveal that there are different pregnancy protection practices. It was indicated by the participant who said *"...At our church, we use these solemn prescriptions whether pregnant or not, but when you are pregnant we use these to protect us from curses or witchcraft, so that witches cannot bewitch you on the day of giving birth"*. Another participant indicated: *"...solemn tea, solemn Vaseline, salt, coffee, and all are solemnised at church by special people, with light tea we use to bath and drink, then we use salt after usual bath you use water which was not used then you draw in some salt and bath with solemn salt. We put fine particles of it in your shoes before putting them on"*. Furthermore, another participant said: *"...Yes, sometimes we use five rose[s] tea, FG, and coffee from church. If you experience nightmares and you cannot sleep because of evil spirits, you burn this coffee and inhale the smoke, and then you will then sleep peacefully"*

The study findings supported by the study conducted by Piltzer *et al.*(2009) which revealed that the Eastern Cape confirm the THPs treatments prior to delivery varied from rubbing, medicine for bathing or ingestion or referral to the traditional birth attendance for assistance.

### **3.5.2.2 Sub-theme 2.2: Period of protection**

The study reveals that the THPs suggest a period of protection for their clients during pregnancy as indicated by the participant who said: “...*You do not take them off [strings tied around the abdomen]. They must be part of your body. You only take them off when you are experiencing labour pains*”. Another participant said to confirm the period of protection during pregnancy: “...*In the church, they give a pregnant woman a cord (motlemo) which has nine knots, and you will undo one on each month during your pregnancy period*”. Another participant elaborated: “...*What I can tell you is that I attended church and we use what is prescribed by the church for us to protect our pregnancies so that we can reach term*”.

The study findings are supported by the study conducted by Choudry (2000) which confirms that THPs are considered knowledgeable and skilful in maternal care by people in communities when a gestational age is calculated by the position of the moon and the use of *Ritlangi*, which is a thread grass tied around their waists, that provides comprehensive input towards the management of pregnancy and birth.

### **3.5.2.3 Sub-theme 2.3: Rationale for utilisation of the protection**

During data collection, it was found that the participants had knowledge related to important reasons for adhering to their traditional medicine in relation to their conditions. The participant said: “...*so that you will not be delayed when you give birth to the baby. It also makes the process of giving birth less painful*”. Another participant further said: “*It depends on the neighbours, whether they are enemies for conjuring the demons to the pregnancy, can make it difficult for you to bear the baby normally but through an operation. This was also supported by the participant’s response who said: “At church, we use these solemn prescriptions such as Joko tea which is very weak whether pregnant or not, but when you are pregnant we use these to protect us from curses or witchcraft, so that witches cannot bewitch you on the day of giving birth”*”.

In support of the study findings; Waiswa, Kemigisa, Kiquili, Naikoba, Pariyo, and Peterson (2008) state that the pregnant women in Uganda consult the traditional birth

attendant during antenatal care because they perceive them as effective caregivers, since they provide herbal medicine to take care of their pregnancies.

#### **3.5.2.4 Sub-theme 2.4: Significance of the practices towards pregnancy outcomes**

The study findings suggest that practices have significance towards pregnancy outcomes. It was evidenced by the response of the participant who said: *“...In my first pregnancy, I consulted with the soothsayer of the St John Apostolic Church and she gave me some cords to use. Because I didn’t like the cords, I used them for a short time and buried them among the underwear I seldom use. The cord had a knot which I was ordered to undo or unfasten when I was about to give birth, I could not unfasten the knot because I forgot everything. I did not remember that I had the cord.”* The participant further indicated that: *“...I delivered my baby with an operation.”*

Lans (2007) indicated that knowledge should only be considered if it does not hold any harm to developing pregnancy. It is further stated that considering traditional practices for pregnant women might reduce the burden on public hospitals, allowing time and resources to be spent on problematic pregnancies only when the practices are safe.

### **3.5.2.5 Sub-theme 2.5: Rights to prescribe the protection**

The study findings reflect that the rights to prescribe the protection rest with prophets in church. That was indicated by the participant who said: *“Yes, you can go to the prophet. The prophet will prescribe (ditaelo) like tea from Moria with picture of our Bishop.”* Another participant added: *“I am a member of the Zion Christian Church, but the elders tell us these cultural practices. Sometimes, the solemn prescriptions of churches surpassed by the power of the curses, then we consult with traditional healer so that they can give us the potions”.*

The participants from this study acknowledged the traditional birth attendants as knowledgeable in what they were doing. The knowledge is based on an apprenticeship, since the skills are learnt during years of practice while shadowing their elders. Participants maintained that, although some traditional birth attendants could not read or write, they had a sound knowledge of attending to birth. It was further stated that pregnant women relied on traditional birth attendants for management of pregnancy, based on the attendants' expert knowledge ( Mulaudzi & Ngomane 2003).

### **3.5.3 THEME 3: RESTRICTED PRACTICES VERSUS INSTRUCTIONS FOLLOWED DURING PREGNANCY AND LABOUR**

The findings of the study revealed that there are restricted practices versus instructions followed during pregnancy and labour. That had emerged during data analysis where pregnant women were adhered to pregnancy restrictions which were accepted as norms in their cultures. There are sub-themes which have emerged under this theme which confirmed the practices namely; spiritual results of not honouring instructions, physical signs and symptoms of not honouring instructions, and people's influence towards the outcomes of the pregnancy.

