Attitudes of Black South African Mothers towards the Use of Indigenous Healing and Western Medicine in the Treatment of Newborn Infants

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Abstract

While the infant mortality rate in South Africa has decreased, it remains a concern. Although there may not be any direct link between infant mortality and maternal infant-care practices, the health-seeking behaviour of mothers of newborn infants is a neglected area of research. Consequently, there is a need to understand the persons that mothers approach to prevent ill-health and restore and promote their infants' health and well-being. The study therefore explored the attitudes of Black South African mothers regarding the use of indigenous and/or Western medicine for the treatment of childhood or infancy conditions. The study adopted a qualitative approach, guided by an Afrocentric perspective. Interviews were conducted with 18 participants and responses were analysed using thematic analysis. A key finding was that participants viewed monthly visits to Western-based healthcare clinics as necessary to monitor the development of their children. Consultations with traditional healers were intended to protect their infants against evil spirits. The main conclusion reached was that the use of traditional healing and Western medicine are not necessarily mutually exclusive. Mothers were able to see the value of both approaches, despite a preference for biomedicine.

Keywords: indigenous practices; newborn infants; maternal beliefs; traditional medicine; Western medicine

UNISA university of south africa PRESS

Africa Journal of Nursing and Midwifery
https://upjournals.co.za/index.php/AJNM/index
Volume 22 | Number 2 | 2020 | #7497 | 18 pages

https://doi.org/10.25159/2520-5293/7497
ISSN 2520-5293 (Online)

Introduction

Since the advent of democracy in South Africa in 1994, the country has achieved notable successes in maternal and child health. These include free healthcare to pregnant and lactating mothers and children below six years of age, prevention of vertical transmission of HIV, high immunisation coverage rates, eradication of deaths due to polio and measles, the promulgation of the Choice on Termination of Pregnancy Act, and the implementation of the Primary School Nutrition Programme (Mhlanga 2008). Notwithstanding these positive achievements, infant mortality rates continue to raise concerns. Infant mortality rates refer to the number of deaths during the first year of life per 1,000 live births. Statista reports that the infant mortality rate decreased from 42.9 in 2008 to approximately 28.5 deaths per 1,000 live births in 2018. Among the main causes of death were prematurity, asphyxia, tuberculosis, diarrhoea, pneumonia and infections (Statista 2020). While there may not be any direct link between infant mortality and maternal infant-care practices, the issue of health-seeking behaviour among mothers of newborn infants is a neglected area of research. Consequently, there is a need to understand the persons that mothers approach to prevent ill-health and restore and promote their infants' health and well-being.

The Departments of Health and Social Development (2010) report that many parents of children under the age of five years first take their children to traditional healers for treatment. Only when these children do not appear to be getting any better do they take them to a hospital or clinic. Although many parents believe in hospital treatments rather than traditional methods, they do believe in the effectiveness of traditional healers in preventing and treating childhood diseases and illnesses caused by "witchcraft" (De Villiers and Ledwaba 2003; Peltzer, Phaswana-Mafuya, and Treger 2009).

De Villiers and Ledwaba (2003) maintain that many mothers in the various Black communities believe in the effectiveness of traditional methods in relation to treating infants. They subscribe to the belief that children need to be checked by traditional healers for various conditions of infancy. These conditions include *thema*, *hlogwana*, *makgoma*, *sekgalaka*, *sephate/tša dithabeng*, and *rigoni*, among others. Children below the age of 12 months are perceived to be the most vulnerable to such "illnesses." These "illnesses" are believed to originate from evil spirits that exist among the community population (Ayibor 2008) and are believed to result in death if not treated (De Villiers and Ledwaba 2003; Peltzer and Promtussananon 2003). By treating these "illnesses," which are part of the indigenous belief system, traditional healers can dispel the bad blood caused by evil spirits, and strengthen and protect infants.

