Article

Indigenous Practices of Women during Pregnancy, Labour and Puerperium among Cultural Groupings at Selected Hospitals in Limpopo Province, South Africa

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Abstract

Indigenous practices are performances that occur naturally in a region. Most women believe in Indigenous practices because of their cultures and social structure. In South Africa, regardless of the availability and accessibility of maternal and child health services, 50% of women still consult traditional birth attendants as their first choice during pregnancy, labour, delivery and postnatal care. A qualitative research approach was applied with an explorative and descriptive design to explore the Indigenous practices of women during pregnancy, labour and puerperium among cultural groupings. Non-probability purposive sampling was used to select 25 participants and data was collected through semi-structured interviews with a guide until data saturation was reached. Data was analysed using tech's open coding method. The study showed most women use Indigenous practices for protection against witchcraft and a fear of caesarean section. This study will help pregnant women to be aware of the harmful Indigenous practices that can affect their own health and that of their baby. It will also help nurses provide holistic nursing care, taking into consideration pregnant women's cultures and beliefs. The study recommends that nursing education include Indigenous practices in the curriculum so that healthcare practitioners know about them. This could reduce maternal and child morbidity and mortality.

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Introduction

Women in South Africa and across the world follow different traditional practices and beliefs in different rites, which depend on their culture and social structures. Although some health systems provide expectant mothers with modern healthcare services, traditional midwives are often involved both during and after birth due to habit or regional customs and various traditional practices to facilitate safer birth practices (Okka et al. 2016).

In India, practices relating to pregnancy, childbirth and child development have been entrenched in cultural beliefs and traditions based on the knowledge in ancient Indian texts. Ayurvedic texts show evidence of rituals and behaviours aimed at promoting maternal health and ensuring healthy infant development. Many of these practices are still observed by Indians even those not living in India (Cousik and Hickey 2016).

In Nigeria, nurses and midwives should be culturally competent to provide good quality healthcare in settings with various cultural values and practices. These cultural differences are also thought to influence birth practices (Esienumoh et al. 2016). It is important to understand traditional practices to prevent errors and to recover the level of modern healthcare. The most critical periods in the health of women are pregnancy, birth and the postnatal period. These periods mark the baby's health, according to these cultural beliefs and customs (Okka et al. 2016).

Despite the availability and accessibility of maternal and child health services in South Africa, 50% of women still consult traditional birth attendants as their first choice during pregnancy, labour, delivery and postnatal care. Indigenous practices and beliefs influence and support the behaviour of women during pregnancy and childbirth. Religion also has an impact leading women to believe they must follow and practice their religious rituals to preserve their pregnant state and give birth to healthy infants (Ngomane and Mulaudzi 2012).

In the Eastern Cape province, South Africa, most Xhosa-speaking women follow Indigenous health practices because of the need to "strengthen" pregnancy against witchcraft and prevent childhood illnesses. Afrikaans women often treat their illnesses with herbs and Dutch remedies. In pregnancy, herbs or minerals are often used as a tonic to clean the womb, to induce labour, to ease the delivery process, to promote the baby's health and protect the baby from evil (Peltzer et al. 2009).

The World Health Organization (WHO 2014) initiated the Traditional Medicine Strategy with the goal of documenting and understanding traditional medicine (TM) practices, as well as exploring ways to integrate them into modern healthcare systems. The health system needs to gain a deeper understanding of the Indigenous treatment

practices used by local communities. This knowledge will help facilitate the integration of both Western and indigenous health services.

In the Limpopo province, the findings of a study conducted by Mogawane et al. (2015) show Indigenous practices are respected health interventions valued by traditional health practitioners (THPs), families and pregnant women. Most communities here trust the Indigenous practices, so there is a need for the healthcare professionals to accept these practices to advance improvement in the prevention of complications from pregnancy to puerperium (Mogawane et al. 2015). This study intended to determine the indigenous practices of women during pregnancy, labour and puerperium among cultural groupings at selected hospitals in the Limpopo province.

Methodology

Research Design

This study employed a qualitative approach with an exploratory and descriptive design to gather data on Indigenous practices related to pregnancy, labour and the postpartum period among different cultural groups at hospitals in the Limpopo p rovince, South Africa. The design helped the researcher gather information that would lead to an in-depth understanding of the women's views about the Indigenous practices they use.