#### **3.5.3.1 Sub-theme 3.1: Spiritual results of not honouring instructions**

The study findings reflect that some participants do not honour the instructions of spiritual practices as indicated by the participant who said: *“Tremendously! After I returned to the soothsayer to report what I had experienced, she opened the Bible and it*

*was revealed to her that I did not unfasten the knot. It was the time that I remember I hid the cord among “panties” which I do not wear when I am pregnant.”*

Based on the study findings pregnant women, who are obliged to obey spiritual instructions, are scared that if they do not honour them, when something negative occurs to them during pregnancy, during labour and delivery they will neither live with the quilt, nor will they further be blamed by the family members. Róóts, Jonson, Liljestr, Essen and Springer (2009), contrary to the study findings, indicate that there is no evidence that cultural practices play a role in preventing negative occurrences during pregnancy.

### **3.5.3.2 Sub-theme 3.2: Physical signs and symptoms of not honouring instructions**

The study findings reveal that participants had knowledge about physical signs and symptoms of not honouring instructions as verbalised by one of participant who said: *“...Yes, I was seven months pregnant; now I experienced a serious water-like discharge”*. Yet another participant said: *“...A pregnant woman will experience the taboo related diseases and physical discomfort generally as “makgoma”; examples of disease is swelling abdomen and flatulence. Sometimes, a miscarriage is possible.”*

The participants believed that not honouring instructions during indigenous practices resulted in experiencing physical signs and symptoms and a bad delivery process. In support of expectations of not honouring instructions, participants reported taboo-related disease. In biomedical science, the above precautions are not applicable because they are referred to as myths and they can neither be proven to be true neither to be right (Róóts *et al.*, 2009). However, non-compliance with medical instructions could result in difficult delivery or abortion.

### **3.5.3.3 Sub-theme 3.3: People's influence towards the outcomes of pregnancy**

The study reveals that there is an influence generated from people to people towards the outcomes of pregnancy as indicated by one participant who said: *"...Evil people draw on the roads and if you can tread on them, you are cursed. If you put solemn salt in your shoes and used Vaseline, their curse is but nothing"*.

In support of this sub-theme, Mathole, Lindmark and Ahlberg (2004) indicate that women in Zimbabwe feel that pregnancy has to be kept secret during the early stages for fear of witchcraft. They further state that the pregnancy is protected from evil spirits that may be inflicted by jealous people who would bewitch the pregnant mother to give birth to a malformed infant or to have a miscarriage.

### **3.5.4 THEME 4: INDIGENOUS PRACTICES DURING LABOUR AND DELIVERY**

Society believes more in THPs than in biomedicine. The study reveals that the participants displayed engagement in indigenous practices during labour and delivery. Five sub-themes emerged from this theme; procedures executed for prevention of bad spirits, practices for precipitated delivery process, consequences of the woman not obeying instructions, consequences of disobeying instructions related to the infant and indigenous practices after delivery.

#### **3.5.4.1 Sub-theme 4.1: Procedure executed for prevention of bad spirits**

The study reveals that participants believed that indigenous procedures executed during labour and delivery prevented bad spirits as one participant indicated: *"...Yes, if the evil acts are strongly done to you and if you've got hairs on your head, the egg yolk will not flow down your head."* Another participant said: *"Then, when the time I should give birth arrived, the egg of the killed hen will be taken, then will break it and split it on the middle of head, and they weaken the magic then I will be released."* In addition, another participant indicated: *"...Then, they will take that killed hen, burn its legs to ashes, then I eat that powder and, therefore, drink warm water, then I will be released."*



Maimbolwa *et al.* (2003) state that traditional birth attendants advise pregnant women to use traditional medicine as a way of preserving pregnancy and chasing away bad spirits that can affect the pregnancy. It is further stated that participants show trust and faith in what their carers advise them to do during pregnancy

#### **3.5.4.2 Sub-theme 4.2: Practices for precipitated delivery process**

The findings of the study indicate that pregnant women are given traditional medicine to assist with quickening the labour process. This was confirmed by the participant who said: *"...They will take that killed hen, burns its legs to ashes, then I eat that powder and, therefore, drink warm water, then I will be released."* One of the participant further indicated: *"He instructed his wife to give me a certain potion which smell like the goat dumps in water, yes indeed you cannot ask what the potion is made up of"*.

In this study, the participants proved that the THPs had herbs that assisted with accelerating the labour process and the herbs were taken during labour. Choudry (2000) indicates that traditional birth attendants are considered knowledgeable and skilful in maternal care, roots of Xirhakarhani (name of traditional analgesic) are boiled and the water mixture is given to the woman in labour to drink to relieve excessive labour pains. Gupta & Gupta (2000) stated that there is also an indigenous herb called Xirheti (an indigenous oxytocin) that is boiled and given to the woman in labour to drink in order to accelerated labour.

#### **3.5.4.3 Sub-theme 4.3: Consequences of women not obeying instructions from THPs**

The findings of the study indicate that there were instructions that the participants did not obey which led to negative results. That was confirmed by one of the participant who said: *"...I delivered my baby with an operation"*, the participant further indicated: *"Yes, particularly when the doctor told me that the baby cannot be born normally and so I have to go to operation. The demons were conjured into me and managed to delay the process of delivery because I didn't follow instructions from [the] THP."* Another participant said: *"The pregnant woman will not feel for the presence of her baby in her*

womb, cannot feel the baby, she will just be surprised when she is about to deliver. You will only feel for labour pains, when come to hospital, but not feeling that is playing and surprisingly giving birth.” Another consequence was indicated by the participant who said: “Her pregnancy duration may be extended; she may have miscarriage especially if the solemn cord were not used according to the beliefs of the Zion Christian Church.”