Thema is the Northern Sotho term for capillary naevus, which is a retraction often found on the back of an infant's neck, and *hlogwana* refers to a small head and sunken anterior fontanelle. According to biomedicine, neonates have soft parts on their heads called fontanelles, which are fibrous gaps that occur when two cranial bones are juxtaposed or where two or more sutures meet (Oumer et al. 2018). These gaps allow the skull to deform during birth, thereby easing the infant's passage through the birth canal. After

birth, the brain grows faster than the skull and the soft areas allow for unequal growth. The term fontanelle from the Latin term *fonticulus* and the old French word *fontaine* means "little fountain" and is derived from the pulsating of the fontanelle with the heartbeat (Oumer et al. 2018). What Western doctors have termed dehydration (associated with a sunken fontanelle) and capillary naevus (pigmented or red vascular birthmarks) (Watkins 2016), traditional healers call *hlogwana* and *thema* respectively. It is estimated that as many as 70% of babies are taken to traditional healers for *hlogwana* and *thema* (Truter 2007). The prevalent belief is that by performing the rituals on the babies the evil spirits are eliminated and the ancestors are appeased (Truter 2007).

Bopape, Mothiba, and Malema (2013) explored the indigenous practices of mothers of children admitted to the Polokwane Mankweng Hospital in Limpopo. They found that mothers took their infants to traditional healers for the treatment of *hlogwana* and *thema*. In addition, they sought help from traditional healers for *makgoma* (evil spirits from people experiencing various illnesses, abortions, or who had attended funerals), *sekgalaka* (sores on the body), and *sephate/tša dithabeng* (the child scratches his/her nose and pulls his/her fingers). Children were usually taken to traditional healers prior to hospital visits.

Rikhotso (2017) conducted research on the indigenous knowledge of traditional health practitioners in the management of *rigoni* in the Vhembe district of Limpopo. *Rigoni* is a localised red spot on the occiput of an infant delivered by a mother diagnosed with a sexually transmitted infection. The infant presents with poor eye contact, vomiting, respiratory distress and uncontrollable crying. Other signs include a retracted neck and a sunken anterior fontanelle. The infant contracts *rigoni* while in utero or during normal vaginal birth and this condition can cause complications that may contribute to infant mortality if not treated. Rikhotso found that according to indigenous African beliefs, *rigoni* can only be treated by traditional health practitioners who use traditional medicine or herbs and animal products. This condition is also treated with tissue excised from the maternal vaginal wall. Names for this condition include *lekone* (Sepedi), *iplayit* (isiZulu), *goni* (Xitsonga) or *abantu illnesses* (Rikhotso 2017).

More recently in 2019, Tembo, Maganga, and Dewah reported on the age-old cultural practice of *kutara* for the treatment of sunken fontanelle. This practice "involves the father of the infant sliding his penis from the lower part of the left and right cheeks to the top of the head, as well as from the lower part of the face to the top of the head, and from the lower back part of the head to the top" (2019, 1). While some critics have denounced this practice as unethical, Tembo, Maganga, and Dewah (2019, 1) maintain that "it is imperative to harness the life-furthering age-old traditions in African ontological existence."

Western doctors have reported that many of the characteristics that manifest in infants and for which traditional healers are consulted are in fact harmless (Ayibor 2008). Traditional healers often heal these illnesses by providing herbs or using a razor blade to relieve the infant from the "bad blood" flowing in their bodies. According to De

Villiers and Ledwaba (2003), although parents believe in the effectiveness of traditional methods, they may nevertheless have negative implications. For example, children can be harmed from the application of ointments on fresh scarifications, and infants can also develop severe liver and kidney damage due to some herbal toxins (De Villiers and Ledwaba 2003).

