

CHAPTER 1

Orientation to the study

1.1 INTRODUCTION

South Africans display a diversity of cultures, beliefs and practices. This diversity of cultures has an impact on midwives' interventions with patients. In the present study, the researcher investigates the beliefs and practices of Sotho women during pregnancy, to enable nurses and midwives to render culturally congruent and sensitive care to Sotho women.

1.2 PROBLEM FORMULATION

1.2.1 Background to the problem

According to Novak and Broom (1995:136), midwives must understand the variations in the client's attitude and behaviour during pregnancy resulting from cultural influences. Clark (1996:276) points out that nurses/midwives frequently encounter clients whose culture differs from their own. The response of the midwives may be either positive or negative. Some potentially negative reactions include ethnocentrism, cultural blindness, cultural shock and cultural conflict.

Midwives sometimes also negate the practices of certain cultural groups. For example, midwives might ignore prescriptive and restrictive practices regarding nutrition, level of activity and attendance of an antenatal care clinic because of differences in orientation. The fact that midwives also negate the practices of some cultural groups is frequently found in the clinical field where Sotho antenatal clients are nursed by nurse practitioners of a cultural group other than Sotho. Clark (1996:277) asserts that midwives need to be familiar with the various dimensions of their clients' cultures and the influence of culture on health and also consider the unique qualities of each individual, family or group.

According to Gorie, McKinney and Murray (1998:216), clients' beliefs should be assessed during pregnancy because midwives have to act in accordance with the client's cultural values and beliefs in rendering care, as culture has a bearing on an individual's health care behaviour.

Nolte (1998:72) states that since child bearing is a social process that is influenced by cultural factors, it is important that the midwife understands and is sensitive to the large context in which midwifery care is provided. Andrews and Boyle (1995:100) state that all cultures recognise pregnancy as a transition period, and behaviour and activity during pregnancy are influenced by particular customs and beliefs. In the researcher's view, midwives should therefore understand these customs and beliefs in order to provide antenatal care that is culturally congruent to women. Culturally congruent care contributes much to holistic care, in the sense that the cultural domain of patients is taken into consideration. In Southern Africa, the South African Nursing Council philosophy also holds that patients should be nursed in totality, taking into consideration their physical, psychological and socio-cultural dimensions. Culturally congruent care is also in line with the functions of the human rights commission and *Batho Pele* principles and in this regard the needs of the people should come first and satisfied (Department of Public Service and Administration 1997:2; South Africa (Republic) 1996:100-101).

1.2.2 Problem statement

There is an apparent lack of understanding of the beliefs and practices of Sotho antenatal women by midwives belonging to the Sotho and to other cultures in Qwa-Qwa. This may result in the culturally incongruent care of pregnant women. This led the researcher to explore the beliefs and practices of Sotho women so that midwives could become aware of these beliefs.

At the Bolata Clinic in Qwa-Qwa most of the patients are of the Southern Sotho culture while the nurses are from Southern Sotho, Zulu and Northern Sotho. The researcher noticed that some of the midwives did not understand why Sotho antenatal women applied red clay ointment (*letsoku*) and wore pendants, strings, a sheepskin or red flannel petticoats. They negated these practices simply because they did not understand their importance to the women.

1.3 PURPOSE OF THE STUDY

The purpose of the study was to explore the beliefs and practices of Sotho women regarding antenatal care in order to render culturally congruent care to Sotho women.

1.4 RESEARCH QUESTION

The guiding research question for this study was: What are the beliefs and practices of Sotho antenatal women?

1.5 RESEARCH OBJECTIVES

The specific objectives of this study were to

- describe the nature of pregnancy as perceived by Sotho antenatal women
- explore and describe the beliefs and practices of Sotho antenatal women
- acquire an insight into Sotho women's beliefs and related practices in the antenatal period in order to inform midwives

1.6 SIGNIFICANCE OF THE STUDY

The results of the study are intended to influence the redefinition of nursing curricula regarding antenatal care to pregnant Sotho women. The study should contribute to nursing in South Africa, because each South African culture has a set of values and beliefs, which determine the cultural group's behaviour. There is a need, therefore, to observe the cultural behaviour of all South Africans, including Sotho antenatal women. The topic "beliefs and practices of Sotho antenatal women" is thus significant to nursing. The results of this study could be used in in-service training and curriculum content.