In support of the consequences of not obeying indigenous instructions by pregnant women, the negative consequences are even more severe for women who are living in rural areas, since these women are vulnerable and easily influenced by cultural practices. It is believed that non-compliance with a rule might result in experiencing difficulties during delivery pregnant women should take responsibility for their health by reporting earlier to health care providers for the prevention of complications (Lau, 2007).

#### **3.5.4.4 Sub-theme 4.4: Consequences of disobeying indigenous instructions related to the infant**

The study findings reveal that the participants who did not obey the instructions related to indigenous practices experienced bad consequences in relation to their new born infants. A participant verbalised that by saying: “...Sometimes, the baby is abnormal and present with disability of some kind, mmm! or madness.” Another participant indicated that: “...You can either deliver prematurely, or lose the baby in the form of miscarriage, or sometimes it happens that few days after the baby is born, she/he dies.”

The study findings are supported by Camacho et al. (2006) who indicate that when indigenous instructions are not obeyed unfavourable perinatal and neonatal health problems occur to new born infants. It is believed that non-compliance to indigenous rules might result in difficult delivery or abortion. It further states that in communities, the consequences of these imbalances are specialist intervention to restore the balance by using herbs or rituals, depending on the causes that have created the problem.

#### **3.5.4.5 Sub-theme 4.5: Indigenous practices after delivery**

The findings in the study reveal that participants displayed beliefs related to indigenous practices after delivery as verbalised by one of the participants who said: “...*There are some traditional treatments that are applied on the new born babies, for the baby to become strong quickly, the elders smear Dupa which is a muti used to treat childhood illness, is applied on the skin of the monkey, and burn it in a closed room so that the baby can inhale the smoke.*” Another participant indicated: “*And also the Vaseline, Vicks, and cords (motlemo). We mix Vaseline and Vicks and apply it on the entire body and you will also use another prescription of solemn water with a bit of sand in it, which has been prayed for. After you have taken the usual bath with soap, then you drop of solemn water in the unused water then you bath*”.

In support of this sub-theme, Gracey and King (2009) indicate that perinatal and neonatal health outcomes – including deaths – are pressing issues, especially in developing countries. Several interventions could cost-effectively save many of the lives of the infants. These interventions include improved clinical care to poorly served groups, engaging families and communities, and improving home-care practices.

### **3.6 CONCLUSION**

This chapter outlines the main findings that have arisen from unstructured one-on-one interviews that were conducted in order to answer the research question. Based on the results of the study, the participants revealed that they believe in indigenous practices based on ancestral knowledge, spiritual and church rituals. Furthermore, the participants reflected a tale of maintaining pregnancies from threatens to abort and birth complications, health care seeking behaviour prior coming to hospital by practising indigenous methods. Participants revealed their beliefs related to indigenous practices as to preserve their pregnancy state and give birth to healthy babies. The themes and sub-themes which emerged from the data analysis were presented and supported by literature. Chapter 4 includes a discussion of the guidelines based on the findings which have revealed that some pregnant women are still using indigenous practices as their protection during pregnancy.

## **CHAPTER 4**

### **SUMMARY, RECOMMENDATIONS, GUIDING PRINCIPLES, LIMITATIONS, AND CONCLUSIONS**

#### **4.1 INTRODUCTION**

Chapter 3 presents the results of this study and a literature control. The themes and sub-themes – in relation to indigenous practices by pregnant women that had emerged during data analysis while using Tech’s qualitative data analysis method – were identified. This chapter discusses the extent to which the objectives of the study have been achieved and suggests guiding principles and recommendations that could be considered in managing the problem studied. The recommendations are based on the study findings.

#### **4.2 PROBLEM STATEMENT**

Of the pregnant women who were examined in January 2012 at the Dilokong Hospital in the Limpopo Province, 20 presented, during physical examination, with the evidential signs of using IPs. These signs included razor blade cut marks and robes with small knots made up of animal skin around their abdomens. It was observed that some of them had smeared yellow egg yolk on their entire abdomen. The family members also brought African traditional medicine (ATM) in cold drink bottles for the pregnant women and they were instructed to drink the contents while in hospital. According to the researcher’s observation, health care institutions, that are providing care to pregnant women who believe in IPs, do not seem to have strategies that could be used by the health professionals during antenatal care and counselling in order to achieve expected pregnancy outcomes. In their study, Peltzer *et al.* (2009) reveal that even though the health care providers are still suspicious about traditional remedies, they are also of the opinion that THPs could play an important role in health care provision. According to the researcher’s observation, health care professionals seem not to undermine the indigenous practice during physical examination of pregnant women. The South African Government has introduced an initiative that promotes collaboration between health

care workers and traditional / spiritual healers. However, no scientific information seems to exist about the IPs of pregnant women that are relevant to specific ethnic groups in the Limpopo Province.

#### **4.3 THE OBJECTIVES OF THE STUDY WERE TO:**

- explore indigenous practices of pregnant women at the Dilokong Hospital in the Greater Tubatse Municipality;
- describe indigenous practices of pregnant women at the Dilokong Hospital in the Greater Tubatse Municipality; and
- suggest guiding principles based on the research findings that could be utilised by health care professionals in the provision of care for the pregnant women who engage in indigenous practices.