Some Western doctors hold the view that the use of traditional medicine with newborn infants may be potentially harmful as the equipment used by traditional healers may not be sterilised properly and the methods used may be too drastic for vulnerable infants (Gagrysch et al. 2009). On the other hand, many elderly people in Black communities believe that infants have different "illness" stages through which they progress. These "illnesses" need to be cured through the use of traditional methods that have existed for many years (Gagrysch et al. 2009). Consequently, mothers are faced with the choice of using Western and/or traditional healing in raising their children, especially at the infant stages of their lives. According to the Departments of Health and Social Development (2010), it was reported that many children admitted to paediatric wards at hospitals showed signs of having been treated by a traditional healer through razor blade marks on their bodies and a black ashy substance on their fontanelles. For these reasons, the objectives of the study were (1) to explore the attitudes of Black South African mothers towards indigenous and/or Western medical practices in the treatment of infant illnesses, (2) the reasons for their preferences, (3) their experiences with these two healthcare approaches, and (4) factors affecting adherence to healthcare advice.

It was envisaged that the study would enable healthcare professionals to make better informed and more culturally acceptable recommendations when working with clients of different cultural origins. Furthermore, many of the traditional beliefs that exist are not recorded in writing but instead are passed down from generation to generation through oral histories; hence this information needs to be captured by researchers (Adu-Gyamfi and Anderson 2019). Lastly, it was felt that the research would contribute to the current discourse on decolonising the healthcare curriculum to encompass the beliefs and traditions of African people as the study was guided by the Afrocentric theoretical perspective.

Literature Review

Essentially there are three healthcare sectors in South Africa, namely, the Western-based public healthcare system, the Western-based private healthcare system for persons with medical insurance, and the traditional healthcare sector. According to Mayosi and Benatar (2014), the high levels of poverty and unemployment mean that the issue of healthcare is the responsibility of the state, which accounts for approximately 40 million people in the country or 84% of the population who do not have medical insurance. Although government funding is provided, the public health sector has very high expenditure rates and, in comparison with the private healthcare sector, which is well-resourced, the public healthcare services are of very poor quality (Ranchod et al. 2017). The South African Health Ministry is currently engaged in planning and

implementing a National Health System (NHS) through National Health Insurance (NHI). The purpose is to reduce the widespread inequities in healthcare provision between public and private healthcare and provide appropriate healthcare to all citizens (Mutwali and Ross 2019).

While it is difficult to obtain accurate figures for the total number of traditional healers in South Africa, as at 3 June 2019 there were approximately 70,000 healers registered with the Traditional Healers' Organisation, and 45,652 medical doctors (including community service doctors, general practitioners and specialists) registered with the Health Professions Council of South Africa (Daffue, personal communication, HPCSA 2019). Traditional healers are consulted by approximately 80% of the South African population, in conjunction with modern biomedical services (Adu-Gyamfi and Anderson 2019; Mendu and Ross 2019). However, this figure is based on a guesstimate rather than empirical evidence as people are often reluctant to reveal that they have approached traditional healers and the latter usually do not keep written records.

Biomedicine is more evidence-based and supported by government and the scientific community, but it often lacks cultural sensitivity. In contrast, traditional medicine tends to be sensitive to psychological, environmental and spiritual influences (Van Niekerk 2012). As a result, traditional healers are often the first persons to be called for help when illness strikes the majority of South Africans (Van Niekerk 2012). This scenario occurs because they are not only available, accessible and affordable, but they form part of African culture (Mendu and Ross 2019). In the past, traditional healers practised secretively in South Africa because their practice was prohibited (Mendu and Ross 2019). Currently the use of indigenous healers has been formalised with the promulgation of the Traditional Health Practitioners Act, No. 22 of 2007 (RSA 2008).