The researcher is of the opinion that midwives should broaden their perspectives of the cultural background of women, which strongly influences their health care behaviour during pregnancy (Pilliteri 1995:166-167). This can be done by properly assessing women regarding their cultural orientations.

Le Compte, Preissle and Tesch (1993:26) cite Smith (1987), who states that experiences of individuals whether powerful or powerless must be represented in theories of culture and society. The present study should, therefore, enable nurses to understand the behaviour of pregnant Sotho clients as a cultural group. Hence the study is significant in nursing because it will contribute to the body of knowledge of nursing. Le Compte et al (1993:26) and Papadopoulos, Tilki and Alleyne (1994:21) confirm that the beliefs and practices of a particular group should be studied [in this case, the emic perspective] to generate knowledge regarding people's cultural beliefs for nursing.

In the researcher's view, the way that midwives care for their patients would be affected if the results of the study were implemented in a midwifery programme. Midwives would be enabled to think and care for their patients in a culturally accepted and acceptable way. The positive outcome of a study like this one could ensure that midwives are aware of the link between congruent cultural care and better patient outcomes. With the current emphasis on evidence-based care, the importance of taking people's cultural beliefs and practices into account and developing a nursing care plan around these cultural aspects will greatly improve health outcomes. Being exposed to other cultures should assist midwives to appreciate why certain norms and values have been effective for these cultures and to shed their ethnocentrism.

The results of the study should assist management in primary health services to achieve their goals of improving quality care through training appropriately skilled midwives, and updating and upgrading their knowledge and skills with regard to cultural care.

1.7 ASSUMPTIONS OF THE STUDY

According to Kuhn (Mouton & Marais 1992:149), any research undertaking has three areas of commitment: theoretical-conceptual, methodological-technical, and ontological. Accordingly, the researcher formulated the assumptions for the study with reference to Kuhn's areas of commitment.

1.7.1 Assumptions regarding theoretical-conceptual commitments

Theoretical-conceptual commitment represents commitment to the accuracy or the truth of the theories and laws of the particular paradigm (Mouton & Marais 1992:147). In this study the following assumptions were set:

- There are multiple realities created by cultural determinants.
- Culture determines health care behaviour and views on pregnancy.
- A phenomenon should be seen as part of the cultural context in which it resides.

1.7.2 Assumptions regarding methodological-technical commitment

Methodological-technical assumptions pertain to the criteria regarded as scientific and to the methods and instrumentation by means of which a given view of what is scientifically valid may be realised (Mouton & Marais 1992:147). In this study it is assumed that:

- The qualitative research method also applies to the study of the beliefs and practices of Sotho antenatal women. Qualitative research can lead to understanding Sotho women's antenatal practices.
- Unstructured interviews can elicit the required information from the informants.
- The emic perspective or eliciting meaning from the informants can provide a better understanding of the beliefs and practices of Sotho antenatal women as a cultural group.

1.7.3 Assumptions pertaining to ontological commitments

According to Mouton and Marais (1992:147), the ontological dimension of research examines the nature of the research object, and tackles the "what is" of the phenomenon.

It is assumed that:

- Beliefs and practices of antenatal women as a cultural group determine their health care behaviour and their views on pregnancy.

- Understanding Sotho women's antenatal practices resides in understanding Sotho cultural symbols and rituals.

1.8 OUTLINE OF THE RESEARCH DESIGN AND METHODOLOGY

Chapter 3 describes the research design, context or setting, methods of data collection, data analysis process, ethical considerations, and the establishment of rigour in detail.

1.8.1 Research design

The researcher adopted an exploratory, descriptive and contextual qualitative approach using a non-experimental research design.

