

CHAPTER 4

Data analysis and interpretation

4.1 INTRODUCTION

Chapter 3 discussed the research design and methodology of this study. This chapter presents the data analysis and interpretation. The results are presented as themes, categories and subcategories, supplemented by literature control to verify the results.

4.2 DATA ANALYSIS

All the focus group discussions were conducted in Sesotho because not all the members of the groups were literate and they all preferred to be interviewed in Sesotho. The responses (data) were therefore translated into English before being analysed. During the data analysis, the researcher read all the field notes and listened to the tape recordings.

The researcher then reread the information in English several times to understand the data. Coding was done manually during the reading and rereading of the English transcripts, using colour codes. In some paragraphs, more than one topic emerged, which necessitated the use of different colour codes. Data was then indexed in specific categories (Field & Morse 1990:96-103; Polit & Hungler, 1991:500-503; Shi 1997:138). Following this, the researcher reorganised the data under different themes. Once the categorisation was complete, the researcher examined the categories to understand the data and relevant categories and themes.

The following themes, categories and subcategories emerged. All the data chunks relating to a theme are presented in tabulated format (Van der Wal 2000:331-362). This is done to avoid a biased selection of data, which could decrease the trustworthiness of the research. Including all the data and avoiding "anecdotalism" enhances the trustworthiness of the final presentation.

4.3 DATA STRUCTURE

The researcher categorised the data into three levels of abstraction with level three (themes) the most abstract and one (data chunks contained within categories) the most real, representing informants' experiences and opinions. This resulted in six themes, eighteen categories and twenty data units (chunks).

Table 4.1 depicts an overview of the themes and categories.

DATA DISPLAY	THEMES AND CATEGORIES	
4.1	Theme 1:	Nature of pregnancy (Overview)
4.1.1	Category 1.1:	Pregnancy as a normal transition
4.1.2	Category 1.2:	Pregnancy as a family event
4.2	Theme 2:	Prescriptive practices (Overview)
4.2.1	Category 2.1:	Food
4.2.2	Category 2.2:	Hygiene
4.2.3	Category 2.3:	Exercise
4.2.4	Category 2.4:	Clothing
4.2.5	Category 2.5:	Massages
4.2.6	Category 2.6:	Herbal and traditional medicine
4.2.7	Category 2.7:	Protection against bad spirits
4.3	Theme 3:	Restrictive practices (Overview)
4.3.1	Category 3.1:	Eating of eggs
4.3.2	Category 3.2:	Tearing meat with fingers
4.3.3	Category 3.3:	Eating kidneys
4.3.4	Category 3.4:	Peeping through windows and doors
4.3.5	Category 3.5:	Plaiting hair
4.3.6	Category 3.6:	Eating meat of a cow that died during the delivery of a calf
4.3.7	Category 3.7:	Reversing when walking
4.3.8	Category 3.8:	Eating tendons
4.3.9	Category 3.9:	Sleeping during day time
4.4	Theme 4:	Sexual activity
4.5	Theme 5:	Practice of clinical attendance
4.6	Theme 6:	Practice of attending traditional birth attendants

The results of the data analysis are discussed according to the main themes and categories that emerged from the data. Appropriate direct quotes are used where relevant to clarify the results and literature is provided to augment the findings.

4.4 PRESENTATION OF THEMES AND CATEGORIES

4.4.1 Theme 1: The nature of pregnancy

The major theme that emerged from the data is that of the nature of pregnancy. All the other categories and themes appear to relate to this central theme. Data display 4.1 represents an overview of the categories in this theme.

DATA DISPLAY 4.1 THE NATURE OF PREGNANCY (OVERVIEW)	
4.1.1	Pregnancy as a normal transition
4.1.2	Pregnancy as a family event

4.4.1.1 Category 1.1: Pregnancy as a normal transition

Some of the informants viewed pregnancy as natural and not a state of disease or illness. Data display 4.1.1 contains informants' expressions on pregnancy as a normal transition.

DATA DISPLAY 4.1.1 PREGNANCY AS A NORMAL TRANSITION	
<ul style="list-style-type: none"> • As I have mentioned before, when pregnant, one is not ill. • Pregnancy is not illness but one may have certain complications, sometimes natural, at other times as a misfortune for doing wrong to ancestors. • A woman feels happy when pregnant, she is not ill, her role as a woman is fulfilled. • It is a normal period, one is not ill, but has to take precautions in carrying out daily activities. • It is an emotionally healthy period, though one may sometimes loose temper quickly. • A woman feels like a mature adult. 	

From the focus group interviews, it was evident that pregnancy is regarded as a normal transition period by Sotho women. Pregnancy is not viewed as an illness. With regard to Pondos, Nompanda (1999:10) asserts that they do not view pregnancy as an illness. A value is placed on children and therefore a pregnant woman should stay healthy during pregnancy and have a safe delivery.

According to Okafar (2000:189), in Nigeria pregnancy is viewed as a family event to be guided by experienced mentors in the family and is thus not left in the hands of the inexperienced couple alone. Kuckelman Cobb (1995:359) states that the women in rural Portugal view pregnancy as a natural event and tend not to discuss it among themselves.

The above statement confirms that cultural beliefs on pregnancy differ from culture to culture. May and Mahlmeister (1994:171) view pregnancy as a period of vulnerability that requires constant observation. Vlok (1996:378) states that even among Black people, women begin to see the need for antenatal care because they regard pregnancy as requiring constant care.

With regard to pregnancy as a natural transition, one informant said:

Sometimes a person feels much healthier when pregnant because her role as a woman is fulfilled ... eh ... one becomes proud about the pregnancy, a woman feels that she's becoming a mature adult, especially at the first pregnancy.

This supports Alexander, Levy and Roch (1990:121) finding that pregnancy is an important rite of passage. It is one of the major status changes in a woman's life.