Theoretical Framework

Molefe Kente Asante, founder and principal theorist of Afrocentricity (1993), maintains that "an Afrocentric perspective is an orientation to data that places African people as participants and agents in the shaping of their life chances and experiences" (cited in Davis, Williams, and Akinyela 2010). The Afrocentric perspective is based on the African cultural values of people of African origin and African descent throughout the world. Afrocentricity is a perspective that allows Africans to be subjects of historical experiences as opposed to simply being objects on the fringes of Europe. There are four basic assumptions underpinning Afrocentrism: (1) people, animals and inanimate objects are all interconnected; (2) a person's individual identity is conceived as a collective identity, which entails a collective responsibility for what happens to others; (3) mind, body and spirit cannot be separated and the spiritual aspect of humans is just as important as the material or physical aspect; and (4) the affective approach to knowledge is epistemologically as valid as the objective empirical approach (Adu-Gyamfi and Anderson 2019; Mathebane and Sekudu 2018; Mogorosi and Thabede 2018).

Method

The research was located within an interpretive, qualitative paradigm. This paradigm is characterised by a need to understand the world as it is seen from a subjective point of view and seeks an explanation within the frame of reference of the participant rather than the objective observer of the action (Perren and Ram 2004). Hence the study endeavoured to explore and describe subjective views of Black African mothers towards traditional healing and Western medicine in the treatment of newborn infants.

The target population for the research was Black African mothers in South Africa. The sample drawn from the population was restricted to a group of 18 Black African mothers recruited through non-probability snowball sampling. The only participant inclusion criteria used in selecting participants was that they needed to be South African mothers from the Black African racial group, aged between 18 and 45 years. The rationale for focusing on this age range was to only include adult women of child-bearing age as it was anticipated that they would be more likely to be able to recall their beliefs and practices in relation to their newborn infants.

A semi-structured interview schedule was used for the study. The schedule focused on socio-demographic details, beliefs and practices in the treatment of newborn infants, preferences in relation to treatment approaches for newborn infants and reasons for preferences, experiences with different healthcare systems, and adherence to healthcare advice. A pretest of the interview schedule was conducted, which included an interview with two people who met the eligibility criteria but were not included in the final administration. The pretest showed that the interview schedule was understandable as participants did not suggest changes and answered all the questions asked by the researcher (the first author).

Individual face-to-face interviews were held with participants, with each participant being interviewed for approximately one hour at their preferred time and location. Data collection for the study began when ethics clearance was obtained. In case of any distress the participants may have experienced from their participation in the study, counselling was made available to them. However, none of the participants reported any distress caused by taking part in the study and the service that was offered was not taken up by any of the participants. The main language that was used in the interviews was English, plus the occasional use of vernacular languages to enhance clarity for some participants. With the permission of the participants, the interviews were audio recorded.

Thematic analysis was employed to analyse the data that were collected in the study. Thematic analysis is a method used for identifying, analysing and reporting themes within data (Braun and Clarke 2006). The various steps that were followed in the thematic analysis of data, as formulated by Braun and Clarke (2006), included familiarisation with the data, generating initial codes, searching for themes, reviewing the themes, defining and naming the themes, and producing the report.

To enhance the trustworthiness of the data analysis, Guba and Lincoln's (2005) four criteria were taken into consideration. *Dependability* was enhanced through using the same researcher and asking participants the same research questions. *Credibility* was enhanced through a detailed description of the research methodology and the theoretical framework as well as thick descriptions of the data. *Confirmability* was enhanced through correspondence checking whereby the themes identified by the first author were checked by the second author for correspondence with the themes that the latter had identified. In terms of *transferability*, while generalisation is usually not an issue in qualitative research, findings may nevertheless be applicable to other mothers in similar settings.

Efforts were made to adhere to the ethical principles of informed consent, voluntary participation and the right to withdraw from the study, non-deception, confidentiality, anonymity, no harm to participants, and review by a university ethics committee.

In terms of limitations, the small, non-probability sample precluded generalisation of the findings to the broader population of Black South African mothers. Second, the participants may have furnished socially desirable answers. However, efforts were made to obviate this weakness through assuring participants that there were no right or wrong answers and that the information would be kept securely and names anonymised during the writing of the research report. A third limitation was to not include mothers below the age of 18 years and those above 45 years of age as there are many teenage mothers in South Africa (Odimegwu, Amoo, and De Wet 2018) and it is possible to fall pregnant after 45 years. In hindsight, a fourth limitation was the failure to compare the cultural beliefs and practices of the different ethnic groups in the study.