1.8.2 Target population

A population consists of all the cases that meet the designated criteria. In this study, the target population consisted of all pregnant Sotho women living in Bolata Village (De Vos 1998:190; Polit & Hungler 1993:173; Thomson 1997:227).

1.8.3 Sample design

Purposive sampling, a non-probability method of sample selection, was used to identify the informants of the study (see chapter 3, section 3.4.6).

1.8.4 Sample size

The researcher interviewed twenty women until saturation was reached (see chapter 3, section 3.4.10). Eligibility criteria were used.

1.8.5 Context or setting

The study was conducted at the Bolata Clinic and Eva Mota Clinic in Qwa-Qwa, the two clinics attended by the informants (see chapter 3).

Qwa-Qwa is a former self-governing state situated at the Eastern part of the Free State Province and a partly rural area. In Qwa-Qwa there are townships, elite areas and villages. Bolata village is situated in the Western part of Qwa-Qwa (see figure 3.1). People living in this area are rural people.

1.8.6 Data collection

The data were collected during focus group interview sessions lasting between twenty and thirty minutes each (see chapter 3, section 3.5.2). The researcher actively listened to the informants in order to get clues on what question to ask next. Opportunities were used as they arose for probing for additional information (Maykut & Morehouse 1994:81-82).

Seven traditional birth attendants were interviewed to verify the information provided by the antenatal women (informants) and elicit additional information. A general guiding question was asked. Refer to chapter 3, section 3.5.1 for the guiding question. Later on an interview guide was used.

1.8.7 Data analysis

The four phases of data analysis and process were guided by Van der Wal (2000:331-362) (see chapters 3 and 4 for the data analysis).

A thorough review of all recorded and written information that the researcher obtained during data collection was done. All interviews were conducted in Sotho and translated into English. Data analysis was done after the translation of the Sotho text into English.

The focus of the data analysis was on the speech or sentence, not just single words in isolation. Data was coded by identifying recurring themes and organised according to the themes (Brink 1999:192; Morse & Field 1996: 21; Polit & Hungler 1991:500-505).

The data collection method, namely focus group interviews, guaranteed the quality of the data collected because probing was done and the researcher's availability made it possible to check the completeness of the data (Wilson 1993:160).

1.9 ETHICAL ISSUES

Ethical issues were taken into consideration to protect the informants of the study (see chapter 3, section 3.8).

The following ethical considerations ensured that the informants' rights were not violated (Polit & Hungler 1995:134-142):

- The informants' self-determination was ensured by the provision of verbal and written information about the study.
- The informants were given an opportunity to give voluntary written consent to participate in the study.
- The informants were free to withdraw from the study if and when they so wished.
- Ensuring anonymity and confidentiality of the information provided enhanced the informants' right to privacy. This means that the responses were not labelled. Informants remained anonymous in reports and publication of the study (see chapter 3, section 3.8.3.2).

1.10 TRUSTWORTHINESS

Researchers develop models in order to ensure rigour without sacrificing the relevance of qualitative research.

According to Lincoln and Guba (1985:218), *trustworthiness* endeavours to establish confidence in the truth of the findings and determine the degree to which the findings or the inquiry may have applicability in other contexts as well as whether the findings would be consistently repeated on replication of the research in a similar context.

The researcher used Guba's model to assess the credibility, applicability, consistency and neutrality. These four aspects of trustworthiness are fully discussed in chapter 3. Table 1.1 is a schematic representation of the research methodology in the different research phases.