4.4.1.2 Category 1.2: Pregnancy as a family event

In addition to the informants' view that pregnancy is a normal transition period, the naturalness of pregnancy also resides in the family's involvement in this event (see data display 4.1.2 below).

DATA DISPLAY 4.1.2 PREGNANCY AS A FAMILY EVENT

- If non-members know about a woman's pregnancy early, they may bewitch the pregnant woman
 - It is not wise to let non-members know early about the pregnancy, but family members should know so as to make necessary arrangements.
 - Strangers have no business whatsoever knowing about the pregnancy, but family members have to know early to prepare for the custom.
 - We all know that sorcery is a reality. Non-family members might bewitch a pregnant woman to the extent that a woman may abort or have a difficult labour.
 - The mother-in-law must know early about the pregnancy so that she may advise the woman about traditional medication, which should be taken in pregnancy.
 - The family should know about the woman's pregnancy early enough so as to tell the woman about prescriptions and taboos which should be avoided in pregnancy.
 - Pregnancy affects the whole family; a man is obliged to help the woman in the family by fetching wood and doing errands on behalf of the pregnant woman.
 - Role changes occur in the family. Young ones should adapt to the expectant mother and the coming baby, and grandparents prepare for the baby.
 - The family may be happy, sometimes not, siblings, especially smaller ones, ask a lot of questions.
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Since pregnancy is a family affair, Bobak and Jensen (1993:256) point out that the pregnant mother needs to prepare siblings for the birth of the child, and begin the process of role transition in the family by including the children in the pregnancy. Bobak and Jensen (1993:255) go on to say

that fathers become involved in the pregnancy by picking the child's name. Pilliteri (1995:234) maintains that if childbearing is a family affair, the father's degree of acceptance of the pregnancy should be assessed. The informants in this study stated that role changes occur in the family in pregnancy, and fathers and siblings as well as grandmothers prepare for the coming baby.

4.4.2 Theme 2: Prescriptive practices

The second theme that emerged from the data is that of cultural "prescriptive practices" applicable to the expectant mother and others. Data display 4.2 outlines the categories in this theme.

DATA DISPLAY 4.2 THEME 2: PRESCRIPTIVE PRACTICES (OVERVIEW)	
4.2.1	Food
4.2.2	Hygiene
4.2.3	Exercise
4.2.4	Clothing
4.2.5	Massages
4.2.6	Herbal and traditional medicine
4.2.7	Protection against bad spirits

4.4.2.1 Category 2.1: Food

Data units on prescriptive practices relating to food during pregnancy are contained in data display 4.2.1.

DATA DISPLAY 4.2.1 FOOD	
•	A pregnant woman may eat everything except eggs; she may drink milk, and eat meat and vegetables.
•	When pregnant a woman may eat healthy food like morogo (wild spinach) and beans.
•	The type of meat that a woman should eat is also prescribed like all other things as a custom, e.g. kidneys, hard meat with a lot of ligaments and too much green leafy vegetables should not be eaten.
•	I may eat anything except eggs.

Both prescriptions and restrictions on food are important during pregnancy.

4.4.2.2 Category 2.2: Hygiene

In the present study, maintaining personal hygiene was found to be a prescriptive practice for the expectant mother. Data display 4.2.2 represents the views on this issue.

DATA DISPLAY 4.2.2
HYGIENE

In our culture, cleanliness is emphasised in case a woman delivers; she should not be embarrassed when going to the hospital or clinic for delivery.

- A pregnant woman feels ashamed if she is dirty and untidy during delivery.
 - A pregnant woman's clothes and blankets should be clean in case she delivers, she should wrap the baby with clean clothing.
 - One should be clean in order to be healthy and not have an offensive smell.
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The Sotho regard hygiene as important during pregnancy as the delivery might befall them at any time.

The above theme recurred several times during the interviews, but women concentrated only on the cleanliness of their bodies and blankets. Issues such as mouth care and foot care were not emphasised. Cleanliness revolved around the fact that in case "they deliver" they should be clean. In this regard, Bennet and Brown (1998:170) indicate that personal hygiene is important in pregnancy for both mothers and their attendants, and the woman is advised to wash and bathe as necessary to maintain personal freshness.

Nolte (1998:127) also states that a pregnant woman should bathe, and that her clothing should be loose fitting and attractive. Nolte (1998:127) goes on to stress the dangers of smoking, poor dental care and strenuous exercise as part of the hygiene regimen of a pregnant woman. Miller et al (1995:153) assert that traditional birth attendants visit each pregnant woman to give advice on immunisation, nutrition *and* hygiene.

4.4.2.3 Category 2.3: Exercise

Exercise is imperative in maintaining good health, even during pregnancy. This seems to be not only a Western medical medicine perspective. Sotho women also indicated the importance of exercise during pregnancy. Data display 4.2.3 depicts the data in this regard.

DATA DISPLAY 4.2.3
EXERCISE

- My mother-in-law as well as my mother told me to keep active during pregnancy and not sleep during the day, because this helps the baby to remain healthy.
 - One may even take a walk, but should never go to crowded areas, because of fear of harbouring bad spirits, but really it is important to be active.
 - A pregnant woman should stay active and do normal household chores, and not be lazy and sleep all day long. This enables the baby to kick and show that it is alive.
 - When pregnant, a woman should do normal household chores e.g. cooking, fetching water and doing washing but not hanging clothes.
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- I was told not to sleep during the day, I should rather be active because the baby may also sleep during the day of delivery. Besides, being active is healthy for me and the baby.
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When asked about their view on rest and activity during pregnancy, the informants stated that it is important to exercise. Exercise was discussed in the form of performing the usual household duties like sweeping, cooking and washing dishes.