#### **4.4 RESEARCH DESIGN AND METHOD**

A qualitative, descriptive, exploratory, and contextual study was conducted to explore and describe the indigenous practices of pregnant women. The phenomenon was explored in the natural setting at the Dilokong Hospital as the phenomenon occurred (Burns & Grove, 2009; Leedy & Omrod, 2005; Smith & Hunt, 1997). The participants were given an opportunity to give in-depth accounts of their lived experiences with regard to the phenomenon studied (Cormack, 2001; Mouton & Marais, 2009). This research approach assisted the researcher to gather detailed data about the phenomenon studied by asking the participants questions and allowing them to explain what they knew during the unstructured one-on-one interviews (Mouton, 2009; De Vos *et al.*, 2011). Fifteen pregnant women who were consulting health care providers and midwives at the ANC clinic were selected to participate (Polit & Beck, 2008).

The steps of data analysis were followed as described in Tech's open coding qualitative method (Creswell, 2009; and Botma *et al.* 2010). An independent coder with qualitative data analysis experience was given the transcripts to analyse thereafter, a meeting was arranged to discuss the themes with the researcher during which they reached consensus about the codes they had identified independently. The criteria of Lincoln

and Guba's model to ensure trustworthiness included credibility, dependability, conformability, and transferability as outlined in Babbie and Mouton (2009), and De Vos *et al.* (2011). which The researcher adhered to the ethical principles of beneficence, justice, respect and dignity, permission to conduct the study, informed consent, confidentiality, and anonymity (DENOSA, 2000).

#### **4.5 SUMMARY OF THE FINDINGS**

The study revealed that participants shared the same indigenous practices based on ancestral knowledge. They had strong beliefs that indigenous practices were working after conception. On the other hand, the participants indicated that restrictions during pregnancy played a significant role as a prevention measure to get rid of bad consequences. At the same time, participants shared the indigenous practices that aimed at correcting malpractices. Four themes and their sub-themes had emerged during the data analysis that used Tech's open coding method of qualitative data analysis.

Theme 1 revealed that the participants used indigenous practice based on ancestral knowledge after conception. Six-themes under Theme 1 indicated that pregnant women were utilising indigenous practices after conception, since there were restrictions during pregnancy. Indigenous knowledge (IK) practices aimed at correcting malpractices and transferred IK from elders to young people with the aim of better pregnancy outcomes. Furthermore, outcomes of pregnancy were based on one's beliefs and the pregnant women valued the significance of indigenous practices during the antenatal period.

Theme 2 pointed out that the participants utilised indigenous practices based on spiritual diviners versus church principles. The following sub-themes emerged under theme 2; i.e. different pregnancy protection practices, period of protection, rationale for utilising protection during pregnancy, significance of the practices towards pregnancy outcomes, and the right to prescribe the protection.

The study findings under Theme 3 show that participants had strong beliefs about restrictive practices versus instructions that must be honoured during pregnancy and

labour. Three sub-themes emerged under Theme 3; i.e. spiritual results of not honouring instructions, physical signs and symptoms of not honouring instructions, and peoples' influence towards the outcomes of the pregnancy.

Theme 4 showed that the participants utilised indigenous practices during labour and delivery which were perceived to be working. Sub-themes that had emerged under Theme 4 were procedures executed for prevention of bad spirits, practices for precipitated delivery process, consequences experienced by women who were not obeying THPs' instructions, consequences experienced as a result of mothers who were disobeying THPs' instructions, and the rights to prescribe protection.

#### **4.6 RECOMMENDED GUIDING PRINCIPLES**

The recommended guiding principles are summarised based on the themes that emerged during data analysis while using Tech's open coding method in relation to indigenous practices of pregnant women at the Dilokong Hospital. These recommendations might be used for clinical practice to enhance IPs by the pregnant women at the Dilokong Hospital in the Limpopo Province.

##### **4.6.1 Recommended guiding principles based on ancestral knowledge**

Pregnant women are diagnosed by the THPs and their restrictions during pregnancy still compel the majority of women to adhere to and believe in the use of IPs. The period spent by pregnant women after conception using IPs is one of the factors that influence a delay in their first visits and non-attendance to ANC (Mulaudzi & Ngomane 2003). The WHO (2002) recommends four antenatal visits by pregnant women to preserve pregnancy.

Restrictions, either behavioural or dietary, result in indigenous women to be ill-prepared for pregnancy because their physical and emotional harmony are not restored to adequate health care, since some present with stress and dietary deficiencies when pregnancy restrictions have been imposed (Stephen, Nettleton, Porter, Willis, & Clark, 2005). Pregnant women are convinced that inclusions and methods prescribed by the THPs are most significant for the protection of possible afflictions that are prevailing

than of the institutional medicine. The reasons for high incidence rates of maternal morbidity and mortality are found particularly amongst indigenous and poor pregnant women, because the IPs are embedded in their cultural beliefs that they trust and respect (Shaikh & Hatcher, 2005). Therefore, better communication and understanding of cultural practices by health care providers and THPs would increase knowledge and the earlier attendance of pregnant women at the health facilities. Although most of the elders could not read or write, they should be respected for the sound knowledge of methods to preserve and / or protect pregnancies in order to reach term. South Africans should have global knowledge of, as well as respect and accept the function of indigenous practices as cultural beliefs. Health care professionals should respect and protect IPs by formulating programmes for Ubuntu meetings with the THPs and elders to identify differences and similarities that will assist them to reach consensus about issues pertaining to the improvement of ANC in order to preserve traditional knowledge while improving their skills. This would also create a feeling of empowerment and awareness to promote collaboration (Moagi, 2009).