RESEARCH OBJECTIVE	DATA COLLECTION	DATA ANALYSIS	SOURCES/SAMPLE	TRUSTWORTHINESS
Phase1: • Conceptual phase	• Literature review	Analysis of • bracketing • intuiting	Primary, secondary and international	Lincoln and Guba (1985) • Credibility • Dependability • Confirmability
Phase2: • Research design • Data collection instrument • Sampling design	• Literature review • Focus group interviews	• Analysis of bracketing intuiting	• Primary, secondary and international resources • Non-probability purposive sampling of five informants in a group	Lincoln and Guba (1985) • Credibility • Dependability • Confirmability
Phase3: • Empirical phase • Data collection process, analysis/interpretation	• Unstructured interview field-notes • Literature review	• Interpretive • Analysis coding (colour codes manually) • Indexing • Categorising • Organising (Van der Wal 2000:331-362)	• Primary and secondary resources, national and international.	Lincoln and Guba (1985) • Credibility • Dependability • Confirmability

Adapted from Polit and Hungler (1995:31-37)

1.11 SCOPE AND LIMITATIONS OF THE STUDY

Limitations are theoretical and methodological restrictions in a study that may decrease the generalisability of the findings (Burns & Grove 1999:46).

1.11.1 Methodological limitations

The researcher recognises the restrictions in the study that may limit the credibility of the findings and restrict the population to which the findings can be transferable.

- Being an initial study in such an area, the instrument used for data collection may have limited credibility because it has not been tested before.
- There is a need for more studies in this area to improve the transferability of the findings and to establish the trustworthiness of the data.
- Another limitation inherent in the study is that the researcher had preconceived ideas about the phenomenon under study. The researcher knew some of the beliefs and practices of the women under study as she is of the same culture.
- This had a positive side, however, as the researcher could better understand the informants' beliefs and practices.
- The researcher applied second-level bracketing by not allowing previously conducted interviews to contaminate following interviews. Bracketing was maintained as bringing to consciousness everything the researcher knew about the culture and to keep this in abeyance while analysing the data.

1.11.2 Theoretical limitations

The researcher recognises that there could possibly be a weakness in the conceptual and operational definitions that restrict the abstract generalisation of the findings.

1.12 DEFINITIONS OF KEY TERMS

The following definitions of key terms are pertinent to this study:

Antenatal care: *Mosby's Medical and Nursing Dictionary* (1986:917) defines the antenatal period as a period prior to birth. Vlok (1996:377) states that antenatal care is the care of a woman in pregnancy until the child is born. *The Concise Oxford English Dictionary* (2000:30) defines antenatal care as care before birth or during pregnancy.

Antenatal: Before birth, or during pregnancy (*The Concise Oxford English Dictionary* 1995:18; *The Concise Oxford English Dictionary* 2000:30).

Culture: A patterned behavioural response that develops over time as a result of learning through social and religious structures and intellectual and artistic manifestations, it is also the result of

acquired mechanisms that have innate influences on behaviour but are primarily affected by internal and external environmental stimuli (Giger & Davidhizar 1995:13).

Belief: Acceptance of a fact or statement as true or existing (*The Concise Oxford English Dictionary* 1976:88). The feeling that something is real or true (*The Concise English Dictionary* 2000:70).

Practice: A habit or a custom (*The Concise Oxford English Dictionary* 1976:867). A habitual action or custom (*The Concise Oxford English Dictionary* 2000:626).

Restrictive belief: A belief that limits certain actions by custom (*The Concise Oxford English Dictionary* 1994:653).

Prescriptive belief: Belief prescribed by custom (*The Concise Oxford English Dictionary* 1994:597; *The Concise Oxford English Dictionary* 2000:630).

1.13 OUTLINE OF THE STUDY

Chapter 1 discusses the background to the problem, problem statement, research question, purpose of the study, objectives, significance of the study, study assumptions, research methodology, limitations and outline of the study.

Chapter 2 contains the literature review.

Chapter 3 describes the research design, research, population, sampling, data collection and data analysis. The ethical considerations and measures to provide trustworthiness are also discussed.

Chapter 4 deals with the data analysis and interpretation, and literature control.

Chapter 5 concludes the study and makes recommendations for further research.

1.14 CONCLUSION

This chapter discussed the research problem, formulated the research questions and objectives and defined key operational terms. The research methodology and design, population, data-collection instruments and eligibility criteria were discussed. The ethical considerations and trustworthiness of the data were also discussed.

Chapter 2 will focus on the empirical and theoretical literature sources available on the beliefs and practices of Sotho antenatal women.