Clark (1996:32) asserts that the Crow Indians remained active during pregnancy to aid the baby's blood circulation. Bobak and Jensen (1993:221) also indicate that most cultures encourage women to be active during pregnancy, but not to engage in strenuous exercise to ensure a healthy baby. Nolte (1998:12) maintains that exercise is advantageous during pregnancy if done in moderation. If complications occur, exercise should be limited.

4.4.2.4 Category 2.4: Clothing

With regard to prescriptive practices during pregnancy, data display 4.2.4 indicates the cultural orientation of the Sotho towards clothing during pregnancy.

DATA DISPLAY 4.2.4

CLOTHING

- A pregnant woman should wear a loose, full-length dress so that people may not know the woman's gestational period and the woman herself should not tie a knot on her waist.
 - A woman doesn't have to tie a knot on any of her clothing because she will have an obstructed labour. This therefore means that no skirts should be worn by pregnant women because these may necessitate tying with a knot or even using a belt.
 - Loose clothing allows the baby to breathe, grow well and kick.
 - Clothing prescribed by custom is worn according to different cultural groups. For example, the Bakwena tribe put on a sheepskin, covered with a red ointment (*letsoku*) and wear a pendant made of a hedgehog's foot around the neck.
 - The Bafokeng tribe wear a red flannel petticoat and apply red clay ointment (*letsoku*) on the body, and when she has to go to the clinic, she takes along a bath towel to put on the clinic bed so as to prevent soiling of the bed linen.
 - Loose clothing allows the baby to breathe, grow well and kick.
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Most of the informants stated that pregnant women in their culture should wear full maternity dresses. No skirts must be worn because skirts have to be tied or fastened with belts. Since a pregnant woman is not allowed to tie knots on her clothing, half-length dresses are not worn.

According to Nolte (1998:12), in Western culture, a pregnant woman's clothing should fit loosely and in the second trimester maternity dresses should be worn. Tight fitting clothes or underwear

should be avoided. There is, therefore, universal agreement between Black and Western culture that dresses should be loose in pregnancy, though there is diversity in the rationale for wearing loose clothing. According to the Sotho women, it is mainly so that “people should not see how pregnant a woman is”. Another reason for wearing loosely fitting clothing is to avoid obstructed labour. As far as the Basotho are concerned, another reason for wearing loosely fitting clothing is to avoid obstructed labour (in the case of knots and belts) and to allow the baby to breathe. In Western culture, however, it is done to avoid constriction of the veins (Nolte 1998:12) and obstruction of circulation. With regard to the latter, one informant stated:

Loose clothing allows the baby to breathe, grow well and kick.

Both traditional birth attendants and antenatal women in different focus groups stated that some Sotho subcultures, or different ethnic groups, prescribe the wearing of certain clothing during pregnancy. The examples given are the Bakwena and Bafokeng, who wear sheepskin and red flannel full-length petticoats.

In the Bakwena culture, when a woman is pregnant, a sheep is slaughtered and the skin is softened and smeared with a red ointment (*letsoku*). A woman is also encouraged to apply *letsoku* on her body from head to toe and wear the sheepskin until she delivers. The Bakwena women bathe or wash themselves, put on the prescribed clothing and reapply the ointment.

The Bafokeng apply the same ointment on their bodies but wear a red flannel petticoat under their clothes. Furthermore, they usually take along their bath towels to put on the clinic bed during physical examination so that the bed doesn't become soiled by the ointment.

4.4.2.5 Category 2.5: Massage

From the data, it appeared that massage during pregnancy is not merely an individual preference but a skill practised and prescribed by traditional birth attendants, too. Data display 4.2.5 contains information on this activity.

DATA DISPLAY 4.2.5
MESSAGE

- I massage the pregnant woman in order to encourage good circulation in the woman and the baby as well as to make the baby flexible during birth so that such a baby may go through the maternal passage with ease.
 - Regular massages are done with warm water then Vaseline is applied. Warm water then application of an ointment made at home, with heated butter or margarine. This is called "*mafura a lefehlo*".
 - My mother massages me now, she started massaging me at seven months, she says she does this to make the baby flexible so that it should kick well.
 - My mother-in-law told me that massage helps to soften the pelvic bones for easy delivery.
 - As traditional birth attendants, we massage women mostly from the eighth month of pregnancy, up to the ninth month.
 - Massages are good because during massage a baby with a transverse lie can be turned and the lie will be corrected.
 - I visit traditional birth attendants for massages, especially in the ninth month.
 - I massage the women and pray for them during the massage, I don't use any traditional medicine, I only pray I don't believe in *muti*.
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Massage can be seen as a passive form of exercise done by Sotho women. The massage is done by grandmothers, mothers-in-law or the pregnant women's mothers as well as traditional birth attendants.

According to the traditional birth attendants and the Sotho antenatal women, massages are done using warm water and Vaseline, or a homemade ointment that softens the mother's skin and that of the baby. According to some interviewees, these massages are also done by spiritual healers, who pray as they massage women, e.g. St John's Apostolic Church or the Zion indigenous churches. Massage is thus often accompanied by other therapies such as prayer, and that not only from non-secular clergy but also from traditional healers. As one traditional birth attendant said: *I massage the women and pray for them during the massage. I don't use any traditional medicine, I only pray.*

Kuckelman Cobb (1995:358) cites Cominsky (1977) stating that traditional birth attendants carry out perineal massages during the ninth month in African cultures. In the present study, the women, including traditional birth attendants, reported that abdominal massages are done. However, no mention was made of perineal massages.

4.4.2.6 Category 2.6: Herbal and traditional medicines

Data display 4.9 below presents data chunks about the use of herbs and traditional medicines.