Results and Discussion

Demographic Profile of Participants

The sample was made up of 18 Black African mothers whose ages ranged from 21 to 40, with the majority (17) falling within the 21–35-year age group. In terms of marital status, 15 were single and three were married. The fact that there were far more single than married persons in the sample could possibly be attributed to the large number of absent fathers in South Africa (Eddy, Thomson-de Boor, and Mphaka 2013). Regarding the distribution of ethnicity, there were nine Sepedi-speaking participants, three were Zulu, with one person from each of the following language groups: XiTsonga, Sotho, SeTswana, Venda, Xhosa and Swati.

Objective One: Cultural Beliefs and Practices Related to the Treatment of Newborn Infants

In accordance with the Afrocentric perspective, which emphasises that culture matters in the past, present and future lived experiences of African communities (Davis, Williams, and Akinyela 2010), participants were asked about their cultural beliefs and

practices regarding the treatment of newborn infants. Analysis of the findings in respect of these beliefs and practices revealed the following three themes.

Theme 1: Babies are taken to traditional healers a few times in the first few months and thereafter on a monthly basis to Western healthcare clinics

Mothers who used traditional healers reported that they tended to use this service for a few months after birth for up to three visits while the infant was still young. The purpose was to rid them of the perceived evil spirits around them. Once that treatment had been completed, they usually did not go back for treatments that could be completed through medical doctors. In relation to Western medicine, mothers tended to take their infants to doctors and clinics at least once a month. The purpose of these visits was to monitor progress in the growth and development of the infant. The following quotes conveyed this theme:

> I see a traditional healer for my baby once or twice after birth. (Participant 1)

> I only see a traditional healer about maybe once a year. (Participant 6)

> My baby goes to the clinic once every month, because it is recommended that he goes once a month. (Participant 8)

> Immediately when the baby is not feeling well, I go to the doctor. (Participant 11)

> I go to the doctor monthly for vaccinations and occasionally for when necessary. (Participant 1)

These findings were consistent with those documented by Buser et al. (2020) in their study of mothers with infants in rural Zambia. They found that mothers experienced a dual sense of responsibility to satisfy both cultural and biomedical health system expectations.

Theme 2: The choice of traditional healing is influenced by practices of elders and family socialisation

Eleven participants explained that they had been exposed to traditional healing approaches by elders in their families who were held in high esteem. Traditional healing was part of their family lives and they had come to accept these practices despite being aware of the risks involved. They therefore tended to utilise the services of traditional healers for treating their infants for *hlogwana* and *thema*. The following quotes encapsulated this theme:

> I feel like traditional healing is okay because our great grandparents used it and if it worked for them, I don't see why it would be harmful now. (Participant 2)

> I don't feel good about using traditional healing on my child but at some point I feel I am forced to because we have been taught of things like *hlogwana* by our grandparents which Western doctors don't treat. (Participant 6)

> Straight after birth, the elders because they are more knowledgeable and thereafter, I decide because it is believed that it is Western related since the "evil spirits" will have been removed. (Participant 1)

The finding that elderly family members were the main influence behind the use of traditional healing with infants speaks to the findings of Haskins et al. (2017). They concluded that family members are key actors in health decisions of those related to them and the type of treatment chosen. Similarly, Bopape, Mothiba, and Malema (2013) found that their participants had grown up in families where they had learned about *hlogwana* and *thema*. Buser et al. (2020) in their study of rural Zambians found that grandmothers greatly influenced mothers' decisions regarding newborn care practices. These findings highlight the influence of the extended family system in the African context, which is one of the key characteristics of Afrocentrism (Asante 2006). Moreover, the influence of family elders on decisions regarding infant care further highlights the collective nature and identity of Africans within their family and community contexts (Mogorosi and Thabede 2018).