Training workshops and traditional awareness campaigns for THPs, church leaders, elders, and communities must be conducted to strengthen community involvement and active participation in issues pertaining ANC. The stakeholders should be educated separately in sections according to their respective levels to enable them to appreciate the similarities and differences in their respective practices (Martin, 2001). The platform will familiarise everybody with the IPs issues and people will learn more about the integration of the two approaches. The multidisciplinary health care team should play an essential role at public centres in terms of pregnant women's physical, psychological, and emotional afflictions by these indigenous practices (Borne, Schaalma and Leshabari 2010).

#### **4.6.2 Recommended guiding principles based on spiritual diviners versus church principles**

Pregnant women's practices of indigenous methods vary; e.g. solemn prescriptions, cords and performing religious rituals based on their rights, trust and beliefs, and the



period of protection that they believe is of utmost importance. Some spiritual healers may employ the use of charms, incantations, and casting of spells in their treatments. These actions bring a consciousness to women who are honouring their instructions that are observed as an ancient tradition seen in all cultures across the planet. Believing in ancient tradition, therefore, is a sign of trust and obedience to the spiritual diviners (Davis-Floyd, 2000). Although pregnant women view these practices as safe, healthy, and nutritious for themselves and the foetal environment for the prescribed period, negative effects and lifestyle diseases – including malnutrition and retarded growth – are still encountered. Mulaudzi (2003) supports the study finding by indicating that the rationale for the utilisation of IPs for pregnancy is to protect an expecting mother from the curse of evil spirits when jealous people draw on the roads on which she could tread.

Health care professionals must collaborate during community-based programmes with conventional clinical services to minimise devastating effects. Policymakers should develop strategies to protect women by the intervention of specialists in restoring the balance between using prescriptions, religious rituals and biomedicine. Educational sessions during clinical service delivery should be provided, particularly during the physical examination of pregnant women for the promotion of a healthy life style. Churches should also promote change in food habits and physical. Food supplements need to be provided in areas where deterioration in nutritional status of individuals is showing. The council of the spiritual diviners and church leaders should be advised to formulate rules in collaboration with health professionals to ensure that the health and wellbeing of pregnant women and the unborn baby are ensured (Bogopa, 2010).

#### **4.6.3 Recommended guiding principles for restricted practices versus instructions followed during pregnancy and labour**

Women experience negative consequences for themselves and their infants due to the restrictive practices of THPs' instructions that result in deliveries through caesarean sections, abortions, death of their babies, and also taboo related diseases like a swollen abdomen and flatulence. On the other hand, instructions by the THPs are accepted as a

norm in the community culture (Kaaya, Mbwambo, Fawzi, Borne, Shaalma & Leshabari, 2010).

Health care professionals and THPs are to formulate an ACT policy for a referral system by the THPs to the health care centres as a priority for women who are in need of and can benefit from the reduction in complications. Such a policy should be followed when negative consequences with regard to pregnancy, labour, and delivery have occurred. Nxumalo *et al.* (2008) state that a lack of improvement in symptoms of indigenous practices may lead to the patient switching to biomedical medicines.

#### **4.6.4 Recommended guiding principles for indigenous practices during labour and delivery**

Pregnant women prefer being assisted by the traditional birth assistants who sometimes lack understanding of the causes of obstetric complications during child birth. Africans believe that THPs are more sympathetic, keep their secrets confidential, and also regard them as more accessible than modern health care workers. The belief system of indigenous people includes the preservation of pregnancies and the prevention of labour complications that accompany pregnant women to health care centres during the labour process. The believe system plays a major role in the health care-seeking behaviour of individuals Davis-Floyd (2000).

Health care professionals must incorporate people's belief systems into strategies that are formulated. Specific cultural clinical female carers should be identified. The ideal person is someone who is patient and able to accept and acknowledge pregnant women, since indigenous people often need painstaking explanation about causes of their illness and drug interaction. Better communication is the key to health improvement in terms of maternal and neonatal care (Geen, 2004). The Department of Health needs to strengthen community involvement and active participation in issues pertaining consequences and results of precipitated delivery in their respective practices for the prevention of maternal and neonatal morbidity and mortality. Health care professionals should respect their views, as well as acknowledge and accept pregnant woman's arrival for a hospital delivery. An explanation of possible potential toxicity with

a positive attitude to facilitate co-operation should be promoted as a factor to influence more hospital deliveries. The involvement of the stakeholders will equip all of them with the skills that are required for enabling them to appreciate the similarities and differences in their respective practices.

#### **4.7 LIMITATIONS**

The study was conducted at the Dilokong Hospital in the Greater Tubatse Municipality of the Limpopo Province, South Africa. The IPs in other municipalities were not included in the study; only pregnant women attending the ANC at the Dilokong Hospital were included in the study, therefore, the study cannot be generalised to other hospitals in the province.

#### **4.8 CONCLUSION**

The study findings indicate that IPs are regarded as an honourable health intervention by THPs, families, and pregnant women. They show trust in methods used to preserve pregnancy, labour, and delivery. However, the indigenous practices by pregnant women still continue. Indigenous practices, like cords around their waists, are still observed during physical examinations. However, there is a reduction of prescribed potions mixed with cool drinks for use to accelerate labour and to prevent negative consequences because the potential toxicity has been explained during the provision of health education. These findings call for health care professionals to emphasise training of and workshops for the THPs church diviners that are the fundamental principle of effective implementation of IPs to enhance improvement of negative consequences during pregnancy, labour and delivery.