DATA DISPLAY 4.2.6
HERBAL AND TRADITIONAL MEDICINE

- Traditional birth attendants are visited to get *muti* at three months and thereafter at seven months. If the woman is feeling well, she only visits the birth attendant to get "*Sehlapetso*". This medicine keeps the baby healthy right through pregnancy.
 - A woman is given medicine called "*morarane*" to prevent complications in pregnancy. This is a mixture of herbs that prevents all types of complications in pregnancy, e.g. oedema, morning sickness, faintness.
 - Another traditional medicine given to pregnant women when labour begins is "*makgothometsa*" to speed up labour. During delayed second stage, if labour is difficult, a woman is given a mixture of soot (i.e. black soot from the stove) or a *muti* called "*thari ya pere*" to hasten labour.
 - We give a woman three types of medicine (*dipitsa*), the first one is for the first trimester, to maintain pregnancy, the second one is for when the baby turns at seven months, and on the day of delivery, a woman is given "*potlaki*" for quick delivery.
 - The medicine that is given on the day of delivery is given with caution, that is, only when contractions occur one after another; in other words, when we know that the cervix is dilated enough.
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Traditional birth attendants indicated that there are different types of medicines and herbs that are used during pregnancy. One type of medicine (*pitsa* or *sehlapetso*) in order to maintain pregnancy is given to the woman in the first trimester. The second type of medicine (*pitsa*) is given to the woman in the seventh month of pregnancy "when the baby turns" so as to maintain non-transverse position. The last type of medicine is given on the day of delivery and is called *potlaki*, which means quick. As the word denotes, the medicine quickens delivery.

"*Pitsa*" is a Sotho word that means traditional medicine.

Traditional medicine and herbs are widely used in pregnancy across cultures. According to Cominsky (1977:10), herbs and teas are administered to pregnant Mexican women and in Malawi, traditional medicine is given to women in order to widen the maternal passage. Nolte (1998:63) also states that traditional birth attendants give pregnant women herbs to facilitate quick delivery and *muti* enemas to empty the lower bowel as well as herbs to reduce bleeding post-natally.

4.4.2.7 Category 2.7: Protection against bad spirits

Prescriptive practices do not only pertain to the physical and social aspects, but to the spiritual as well. Data display 4.2.7 depicts the informants' experience and perception of fending off bad spirits during pregnancy.

DATA DISPLAY 4.2.7
PROTECTION AGAINST BAD SPIRITS

- A pregnant woman is advised not to walk in the streets at night for fear of harbouring bad spirits.
 - I have been told that I should not go to any crowded places in case I come across people who use bad *muti* that may affect my pregnancy negatively in such a way that I develop some complications.
 - My mother-in-law told me to add "*stuijdruppels*" in water when bathing in order to ward off bad spirits.
 - I am totally forbidden to attend funerals now that I'm pregnant for fear of harbouring bad spirits.
 - I was told to apply soil on my abdomen and the soles of my feet in the form of a cross to prevent myself from being vulnerable to any bad spirits.
 - As a Mokoena, when pregnant, I put a sheepskin beneath my breast ... the sheepskin hangs over the abdomen as an apron and this is my custom. This may ward off bad spirits.
 - A belt is made of string and smeared with *muti*. This belt is woven by a traditional doctor (*ngaka ya* Sesotho), and the woman has to put this belt around her waist to prevent abortion caused by witchcraft.
 - We apply soil in the abdomen in the form of a cross, to make sure that bad spirits from all four dimensions of the world are warded off.
 - Application of the following substances on the body to prevent invasion by bad spirits. Application of paraffin in the form of a cross. A cross denotes the four poles of the world: the North, South, West and East. This will prevent bad spirits coming from all over the world. This is applied on the abdomen and soles of the feet.
 - Some women wear strings around their waists which are made of wool; others wear a band with no knot for the entire pregnancy on which *muti* is applied to ward off bad spirits. The string is burned on the day of delivery.
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The magical-religious world-view is often encountered in transcultural studies and represents that world-view directed by belief in the supernatural (Andrews & Boyle 1995:10). It is thus not surprising to find that Sotho women, too, feel a need to protect themselves and their unborn against possible harm from the realm of the supernatural. According to Bobak and Jensen (1991:266), Mexicans advise pregnant women against witnessing an eclipse for fear of delivering a child with a cleft palate. Bobak and Jensen (1991:260) cite Clark (1970), who states that in Mexican culture, too, exposure to earthquakes is also believed to result in breech presentation. Bobak and Jensen (1991:260) further discuss Snow's (1974) findings that amongst the Africans, a pregnant woman must not ridicule someone with an affliction because the child will develop the same handicap and a mother should not hate a person lest her child resembles that person. Bobak and Jensen (1991:260) also cite Carrington (1978), who describes a widely held folk belief in many cultures which includes refraining from raising one's arm above one's head, which is thought to cause the cord to wrap around the baby's neck. Bobak and Jensen (1991:260) again cite Clark (1970) who reported that Spanish-speaking women wear a cord beneath their breasts (called a *muneco*) to prevent morning sickness. However, more pertinently with regard to spirits, the following quotations from the data display are re-emphasised. Two informants said:

We are advised not to walk in the streets at night. This may cause harbouring of evil spirits which roam about at night.

As a Mokoena, when pregnant, I put a sheepskin beneath my breast ... the sheepskin hangs over the abdomen as an apron ... and this is my custom ... This may ward off bad spirits.

From that data it is also apparent that "bad spirits" do not only enter the body by themselves, however, but could be cast on the pregnant women. One informant indicated:

A belt is made of string and smeared by muti, ... This belt is woven by a traditional doctor (ngaka ya Sesotho), and the woman has to put this belt around her waist to prevent abortion caused by witchcraft.