Theme 3: Reluctance to disclose visits to traditional healers to Western healthcare practitioners

Eleven mothers informed the researcher that they did not usually disclose to doctors their use of traditional healing and gave reasons for adopting this approach. Examples of responses articulating this theme included the following:

> I don't disclose because I think doctors don't allow visits to traditional healers. I think doctors fear that people will abandon Western medication if they allow them to also use traditional medicine. (Participant 7)

> I do not disclose the fact that I have consulted with a traditional healer because I want to compare the findings of the doctor and the healer and it's always better to get two different opinions. At times Western medicine and traditional can go hand in hand to heal children. It's better to rule out all scenarios rather than one. (Participant 7)

Makau (2003) has suggested that African cultures understand the use of traditional healing to be confidential because of the message it is understood to deliver to the individual from the ancestors. This understanding may account for why some African mothers chose not to disclose this information to Western practitioners. Mkize (2003) maintains that the Afrocentric perspective views all forms of health as a result of conflict between the individual and spirits around them. Hence it is possible that some of the mothers may have felt that such a perspective would not have been acceptable to Western healthcare practitioners.

Objective Two: Preferences in Relation to the Treatment of Newborn Infants and the Reasons for These Preferences

When asked about their treatment preferences, nine participants relied on the symptoms manifested by the infant to direct their decision as to whether to see a traditional healer or a Western doctor at the particular time. In terms of the themes that emerged, it seemed that all the mothers preferred Western medicine, while some of them made use of both approaches. According to Bojuwoye and Sodi (2010), different societies have their own ways of understanding and describing various forms of illnesses. This perspective could possibly account for why some mothers believed in traditional healing as a method to heal infants while others did not.

Theme 1: Preference for Western medicine

Eighteen participants seemed to prefer Western healthcare professionals as a first point of contact. The following quotations captured this theme and conveyed the reasons for this preference:

> Western doctor, because I trust them. Not to say I don't trust traditional healers, but I just trust Western doctors more and they are convenient. (Participant 2)

> I prefer a doctor to avoid having my child have even more complications because of the methods used by the traditional healer. (Participant 6)

> Western is my first preference/contact because when children get sick, it is shown through a change in their temperature, so it is best for me to see a doctor first to check. (Participant 8)

> A Western doctor, you would rather check with a Western doctor in case it's an illness that requires Western medication. A traditional healer can't heal everything that a Western doctor can heal, one might start with a traditional healer and make the situation worse. (Participant 5)

> I would never prefer a traditional healer because I grew up in a family that does not use or believe in the use of traditional health methods so I don't think traditional medication would ever be an option for me in terms of healing my children. (Participant 18)

Theme 2: Make use of both approaches by first consulting a Western doctor and then a traditional healer if not satisfied with biomedical treatment

Twelve mothers indicated that they would use both approaches to healing, as revealed in the following quotes:

> I begin at the doctor and if I am not satisfied with what is said or I see no progress then I go ahead to consult with a traditional healer. This is because sometimes children can receive callings that need traditional ceremonies, for example what appears as a flu-like symptom in an infant could be a bile issue that only the traditional healer would be able to see and sort out. (Participant 13)

> I prefer both, first the doctor then if I do not see results then the traditional healer. (Participant 1)

In order to understand the development of Africans from an Afrocentric perspective, Asante (2003) suggests that we understand the reasons behind the actions of the African people from their own perspective. Hence the mothers in this study were encouraged to explain the reasons for their treatment preferences. It seemed that these mothers preferred to initially consult a medical doctor and if they were not happy with the results, they would then approach a traditional healer. This finding is in line with the views expressed by Sodi and Bojuwoye (2011). They maintain that the practice of using both traditional healing and Western medication is widely used in Africa. Some mothers reported that their decision was guided by the symptoms displayed by the infant. Based on the types of symptoms, they would know who to consult. In studies conducted by Semenya, Potgieter, and Erasmus (2012) and Bopape, Mothiba, and Malema (2013) traditional healers were found to always be first in line in terms of treatment preferences. However, in the present study it was found that traditional healers were actually not always the first choice for treatment of infants and that Western healthcare services were preferred by all the mothers in the study. This finding may have represented a socially desirable response to the researcher who may have been perceived as favouring a Western paradigm. Alternatively, Mazama (2001) contends that from an Afrocentric perspective, a problem of many African people is their unconscious adoption of the Western worldview.