Study Setting

The study was conducted in government hospitals of the four districts of the Limpopo province namely Waterberg, Sekhukhune, Vhembe and Mopani. The regional hospitals in these districts cater to patients referred from district hospitals. Most of the patients in regional hospitals are based in rural areas. The four regional hospitals are Mokopane, St Ritas, Tshilidzini and Letaba. The setting for this study was natural; it was not controlled.

Population and Sampling

The population comprised women in pregnancy, labour (only those in the latent phase), and puerperium admitted to the maternity units of the selected hospitals in the four districts. Non-probability purposive sampling was used to select participants who use Indigenous practices during pregnancy, labour and puerperium until data saturation was reached. The inclusion criteria included all pre- and post-natal woman in the latent phase of labour using Indigenous practices. The exclusion criteria were based on pre- and post-natal woman in the latent phase of labour who did not use Indigenous practices.

Data Collection Procedures

Data was collected using semi-structured interviews with a guide until saturation was reached. Interviews were recorded using a voice recorder. Field notes were made to capture non-verbal cues. Data saturation was reached at the 25th participant.

Data Analysis

Data was analysed using tech's open coding method. The researcher started by transcribing the collected data. In the final stage of analysis, themes and subthemes emerged. The independent co-coder was consulted, and a consensus on themes and subthemes was reached.

Ethical Considerations

The University of Limpopo, Turfloop Research Ethics Committees (TREC No: TREC/236/2018: PG) School of Health Care Sciences Senior Degrees Committee granted ethical clearance before the start of the study. The Limpopo Department of Health gave its permission to access the health offices, district offices, hospitals and maternity wards selected for the study. The participants also gave permission for their data to be collected. The researcher provided them with a consent form to sign if they agreed to be interviewed.

Results

The responses from the individual semi-structured in-depth interviews conducted on the Indigenous practices of women during pregnancy, labour and puerperium among cultural groupings led to two themes and their subthemes. Each theme and subtheme is discussed and supported by direct quotes from the transcripts. The participants were all black South Africans from rural areas.

Theme 1: Description of several Indigenous practices by women during pregnancy, labour and the puerperium

The study revealed there are several Indigenous practices women follow during pregnancy, labour and puerperium. This theme is supported by three subthemes as follows:

Subtheme 1.1: Women's confirmation of using traditional medicines and adherence to THPs and church leaders' instructions

This subtheme is supported by the five participants who confirmed to have consumed TM. Participant 1 said: "I use church rituals whereby the prophet gave me instruction to drink solemn water 'mohamolo' until I give birth." Participant 2 said: "In my previous pregnancy, I didn't adhere to traditional medicines, and I had a miscarriage, but now that I used traditional medicines, my baby survived." Participant 3 also reported the importance of following church instructions saying: "I was given a string to tie around my abdomen and [told] to cut it off on my ninth month of pregnancy."

Subtheme 1.2: Protection during pregnancy and puerperium

Five participants reported their reasons for using TM and church rituals. Participant 4 said: "I used herbal medicine and church rituals to protect my pregnancy against

enemies." Participant 5 said: "In my culture, when I'm pregnant, my grandmother will advise me to visit the traditional healer to check the state of my pregnancy. He will ask me questions and prescribe herbal medicine if I have a problem." While Participant 6 said: "I used traditional medicine to protect my pregnancy against miscarriage."

This sub-theme is also supported by Participant 7 who said: "If my baby suffers from 'thema' [when the baby cries often and bends its head back to rub it against the back of the neck] and 'hlogwana' [when the baby passes greenish, watery stools and has a sunken, rather than pulsating, fontanel] then the traditional healer will give me the medicine to heal it."

A participant asked if she would use traditional medicine at home replied: "I'm still going to visit the traditional healer because he told me that there is witchcraft coming to my house, so he must come and clean my yard to protect my baby."

Subtheme 1.3: Restrictions prescribed by THPs and church leaders

Four participants confirmed restrictions set by THPs. Participant 8 said: "When I'm pregnant, I'm not allowed to attend the funerals because they are regarded as a 'hot' place." Another said: "I was told that I should not urinate anywhere in the yard to prevent giving birth in operation." A third said: "I was restricted from eating cold food because I will shiver during labour."