Bobak and Jensen (1991:260) confirm the use of amulets by pregnant women: "Amulets, medals, and beads are worn to ward off evil spirits." Amulets are further illustrated by some women wearing a string of wool around the waist, which is believed to have magical powers to ward off bad spirits. Potter and Perry (1997:359) state that protective objects can be worn, carried, or hung in the home. These are amulets taken to have magical powers (e.g charms and strings which are worn around the neck, wrist or waist). Potter and Perry (1997:358-359) indicate that talismans (consecrated religious objects) are worn by people for protection from evil. They also maintain that people who wear objects believed to be protective should be allowed to do so in the health care system.

In this study, most of the informants also indicated that to ward off bad spirits, a woman might apply paraffin to the abdomen or waist in the form of a cross and under her feet in the same manner (*Ho ithaleha ka paraffin*). A cross in this case just denotes the four cardinal points of the world and has no religious connotation. It signifies that bad spirits from all four dimensions of the world are warded off. One traditional woman confirmed what an antenatal woman said, namely that some Sotho women, like herself, just apply soil on the abdomen and feet to ward off bad spirits. Soil is also applied in the form of a cross.

4.4.3 Theme 3: Restrictive practices

In addition to prescriptive practices pertaining to antenatal care, some restrictive practices were also identified. Data display 4.3 gives an overview of the categories in this theme.

DATA DISPLAY 4.3 THEME 3: RESTRICTIVE PRACTICES (OVERVIEW)	
4.3.1	Eating of eggs
4.3.2	Tearing meat with fingers
4.3.3	Eating kidneys
4.3.4	Peeping through windows and doors
4.3.5	Plaiting hair
4.3.6	Eating meat from a cow that died giving birth
4.3.7	Reversing when walking
4.3.8	Eating tendons
4.3.9	Sleeping during day time

It is evident that taboos are imposed on pregnant women in different cultures. According to West (1981) (cited by Leféber 1994:15), Sotho women take special precautions to protect the mother and the baby during pregnancy.

4.4.3.1 Category 3.1: Eating of eggs

This issue has been dealt with partially in section 4.4.2.1, where prescriptive practices regarding food were discussed. However, at this point the perspective on eating eggs is from a restrictive point of view – where restriction rather than prescription is emphasised. Data display 4.3.1 depicts this restriction.

DATA DISPLAY 4.3.1 EATING OF EGGS	
•	A woman may drink milk, eat meat and vegetables, but not eggs.
•	... eating eggs in pregnancy is forbidden in our culture and it is regarded as taboo, because they make it difficult for a woman to deliver; the amniotic membranes cover the baby's head during delivery and they don't break with ease.
•	Eggs are dangerous, they harden the amniotic membrane in such a way that when you deliver a woman, you have to use the grass for making a hole in the membrane or a needle in order to let the "waters" out so that the baby can be delivered.
•	Eggs harden the amniotic membranes during delivery and the baby becomes covered with membranes (<i>esira</i>). The above causes difficult labour because the membranes feel "hot" as if the woman is burnt. " <i>Mosadi o tjheswa ke lehe.</i> "

From data display 4.2.1 it is clear that nutritional food is not only prescribed but also restricted. Restricted foods are presented in data display 4.3. Both restrictions and prescriptions in food are important during pregnancy.

In this regard Pilliteri (1995:289) states that to improve the nutrition patterns of pregnant women, improvement plans should be designed, taking into consideration the woman's lifestyle, family preferences, customs and culture. In addition, Bobak and Jensen (1993:221) assert that nutrition plays a key role in pregnancy in achieving an optimum outcome for the mother and her unborn baby. It is therefore important for nurses and midwives to ascertain whether the mother takes good nutrition during pregnancy. The midwives should assess the nutrition status of the women as well as food preferences and taboos during pregnancy. An assessment of these issues would enable the nurse to educate the women on proper replacement of foods regarded as taboo according to the women's culture. Concern about a deficit in protein intake by Sotho women during pregnancy is to some extent counteracted by the fact that Sothos eat dried beans to make up for a possible protein deficit.

Most of the women including the traditional birth attendants regarded eating eggs as taboo. The above issue was discussed under taboos as cited by Ntoane (1988:21). Most of the respondents in the focus interviews stated that pregnant Sotho women can eat everything except eggs. One informant gave the reason for this as follows:

A pregnant woman can eat anything she desires to eat but should not eat boiled eggs, ... they harden the amniotic membranes and during birth ... the baby is covered with these hard membranes, mmmhh... the membranes are very hot! I know because this happened with me when I delivered my firstborn.

Another informant said:

Eggs are dangerous, they harden the amniotic membrane in such a way that when you deliver a woman, you have to use the grass for making a hole in the membrane or a needle in order to let the "waters" out so that the baby can be delivered. Grass is used as a means of breaking the membranes to let the amniotic fluid escape.

These statements are corroborated by Ntoane (1988:21), who states that untrained traditional birth attendants do advise women not to eat eggs in pregnancy. In this study, both the traditional birth attendants and the pregnant women said eggs should not be eaten in pregnancy.

According to Vermeersch (1981:13), dietary advice to pregnant women in the past was influenced by a belief that obvious physical properties of different foods could produce specific effects in the mother or the child. For example, pregnant women were forbidden to eat acidic or sour food for fear that the infant would be born with a sour disposition and eggs were restricted because of their association with the reproductive function (Vermeersch 1981:13). Similarly, Andrews and Boyle (1995:103) state that the Hindu view pregnancy as a hot period, and *hot* foods such as ginger, spices, chillies and animal products are to be avoided during pregnancy because they cause overexcitement.

In Asian communities, pregnancy is also thought of as a hot condition and giving birth causes a loss of *yang* or heat. The heat lost during birth should be replaced by eating foods like chicken and avoiding cold fluids (Galanti 1997:4).

From the above, it is clear that nutrition is considered an important factor in the birth of the baby and the mother's health. It is therefore imperative for midwives to understand antenatal women's food preferences in relation to their culture.