Figure 1 depicts the health-seeking behaviour of mothers of newborn infants who participated in the study.

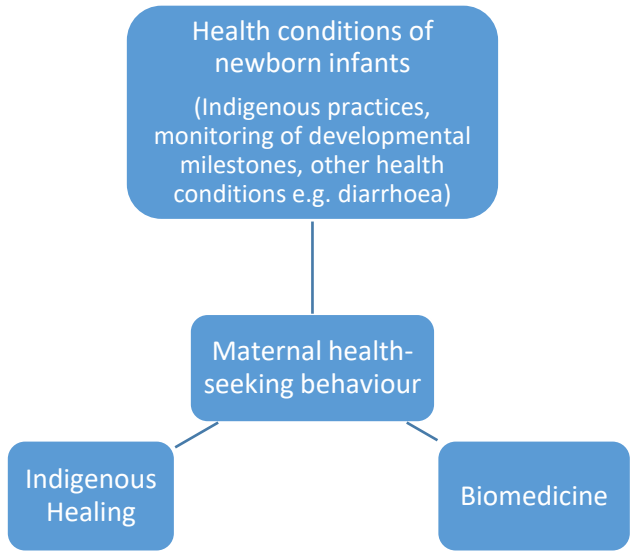

Figure 1: Diagram depicting health-seeking behaviour of mothers of newborn infants

Objective Three: Experiences with Different Healthcare Systems

In relation to their experiences with traditional healing and Western medicine, two themes emerged.

Theme 1: Positive experiences with Western healthcare

Fifteen of the mothers had enjoyed positive experiences with Western healthcare practitioners, as illustrated in the following verbatim responses:

> Doctors are very good because they explain the diagnosis of the child, why they are prescribing certain medication and how long it will take approximately for it to work. (Participant 20)

> Western way is great except if it's the government services. We all complain about how they treat their patients. Besides that, I give them a thumbs up. (Participant 6)

Theme 2: Positive experiences with traditional healing

Twelve participants had favourable experiences with the traditional healers whom they had consulted.

> My experiences with traditional healers have been good because they were very helpful and know a lot about *hlogwana* and *thema*. (Participant 19)

> The traditional healing experience is often pleasant. Sure, the setting is a lot more different than hospitals, but the help is the same. (Participant 9)

> My experience with traditional healers was okay, I gathered they are very old and wise. However, their methods can be quite scary. … Western service use has been fine, they are helpful and use facts to diagnose and treat. (Participant 1)

The findings revealed that participants found traditional healers very knowledgeable. Consistent with this finding, Nkungwana (2005) maintains that many people in communities consult traditional healers because they believe they are knowledgeable and can restore their well-being. The findings showed that many mothers had enjoyed good experiences with both methods of healthcare. Others complained of poor-quality public healthcare services. These complaints are understandable if one considers the overburdened state of public healthcare in the country. For example, while South Africa has a fairly well-developed healthcare system compared with other African countries, the Office of Health Standards Compliance conducted a study from 2012 to 2016 that included 40% of the health facilities in the country. The research revealed that most South African state clinics and hospitals did not meet the most basic healthcare standards (Savides and Govender 2016).