Theme 2: Description of factors that determine consultations with THPs and church leaders

The study showed certain factors determine consultation with THPs and church leaders by pregnant women. This theme is supported by three subthemes as follows:

Subtheme 2.1: Description of various conditions that lead women to consult THPs and church leaders

Four participants supported this subtheme. Participant 9 said: "I went to visit the traditional healer because I was not feeling well; I was having stomach pains." Participant 10 said: "I use herbal medicine to protect against witchcraft and enemies." Another said: "I used church rituals because, at home, they are Christians."

Subtheme 2.2: Description of signs and symptoms of illness during pregnancy, labour and puerperium which determine consultations with THPs and church leaders

This subtheme is supported by the six participants. Participant 11 said: "When my baby was not kicking, the THP gave me a herb called 'matsa' [a leaf boiled in water and its steam inhaled]. I used it for steam and, thereafter, the baby was kicking as normal." Participant 12 said: "I was also having breast pain and the THP advised me to take a piece of an aloe tree and cut it into four pieces and place it on fire then rub it on the breast to relieve the pain." The scientific names of the above-mentioned herbs are unknown.

Participant 13 said: "'Thema' is recognised when the baby cries often and bends the head backward to rub it against the back of the neck. 'Hlogwana' is recognised when the baby passes yellowish stools like fried eggs."

Subtheme 2.3: Pressure and instructions from family members

Participant 13 said: "I was very sick during my pregnancy, and my parents said I must start at the traditional healer first." Participant 14 said: "In my ninth month, my mother went around the yard where water normally flows and collected the wet soil called 'letaga' [wet soil mixed with traditional herbs] and gave me to curse the people I think might be jealous of me and my pregnancy. After the curse, you keep the water inside your mouth and face the northern side and spit it out." Participant 15 said: "The elders at home told me that I should not eat eggs as they cause delay during birth."

Discussion

The study set out to find out about the Indigenous practices of women during pregnancy, labour and puerperium among cultural groupings at selected hospitals in the Limpopo province. It revealed several Indigenous practices women follow during pregnancy, labour and puerperium. The women interviewed confirmed using traditional medicines and adherence to THPs and church leaders' instructions. Their reasons for using traditional medicines and adhering to THPs and church leaders' instructions related to the protection of pregnancy up to puerperium. They described certain restrictions prescribed by THPs and church leaders and the reasons for those. According to Aziato, Odai and Omenyo (2016), women use religious artifacts such as blessed water and oil during prayers. The blessed water and anointing oils are ordinary water and olive oil that a religious leader prays over. These artifacts may be used once or for the duration of the pregnancy.

Participants confirmed the importance of adherence to traditional medicine. Malan and Neuba (2011) confirmed the prescription of traditional herbal remedies to pregnant women. Treatment in the early stages of pregnancy is believed to prevent miscarriage and ensure the proper growth of the foetus as well as the woman's health. In Ghana, there is a growing phenomenon where religious Pentecostal and charismatic leaders pray for pregnant women. Some give the women religious artifacts such as anointed oil. Some anoint the women themselves and give them other spiritual directions concerning the use of artifacts or the performance of other activities for a safe delivery (Ahmadi 2020).

Participants said they used traditional medicines and church rituals for protection against witchcraft. Aziato et al. (2016) show most women in previous studies received prayer support from their pastors to protect them from miscarriages. The pastors gave revelations concerning witchcraft and the condition of the baby and prayed against any negative effect on the outcome of the pregnancy.

Some women use traditional medicine as instructed by their elders. Abdullahi (2011) reported that common sources of information on traditional medicines included family members, friends and traditional birth attendants. African traditional medicine is also fixed within cultures, and the information is handed down. Some women use traditional medicine to protect against miscarriage. This is supported by Nyeko et al. (2016) who mentioned some of the reasons for traditional medicine usage including general well-being during pregnancy, promotion of foetal growth, spiritual cleansing, to protect the pregnancy against evil, for a male, for the induction of labour, aiding childbirth and as dietary supplements.

The women in this study used traditional and church rituals until puerperium. Sivadasan et al. (2014) mention some of the practices conducted during puerperium, such as massaging the mother and baby with an oil formulation namely, "mukkoottu" made up of coconut oil, gingelly oil and turmeric. This oil massage is believed to be capable of sharpening the body of a newborn and relaxing the abdominal muscles of the mother. Medicated water "vevuvellam" is believed to have wound-healing, anti-inflammatory and analgesic properties and is used for bathing. Karahan et al. (2017) elaborated on measures to protect new mothers and babies during puerperium such as putting a copy of the Qur'an near the bed, placing a knife under the baby's bed, pinning a safety pin to the baby's clothes, wrapping a red-and-black string around the bed and not leaving the baby's clothes outside at night.