4.4.3.2 Category 3.2: Tearing meat with fingers

Sexuality and gender issues are closely associated with pregnancy and the unborn. In data display 4.3.2 these issues are linked to the restriction on the mother to tear meat with her fingers.

DATA DISPLAY 4.3.2
TEARING MEAT WITH FINGERS

- Tearing meat with fingers results in elongation of the baby's penis if the baby is a boy.
 - My mother told me too, that I should not tear meat with my bare fingers because if I do that I'll be blamed for any unwanted features that the baby may develop.
 - As a traditional birth attendant, I always advise women about practices that are regarded as taboo in our culture. These also include tearing meat with bare hands and not using a knife when eating meat. This may cause elongation of the baby's penis in the case of a boy.
 - In our culture, a pregnant woman is forbidden to use her bare hands to tear meat into pieces, she has to use a knife when eating because ... tearing may cause enlargement of the baby's penis.
-

On two occasions during the focus group interviews, the traditional birth attendants brought up the relationship between the expectant mother tearing meat with her hands and unwanted physical features of the unborn, including an enlarged penis in the case of a boy child. However, the researcher did not encounter this issue in the literature review, although Andrews and Boyle

(1995:103) state that Korean women associate some foods with unwanted physical characteristics which the baby may have.

4.4.3.3 Category 3.3: Eating kidneys

In addition to the dietary restrictions placed on eating eggs when pregnant, data display 4.3.3 indicates a restriction on the eating of kidneys.

**DATA DISPLAY 4.3.3
EATING KIDNEYS**

- If a woman eats kidneys, the baby's labia majora may be big or and turned outwards or even the baby's lips.
 - Any type of food that the pregnant woman eats is associated with certain body features therefore organs like a kidney have an ugly appearance and should not be eaten by a pregnant woman, lest the baby also develops such ugly features.
-

Whereas the tearing of meat with the bare hand (see data display 4.3.2) affects the development of the genitalia of the unborn male, eating kidneys affects the development of the female genitalia, namely the labia. Again, the above could not be located in the literature.

4.4.3.4 Category 3.4: Peeping through windows and doors

As in the previous categories, restrictive practices aim at the health and normalcy of both the foetus and the delivery as such. Data display 4.3.4 contains information on the outcomes of "peeping" in relation to both the baby (foetus) and the birth process.

**DATA DISPLAY 4.3.4
PEEPING THROUGH WINDOWS AND DOORS**

- Peeping may cause the baby's head to proceed and recede during delivery and this may cause delayed labour.
 - A pregnant woman should just go out and look at whatever she would like to look at, but not peep ... it's forbidden, ... it really poses problems during delivery. Problems that may occur during delivery may be prolonged labour.
 - My in-laws told me not to peep through doors, windows or anywhere, even where chicken laid their eggs because this may cause the baby's head to peep through the birth canal and recede instead of being born.
-

Leféber (1994:17) reported Chalmers' (1988) findings from South Africa that 'peeping through windows and doors is a taboo to pregnant Sotho, Zulu and Xhosa women'. Ntoane (1988:21) reported similar findings in a study conducted in Bophuthatswana among the Setswana.

4.4.3.5 Category 3.5: Plaiting hair

The restriction on plaiting the hair of the mother-to-be is related to the traditional belief that any knots tied in the mother's clothing allegedly obstruct the labour process. Evidence hereof is exhibited by data display 4.3.5.

DATA DISPLAY 4.3.5 PLAITING OF HAIR

- Plaiting hair is like tying a knot. When a knot is tied, it is difficult for the baby to come out.
 - There should not be any tied knots on the woman's body. As Sotho people, we believe that knots on the body may cause a difficult delivery (*Mosadi o a itlamela*).
 - I was told that if I plait my hair I may have a baby with a cord around the neck, this is a complication that I would be blamed of by my in-laws if I don't listen to them.
-

In her study of traditional birth attendants in Bophuthatswana, Ntoane (1988:21) found that plaiting hair when pregnant is regarded as a taboo by Tswana people.

4.4.3.6 Category 3.6: Eating the meat of a cow that died giving birth

Data display 4.3.6 contains evidence of the Sotho women's belief regarding eating the meat of a cow that died during the delivery of a calf.

DATA DISPLAY 4.3.6 EATING THE MEAT OF A COW THAT DIED GIVING BIRTH

- A pregnant woman is forbidden to eat "*pharela*" (a cow that died when it delivered a calf).
 - Difficult labour in this case may be due to the fact that a woman ate the meat of a cow that died during delivery because the same bad spirit that caused a difficult delivery in a cow may do the same to a pregnant woman.
 - Amongst the things that I was told by my in-laws with regard to pregnancy is that I should not eat meat that I don't know where it comes from, because it might be the meat of an animal that died during delivery.
 - Problems that may occur during delivery may be prolonged labour.
-

The above theme was not found anywhere in the literature review. Most of the respondents in the traditional birth attendants' focus groups cited that eating the meat of a cow that had died during delivery is a taboo. A cow that died during delivery is termed "*pharela*", which means something that was stuck. If a pregnant woman eats *pharela* she could also have a difficult labour and even die during delivery. Sothos believe that the same bad spirit that caused the cow to die might endanger the pregnant woman's life.

4.4.3.7 Category 3.7: Reversing when walking

Data display 4.3.7 contains yet another set of restrictive practices apparently unique to the Sotho culture.

**DATA DISPLAY 4.3.7
REVERSING WHEN WALKING**

- When a pregnant woman reverses when walking the baby will also reverse at birth and a breech presentation will occur.
 - Reversing may cause breech presentation or any other abnormal position of the baby during birth even shoulder dystocia.
-

The above restrictive practice was also not encountered in the literature.