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## APPENDIX A

# PERMISSION LETTER FROM THE LIMPOPO DEPARTMENT OF HEALTH TO CONDUCT THE STUDY



**LIMPOPO**  
PROVINCIAL GOVERNMENT  
REPUBLIC OF SOUTH AFRICA

### DEPARTMENT OF HEALTH

Enquiries: Selamolela Donald

Ref:4/2/2

Mrs Mogawane MA  
University of Limpopo  
Polokwane

Greetings,

**Re: Indigenous practices of pregnant women in Dilokong Hospital at Greater Tubatse Municipality of the Limpopo Province, South Africa**

1. The above matter refers.
2. Permission to conduct the above mentioned study is hereby granted.
3. Kindly be informed that:-
  - Further arrangement should be made with the targeted institutions.
  - In the course of your study there should be no action that disrupts the services.
  - After completion of the study, a copy should be submitted to the Department to serve as a resource.
  - The researcher should be prepared to assist in the interpretation and implementation of the study recommendation where possible.

Your cooperation will be highly appreciated.

  
Head of Department

24/06/2013

Date

## APPENDIX B

# PROVISIONAL APPROVAL FROM THE UNIVERSITY OF LIMPOPO RESEARCH AND ETHICS COMMITTEE



**University of Limpopo**  
**Medunsa Research Ethics Committee (MREC)**  
Prof GA Ogunbanjo: Chairperson MREC  
P.O Box 163, Medunsa, 0204, South Africa  
Tel: +27 12 521 5617/3359 Fax: +27 12 521 3749, Email: lorato.phiri@ul.ac.za

Mrs MA Mogawane  
Department of Nursing Sciences  
University of Limpopo  
Turffloop Campus

Dear Mrs Mogawane

**RE: INDIGENOUS PRACTICES OF PREGNANT WOMEN IN DILOKONG HOSPITAL AT GREATER TUBATSE MUNICIPALITY OF THE LIMPOPO PROVINCE, REPUBLIC OF SOUTH AFRICA**


Your protocol was considered at the MREC meeting held on 09 May 2013.

The committee **PROVISIONALLY APPROVED** and **RECOMMENDED** that the researcher must address the following recommendations before the **CLEARANCE CERTIFICATE** is issued:

- (i) Please supply the sample letter of permission to be submitted to the hospital.
- (ii) **Study design:** Please outline the study design clearly
- (iii) **Data collection:** Supply data collection sheet
- (iv) **Time frame:** Please outline time lines

MREC awaits your response to above recommendations and submission of a revised protocol that addresses all these concerns

Yours Sincerely,

  
PROF GA OGUNBANJO  
CHAIRPERSON MREC

09 May 2013

Cc.: TM Mothiba



## APPENDIX C

# CLEARANCE CERTIFICATE FROM THE UNIVERSITY OF LIMPOPO RESEARCH AND ETHICS COMMITTEE

UNIVERSITY OF LIMPOPO  
Medunsa Campus



### MEDUNSA RESEARCH & ETHICS COMMITTEE

#### CLEARANCE CERTIFICATE

**MEETING:** 04/2013

**PROJECT NUMBER:** MREC/HS/79/2013: PG

**PROJECT:**

**Title:** Indigenous practices of pregnant women in Dilokong Hospital at Greater Tubatse Municipality of the Limpopo Province, Republic of South Africa

**Researcher:** Mrs MA Mogawane  
**Supervisor:** TM Mothiba  
**Co-supervisor:** RN Malema  
**Other Involved HOD:** Prof ME Lekhuleni  
**Department:** Nursing & Human Nutrition  
**School:** Health Sciences  
**Degree:** MCur Nursing Science

**DECISION OF THE COMMITTEE:**

MREC approved the project.

**DATE:** 09 May 2013



  
PROF GA OGUNBANJO  
CHAIRPERSON MREC

The Medunsa Research Ethics Committee (MREC) for Health Research is registered with the US Department of Health and Human Services as an International Organisation (IORG0004319), as an Institutional Review Board (IRB00005122), and functions under a Federal Wide Assurance (FWA00009419)  
Expiry date: 11 October 2016

**Note:**

- i) Should any departure be contemplated from the research procedure as approved, the researcher(s) must re-submit the protocol to the committee.
- ii) The budget for the research will be considered separately from the protocol. PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES.

Finding Solutions for Africa



## **APPENDIX D**

### **INDIGENOUS PRACTICES AND DEFINITIONS**

#### Indigenous practices and definitions

- Makgoma      Consequences that pregnant woman may experience when they do not honour the prescribed traditional treatment
- Metlemo      Cords that are tied around the pregnant women's abdomen
- Ditaelo      Solemn obligating prescriptions by the THPs and church leaders
- Mogamolo      Solemn water prescribed for pregnant women that is boiled and taken while still warm
- Bazalwane      Name used for people who are said to be born again as Christians

**APPENDIX E**  
**ENGLISH CONSENT FORM**

UNIVERSITY OF LIMPOPO (Turfloop Campus) ENGLISH CONSENT FORM

Statement concerning participation in a research project

Name of Study: Indigenous practices of pregnant women at the Dilokong Hospital in the Greater Tubatse Municipality of the Limpopo Province.

I have been provided with the aims and objectives of the proposed study and was provided the opportunity to ask questions and given adequate time to rethink the issue. The aim and objectives of the study are sufficiently clear to me. I have not been pressurised to participate in any way.