Women in this study mentioned restrictions on certain foods. This is supported by the research of Heidari et al. (2015) who wrote of food and water restrictions; avoiding specific places, such as graveyards; not going out at certain times of day; not associating with people thought to be evil; and drinking special herbal preparations. Some pregnant women are not allowed to work. Although ancestral protection is desired, the health and well-being of women should be taken into consideration during such rituals (Oni and Tukur 2012). Celik et al. (2012) pointed out that some of the food traditionally considered harmful during pregnancy, such as eggs, liver, fish, strawberries and peaches are highly nutritious. Therefore, it is vital for pregnant women to receive nutritional education from health professionals.

Most participants reported visiting the THPs and church leaders because of various conditions. According to Laelago et al. (2016), signs that pregnant women may use herbal medicine include nausea, vomiting, abdominal pain and cold symptoms. Another reason women in this study visited THPs and church leaders was for protection against witchcraft. This is supported by Påfs et al. (2016) who noted witchcraft was referred to as someone wanting to harm the woman or her pregnancy because they were jealous or hated her or her family. The authors showed these insights contributed to delayed care-seeking either because women did not want to divulge their pregnancy before it was visible or because biomedical care was not considered valid.

The study noted women were aware of the signs and symptoms of illness during pregnancy, labour and the puerperium period, but chose to consult the THPs and church leaders rather than healthcare practitioners. This is supported by Lawan et al. (2017) who showed pregnant women use herbal mixtures to treat nausea and vomiting, lower back pain, to support or terminate the pregnancy, for anaesthesia and also to prepare for labour or other unrelated health issues such as colds and respiratory illnesses, skin problems or for psychological health.

Most of the women said their parents pressured them into following Indigenous practices. Family members influenced women to go to prayers and use religious artifacts during pregnancy. Some use the artifacts secretly (Aziato et al. 2016). Hlatywayo (2017) confirms that when a woman is pregnant, she is told to stop being nasty and limit her number of visits especially when her pregnancy begins to show. She is also advised to avoid crossing roads, which is believed to result in a breach delivery. Mothupi (2014) noted family and friends influenced pregnant women to either seek Western or traditional medicines during pregnancy. They represent the social and cultural environment in which the pregnant woman lives.

The study showed women followed the practices as instructed by the elders at home. The elders are regarded as the most qualified and full of wisdom. They are holders of vital information as it relates to ways of life, and they are knowledgeable about the ways of the ancestors. They are familiar with the exclusions, violations, rites and rituals that ought to be obeyed (Hlatywayo 2017).

Family members, especially the elders, may urge the woman to use Indigenous practices. This is supported by Cheboi et al. (2019) who mention that adverse pregnancy outcomes are thought to be caused by supernatural beings, such as spirits or ancestors. In the spirits and ancestors' aetiology, bad omens are punishments for couples or their extended family's wayward behaviour. Cleansing ceremonies reduce family and communal misfortunes.

THPs and church leaders are regarded as the most principled people in their communities. Pregnant women, those in labour and puerperium should be supported to exercise their religious beliefs and practices. The integration of the THPs and church leaders into the healthcare systems would help healthcare professionals provide culturally holistic care.

Limitations

The study was conducted in four districts of the Limpopo province and may not be representative of the whole country. The translations may not have captured the intended meaning of the participants exactly.

Conclusion and Recommendations

The pregnant women in the Limpopo province, South Africa still use and believe in Indigenous practices to protect their pregnancy, labour and puerperium. The use of razor cut marks on their abdomen seems to be fading away, but it is still used during puerperium on children. Pregnant women, those in labour and puerperium, should be supported to practise their religious beliefs and practices. This study will help pregnant women to be aware of harmful Indigenous practices and aid nurses in providing holistic nursing care, which takes their culture and beliefs into consideration.

The study recommends that nursing education curricula include Indigenous practices so that healthcare practitioners are familiar with them. The care provided for women during pregnancy, labour and puerperium must be a priority and reduce maternal and child morbidity and mortality in the province. Pregnant women should be educated on the effects of herbal medications and the importance of taking guidance from their healthcare providers. The integration of both the THPs and church leaders into the healthcare systems can help healthcare professionals provide culturally holistic care.

Declaration of Conflicting Interests

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