4.4.3.8 Category 3.8: Eating tendons

Yet another dietary restriction placed on pregnant women in the Sotho culture is the prohibition of eating tendons. Data display 4.3.8 contains evidence on this issue.

**DATA DISPLAY 4.3.8
EATING TENDONS**

- A pregnant woman should not eat tendons because they may obstruct the birth outlet, the baby may have difficulty being born.
 - Such things (eating tendons) also lead to delivery by caesarian section.
-

In a study of the Setswana people in Bophuthatswana, Ntoane (1988) also found that eating tendons was a taboo.

4.4.3.9 Category 3.9: Sleeping during daytime

Despite Western medical opinion regarding the benefits of daytime rest periods for the expectant mother, Sotho culture asserts the opposite. Data display 4.3.9 presents data pertaining to sleeping during daytime as a taboo.

DATA DISPLAY 4.3.9
SLEEPING DURING DAYTIME

- My mother-in-law advised me not to sleep during the day as this will cause the baby to sleep during labour and delay being delivered.
 - A woman who's pregnant should refrain from sleeping in the daytime, the baby will also sleep during delivery and she may have a prolonged labour.
 - The baby will also sleep during labour, if a woman is lazy and sleeps in the daytime.
 - My mother-in-law told me to keep myself busy during the day, and not sleep.
 - As I have mentioned before, a woman should be active and do some household chores, she should not be lazy and sleep all day long.
-

Sleeping during the day when pregnant is regarded as taboo by Sotho women. The Sotho women did admit that a pregnant woman has to alternate rest with activity, but she should not sleep during the day. In their studies in Bophuthatswana and South Africa, respectively, Ntoane (1984:21) and Leféber (1994:17) reported similar findings.

Bennet and Brown (1998:121), on the contrary, say that it is wise to recommend that the mother lie down in the morning or have a rest in the afternoon when sleep comes easily. This will prevent tiredness and depression that can occur in the last trimester of pregnancy (Bennet & Brown 1998:121). The women in this study were of the opinion that activity makes them and their unborn children healthy, nothing was said regarding depression in the last trimester.

The respondents in this study indicated that they were active and never slept during the day. Sleeping during the day is regarded as a taboo to be avoided by pregnant women and their attendants. In stressing the above taboo, one respondent said:

Sleeping during the daytime makes the baby lazy. The baby will also sleep instead of coming out during birth, this will result in delayed labour.

4.4.4 Theme 4: Sexual activity

Sexuality and sexual activity are closely related to pregnancy and the antenatal period. Data display 4.4 exhibits evidence in this regard.

DATA DISPLAY 4.4
SEXUAL ACTIVITY

- Sexual activity, according to my mother-in-law, should be discontinued early in pregnancy. The ninth month of pregnancy is not ideal to have sexual intercourse.
 - Sexual intercourse is healthy for both the mother and the baby, it softens the baby's skin.
 - If a pregnant woman becomes intimate with her partner, this widens the maternal passage.
 - Sexual intercourse late in pregnancy will cause a white layer on the baby's head which will be difficult to remove.
 - If a pregnant woman engages in sexual intercourse, the pregnancy is preserved especially during the early months of pregnancy.
 - During the last trimester of pregnancy, sexual intercourse should be discontinued because it may cause premature labour.
 - There are no prescriptions or restrictions in as far as coitus is concerned. It is a private issue between man and wife, nobody should prescribe when to do it.
-

The women in both the pregnant women's focus groups and the traditional birth attendants' focus group had different ideas regarding sexual activity during the antenatal period. Some of the pregnant women advocated engagement in sexual activity during pregnancy, and others had reservations, stating that coitus can only be done in the first and second trimester of pregnancy. During the last trimester precautions should be taken because coitus may cause premature rupture of membranes. It was also stated that having sexual intercourse in late in pregnancy would result in a sperm coated baby. Only one informant said that there are no restrictions and prescriptions in as far as coitus is concerned because it is a private issue.

The traditional birth attendants indicated that coitus is advisable during pregnancy as it widens the maternal canal, facilitating a smooth labour process.

Bobak and Jensen (1993:292) state that in some cultures coitus is viewed as normal during pregnancy, while Chalmers (1988:13) points out that among the Zulus coitus is accepted in pregnancy because it strengthens the embryo. However, among the Basotho and Pondos, coitus is restricted during the last months of pregnancy (Chalmers 1988:13).

4.4.5 Theme 5: The practice of clinical attendance

Because attending antenatal clinics is, strictly speaking, a Western medical phenomenon, certain traditional beliefs have developed on this practice. Data display 4.5 represents the dual personal medicine observance of the informants.

DATA DISPLAY 4.5
THE PRACTICE OF CLINICAL ATTENDANCE

- I felt I should come to the clinic when pregnancy advances, so that the nurses should only check whether everything with the baby is okay, so that I could be told whether to go to the hospital for delivery or to the clinic.
 - I know that I have to attend clinic when pregnant ... it's a good thing, things are no more the same as before, one has to rely on medical surveillance. Even if we use the herbs from the traditional birth attendants, it is still good to attend the clinic.
 - I feel that I have to attend the antenatal clinic because if I deliver at home, I won't be able to register the birth of my child and I will struggle when I register my child, he would not even be able to attend school if he is not registered.
 - I attend the clinic and at the same time I go the traditional birth attendants for advice and to get *sehlapetso*.
 - I do attend the clinic as you can see, but I actually started at about six months, not very early in pregnancy, for I am not ill.
-

Most of the women indicated that antenatal clinic attendance should not be too early in pregnancy provided that there is no problem with the pregnancy. In this regard, Clark (1996:378) states that Black women realise a necessity for booking a bed in the clinic for delivery. Furthermore, it is evident that the time at which the antenatal clinic is attended depends on how healthy the woman feels. Bennet and Brown (1998: 24) state that clinic attendance should be done at 12 to 20 weeks as soon as the woman realises that she is pregnant. This is the eurocentric view, and not at all the case with rural Sotho women. However, the researcher has observed in clinical practice that some Sotho women do visit the antenatal clinic this early during pregnancy.