Objective Four: Adherence to Healthcare Advice

Theme 1: Adherence to healthcare advice because of the benefits to the infant

All 18 of the participants confirmed that they followed through on prescriptions and follow-ups with regard to healthcare because of the importance of their infant's health. Mothers explained that Western follow-ups are usually for vaccinations, which are important for the health and well-being of the infant. They also felt that giving medication as prescribed contributes to the development of the infant. Mothers who used traditional healing stated that they did not visit the healer often, and only in the first few months after the birth of the infant. The following extracts depict some of the participants' feelings on adherence:

> I follow the instructions given to me by the healthcare professionals because they know better about treatments than I do, so surely there is a good reason as to why it is that they are prescribing medication for a certain period of time. … Traditional healers usually do not give medication but just treat the infant in a certain way and that's it. But if they were to give medication, I would certainly adhere. (Participant 20)

> Yes, I do adhere. This is because medication can be very harmful if not used correctly, therefore I follow instructions carefully, also because I want my little one to get better. (Participant 3)

> Yes I do follow up, because I want to know and see the progress of my infant. (Participant 13)

> Yes, I believe that there is a reason for the follow-up dates set, and I think this is also for the traditional healer to monitor progress with the healing. (Participant 12)

> Yes I do, because I want my baby to be healthy and to grow well so I listen to the doctor. (Participant 11)

Theme 2: Discontinue adherence if the advice adversely affected the infant

Mothers indicated that they would discontinue adherence to healthcare advice and medication if it had an adverse effect on their infants, as the following quotation illustrates:

> Yes, I do adhere, as I feel the same about the effectiveness and healing of the infant in both a Western medicine scenario and a traditional one. Again, the only time I would discontinue the administration of medicine is if I see the infant becoming worse with the aid of medicine. (Participant 6)

From the above responses it seemed that all mothers in the study tended to comply with medication prescribed to them and adhered to follow-up dates given to them by both traditional and Western healthcare practitioners. The main reason behind adherence was because mothers felt that it was in the best interests of the infant and that they wanted

to see progress in their infant's growth and development, suggesting that mothers understood the importance of the health of their infants.

All 18 of the participants maintained that traditional healers rarely gave prescriptions but instead provided a holistic approach to healthcare issues, including spiritual care. In this regard, Nkungwana (2005) states that treatment from traditional healers is comprehensive and has curative elements. The inclusion of spiritual care is in line with the Afrocentric perspective (Mathebane and Sekudu 2018).

Conclusions and Recommendations

While much of the literature indicates that traditional healing tends to be the preferred approach of many Black African communities, findings from the present study revealed a preference for Western medicine in the treatment of newborn infants. The study showed that many participants had the final say in terms of which healthcare method to use for their infants. However, they were influenced by the collective culture into which they had been socialised and the elders. Participants gave the impression of understanding the importance of healthcare in relation to their infants and the impact of their healthcare decisions on the health of their infants. The findings also suggest that traditional healing and Western medicine are not necessarily incommensurable paradigms. Mothers were able to see the value of both approaches, despite a preference for Western healthcare. Whereas Buser et al. (2020) found that mothers experienced tensions in trying to balance the dualism between responsibilities to cultural and biomedical healthcare, there was minimal evidence of these stresses in the present study. The results also underscored the importance of an Afrocentric theoretical approach for guiding a research project of this nature as it allowed the beliefs and practices of African mothers to emerge in relation to infant healthcare.

Stemming from these conclusions, it is recommended that in dealing with Black African mothers of newborn infants, nurses, midwives and other healthcare professionals need to be aware of the beliefs and preferences of these mothers so that they are able to approach cultural issues and dilemmas in a culturally sensitive manner. We endorse the recommendation of Buser et al. (2020, 8) that nurses and midwives need to "promote the maintenance of cultural beliefs that benefit or at least do no harm to the mother-newborn dyad while encouraging the reframing of potentially detrimental practices." In order to influence change within the healthcare curriculum and make it more Africanised and decolonised, it is important that biomedical practitioners and traditional healers are afforded opportunities to learn together. Indigenous literature also needs to be included within the curriculum that can potentially promote the history, culture, beliefs and practices of African people. Finally, it is recommended that future research compare the indigenous beliefs and practices of different ethnic groups in relation to the care of newborn infants.

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