I know that quotations from sound recordings will appear scientific publications that will be electronically available throughout the world. I consent to this, provided that my name is not revealed. I understand that participation in this study is completely voluntary and that I may withdraw from it at any time and without supplying reasons.

I know that this study has been approved by the Medunsa Research Ethics Committee (MREC), University of Limpopo (Turfloop Campus) and the Dilokong Hospital. I am fully aware that the results of this study will be used for scientific purposes and may be published. I agree to this, provided that my privacy is guaranteed.

I hereby give consent to participate in this study.

.....

.....

Name of volunteer

Signature of volunteer or guardian

.....

.....

.....

Witness

Place

Date

Statement by the Researcher

I provided verbal and / or written information regarding this study.

I agree to answer any future questions concerning the study as best as I am able.

I will adhere to the approved protocol.

.....

Name of Researcher

Signature

Date

Place

## APPENDIX F

### SEPEDDI CONSENT FORM

#### UNIVERSITY OF LIMPOPO (Turfloop Campus) SEPEDDI CONSENT FORM

Setatamente mabapi le go tšea karolo ka go ya Dinyakišišo.

Leina la Dinyakišišo: Mekgwa ya setšo yeo e šomišwago ke basadi ba baiman masepaleng o mogolo wa Tubatse sepetleleng sa Dilokong mo profenseng ya Limpopo

Ke kwele ka ga tshedimošo mabapi le maikemišetšo le morero wa dinyakišišo tšeo di šišintšwego gomme ke ile ka fiwa monyetla wa go botšiša dipotšišo gomme ka fiwa nako yeo e lekanego gore ke naganišiše ka ga taba ye. Ke tloga ke kwešiša maikemišetšo le morero wa dinyakišišo tše gabotse. Ga se ka gapeletšwa go kgatha tema ka tsela efe goba efe.

Ke a kwešiša gore go kgatha tema Dinyakišišong tše ke ga boithaopo gomme nka tlogela go kgatha tema nakong efe goba efe ntle le gore ke fe mabaka.

Ke a tseba gore Dinyakišišo tše di dumeletšwe ke Medunsa Research Ethics Committee (MREC), Yunibesithi ya Limpopo (Khamphase ya Turfloop) le Mankweng Hospital. Ke tseba gabotse gore dipolelo tša Dinyakišišo tše di tla dirišetšwa merero ya saense gomme di ka phatlalatšwa. Ke dumelelana le se, ge fela bosephiri bja ka bo ka tiišetšwa.

Mo ke fa tumelelo ya go kgatha tema Dinyakišišong.

.....

Leina la moithaopi                      Mosaeno wa moithaopi goba mohlokomedi.

.....

Lefelo.                      Tlhatse                      Letšatšikgwedi.



## Setatamente ka Monyakišiši

Ke fana ka tshedimošo ka molomo le/goba yeo e ngwadilwego mabapi le Dinyakišišo tse Ke dumela go araba dipotšišo dife goba dife tša ka moso mabapi le Dinyakišišo ka bokgoni ka moo nka kgonago ka gona.

Ke tla latela melao yeo e dumeletšwego.

.....

Leina la Monyakišiši

Mosaeno

LetšatšikgwediLefelo

## **APPENDIX G**

### **TRANSCRIPT OF AN UNSTRUCTURED INTERVIEW**

#### **PARTICIPANT: 2**

**Researcher:** Will you kindly describe the indigenous practices that are used by the pregnant women that you know?

**Respondent:** Pregnant women sometimes go to Saint John Apostolic church, who tie them with cords (metlemo) around their waists and abdomen for protection of any evil spirit that will be a delay of the woman during the process of birth.

Researcher: OK!

**Respondent:** And they will still go for bathing them with so called solemn obligatory prescriptions (ditaelo).

**Researcher:** What are they using when bathing them?

**Respondent:** Solemn water.

**Researcher:** Can you give examples of these solemn obligatory prescriptions?

**Respondent:** She may give you solemn water for bathing. When taking a bath, you pour a little drop of the solemn water in the unused water, you can use the prescription preferably after using the usual bath.

**Researcher:** I am interested in the cords. When do you take them off?

**Respondent:** You do not take them off. They must be part of your body. You only take them off when you are in labour pains.

**Researcher:** Ok! Any other information pertaining to the traditional ways undergone by pregnant woman?

**Responder:** Some pregnant women use grass from the cross roads when they bath. After the usual bath you use unused water and put the grass in it and bath.

**Researcher:** Why do use this grass for bathing?

**Respondent:** So that you will not be delayed when you give birth to the baby. It also makes the processes of giving birth less painful.

**Researcher:** Is there any other way you know?

**Respondent:** Some are using the solemn prescriptions from ZCC. They consult with the church leaders during pregnancy and they are given these prescriptions.

**Researcher:** What do you personally use?

**Respondent:** In my first pregnancy I consulted with the soothsayer of the St John Apostolic Church and she gave me some cords to use. Because I don't like the cords, I used them for a short time and I buried them among the under wears I seldom use. The cord had a knot which I was ordered to undo or unfasten when I was about to give birth. I could not unfasten the knot because I forgot everything. I did not even remember that I had the cord.

**Researcher:** What was the consequence of not undoing the knot?

**Respondent:** I delivered my baby with an operation.

**Researcher:** Do you think that it happened because of the knot?

**Respondent:** Yes. Particularly when the Doctor told me that the baby cannot be born normally and so I would have to go for an operation. The demons were conjured into me and managed to delay the process of delivery.

**Researcher:** Hopefully you regretted not untying the knot?

**Respondent:** Tremendously! After I returned to the soothsayer to report what I had experienced, she opened the Bible and it was revealed to her that I did not unfasten the knot. It was the time that I remember I hid the cord among "panties" which I do not wear when I am pregnant.

**Researcher:** You said for this pregnancy you did not consult with church leaders and traditional healer and that you do not use any traditional treatment. Do you experience any problem?

**Respondent:** Yes. I was seven months pregnant now and I experience a serious water-like discharge.

**Researcher:** According to your knowledge, what happens to new-borns of the mothers who could not undergo these traditional practices?

**Respondent:** It depends on the believe of the pregnant woman. If she does not believe in practices, the child will born a healthy baby. It will just be normal before and after birth. Some women believe that these rituals are genuine and indispensable and that of course helpful. Once they arrive at the hospital they bear their children with less labour.

**Researcher:** What about the health of the baby who born with that eases, for it seems it is unnatural?

**Respondent:** There are some traditional treatments that are applied on the new-born babies. For the baby to become strongly quickly, the elders smear Dupa on the skin of a monkey and burn it in a closed room so that the baby can inhale the smoke.

**Researcher:** Are you saying Dupa?

**Respondent:** Yes. This treatment helps the baby to become strong and brave. The elders smear chicken dump of faeces or ash from fire wood on the umbilical cord of the baby so that it will dry up quickly and fall.

**Researcher:** Is there any other thing you want to share with me?

**Respondent:** No.

**Researcher:** Thank you for the information.

## APPENDIX H

### CODING REPORT

**FOR:** Mogawane Mamagoro Anna

**DATE:** 2012-08-05

**STUDY:** INDIGENOUS PRACTICES OF PREGNANT WOMEN AT THE  
DILOKONG HOSPITAL AT GREATER TUBATSE MUNICIPALITY IN THE  
LIMPOPO PROVINCE

**BY:** Prof Maria Sonto Maputle

**Method:** **Tesch's inductive, descriptive coding technique** (in Creswell, 2009: 185-190) quoted in Botman, Greeff, Mulaudzi and Wright (2010:223) was used by following the steps below:

1. The co-coder who is a qualitative research expert obtains a sense of the whole by reading through the transcriptions carefully. Ideas that come to mind are jotted down.
2. The co-coder selects one interview, for example the shortest is selected, the one at the top of the pile, or the most interesting and goes through it by asking: "What is this all about?" thinking about the underlying meaning in the information. Again, any thoughts that come to mind are jotted down in the margin.
3. When the co-coder has completed this task for several respondents, a list is compiled of all the topics. Similar topics are clustered together and formed into columns that are arranged into major topics, unique topics, and exceptions.

4. The co-coder takes the list and returns to the data. The topics are abbreviated as codes and the codes are written next to the appropriate segments of the text.
5. The co-coder decides on the most descriptive wording for the topics and groups them into themes, thus reducing the total list of themes by grouping together topics that relate to one another. Lines are drawn between themes to show interrelationships. The co-coder establishes whether new themes and sub-themes codes can emerge.
6. The co-coder makes a final decision on the abbreviations for each theme and sub-themes and arranges themes according importance in the table.
7. The data belonging to each theme is assembled in one column and a preliminary analysis is performed that will be verified during the meeting between the researcher and co-coder to reach consensus on themes and sub-themes that each one has identified.

## APPENDIX I

### CERTIFICATE FROM INDEPENDENT CODER

#### CERTIFICATE FROM INDEPENDENT CODER

Qualitative data analysis

---

Master of Curationis degree (Nursing Science)

**MOGAWANE MA**

THIS IS TO CERTIFY THAT:

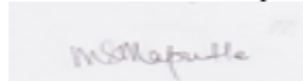
Prof. Maria Sonto Maputle has co-coder the following qualitative data:

Individual in-depth interviews and field notes.

For the study: **Indigenous practices of pregnant women in Dilokong Hospital at the Greater Tubatse Municipality of Limpopo Province, South Africa**

I declare that the candidate and I have reached consensus on the major themes reflected by the data during a consensus discussion. I further declare that adequate data saturation was achieved as evidenced by repeating themes.

Prof Maria Sonto Maputle



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**APPENDIX J**  
**EDITING CONFIRMATION**



\* The stars that tell the spade when to dig and the seeds when to grow \*  
\* Isilimela – iinkwenkwezi ezixelela umhlakulo ukuba mawembe nembewu ukuba mayikhule\*

P O Box 65251  
Erasmusrand  
0165

15 April 2014

Dear Ms Anna Mogawane

**CONFIRMATION OF EDITING THE THE MINI-DISSERTATION WITH THE TITLE  
INDIGENOUS PRACTICES OF PREGNANT WOMEN AT THE DILOKONG HOSPITAL  
OF THE GREATER TUBATSE MUNICIPALITY IN THE LIMPOPO PROVINCE**

I hereby confirm that I have edited the abovementioned dissertation as requested.

Please pay particular attention to the editing notes AH01 to AH45 for your revision.

The tracks copy of the document contains all the changes I have effected while the edited copy is a clean copy with the changes removed. Kindly make any further changes to the edited copy since I have effected minor editing changes after removing the changes from the tracks copy. The tracks copy should only be used for reference purposes.

Please note that it remains your responsibility to supply references according to the convention that is used at your institution of learning.

You are more than welcome to send me the document again to perform final editing should it be necessary.

Kind regards

  
Andre Hills  
083 501 4124