4.4.6 Theme 6: Visits to traditional birth attendants

As indicated in the previous category, Sotho women often follow dual medicine practice during pregnancy, practising both Western and traditional medicine. In this regard, data display 4.6 contains evidence on visits to traditional birth attendants.

DATA DISPLAY 4.6
PRACTICE OF VISITING TRADITIONAL BIRTH ATTENDANTS

- I visit a traditional birth attendant (*mopepisi*) and go to the clinic at the same time, but my visits are not scheduled as the clinic visits, I go there when I feel like.
 - I go there if I don't feel the baby kick for the whole day, I get a massage and my baby kicks.
 - I only go there (to traditional birth attendants) for massage and prayers, I do not believe in *muti*.
 - I visit traditional birth attendants to fetch *muti* (*sehlapetso*). This keeps my baby healthy throughout pregnancy. It is the custom in Blacks.
-

Some women in the study reported visiting traditional birth attendants during pregnancy. They stated that their visits to traditional birth attendants are not scheduled, but they have to fetch *muti* and go for abdominal massages. *Muti* is taken according to trimesters of pregnancy.

From the literature review, it was evident that in most rural areas, traditional birth attendants are still used in the prenatal period and during delivery. Sparks (1990:155) reported that both primigravidas and multigravidas in Zimbabwe visit traditional birth attendants. Ntoane (1988:21) stresses that women in Bophuthatswana visit traditional birth attendants for various reasons, including a lack of privacy. In a study in rural Portugal, Kuckelman Cobb found various reasons for the use of traditional midwives including perineal massages in African societies as stated by Cominsky (1976). Miller et al (1995:153) also emphasise the use of traditional birth attendants. Singh (1994:122) states that traditional birth attendants are used in rural India. Nolte (1998:63) and Nompanda (1999:10) confirm the use of traditional birth attendants in South Africa.

4.5 CONCLUSION

This chapter presented an analysis of the interview results, including recurring themes in the interviews. Issues like the perception of pregnancy, prescriptive and restrictive practices and perceptions of clinic attendance and traditional birth attendants were discussed.

Table 4.3 Summary of the structure of the data

The subcategories are used as subheadings within categories and indicate data units that provide evidence of the specific category.

THEMES	CATEGORY	SUB CATEGORY
1 Pregnancy	1.1 Pregnancy as a normal period of transition	<ul style="list-style-type: none"> • A person is not ill • She feels happy when pregnant • A person's role as a woman is fulfilled. • A woman feels much healthier
2 Pregnancy as a family event	2.1 Family members are included 2.2 Change in family roles	<ul style="list-style-type: none"> • If strangers know about the pregnancy, they may bewitch the pregnant woman and the following may occur: <ul style="list-style-type: none"> - Delivery may be delayed. - The pregnant woman may abort. • On the other hand, if family members know early about the pregnancy this gives them enough time to prepare for the baby's arrival • Family members help the woman with household chores • Siblings also have to adapt to the pregnancy
3 Prescriptive practices		
3.1.1 Food	3.1 A pregnant woman may eat everything except eggs	<ul style="list-style-type: none"> • May drink milk, eat meat and vegetables except eggs
4 Hygiene	4.1 A pregnant woman should be clean 4.2 A pregnant woman's blankets should be clean 4.3 A pregnant woman should do normal household chores, not engage in vigorous exercise	<p>Cleanliness is emphasised because of the following:</p> <ul style="list-style-type: none"> • In case the woman suddenly develops labour pains and goes to the hospital, she should be clean • She should not be embarrassed by bad hygienic status • Blankets should be clean in case the woman delivers and she should wrap the baby with clean clothing <p>Normal household chores are as follows:</p> <ul style="list-style-type: none"> • Fetching water • Cooking • Washing clothes but not hanging them up
5 Clothing	5.1 A pregnant woman wears full-length clothing that is loose (dresses), not skirts that need belts to tie them	<ul style="list-style-type: none"> • Dresses should be full length in order that they should not be tied because this will make the baby tight <p>Clothes should be loose</p> <ul style="list-style-type: none"> • To allow the baby to grow healthy and kick • So that people should not know the gestation period of the woman for fear of witchcraft
7 Use of herbs and traditional medicine	7.1 Pregnant women should use herbs to keep the baby healthy and to ease delivery	<p>"<i>Sehlapetsa</i>" or <i>mufi</i> for pregnant women to keep the baby healthy is used during the following gestational period:</p> <ul style="list-style-type: none"> • First trimester to let the pregnancy be stable. • Second trimester – maintains

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The subcategories are used as subheadings within categories and indicate data units that provide evidence of the specific category.

THEMES	CATEGORY	SUB CATEGORY
		<p>pregnancy.</p> <ul style="list-style-type: none"> • In the seventh month – maintains the baby as he turns. • On the day of delivery when a woman feels strong labour pains, the herb called <i>pottlaki</i>, meaning quick, is taken to quicken delivery. <p>If labour is difficult or during delayed second stage, a woman is given a mixture of soot and water or a <i>muti</i> called "<i>thari ya pere</i>" meaning the placenta of a horse to hasten labour.</p>
8 Wearing of clothing prescribed by custom	8.1 Antenatal women have different customs regarding protective clothing	<ul style="list-style-type: none"> • The Bakwena tribe put on a softened sheepskin beneath the breasts on which a stuff called "<i>letsoku</i>" is applied. This is an ointment made of red clay • A woman also applies <i>letsoku</i> on her body from head to toe • A woman wears a pendant made from a hedgehog's foot (<i>leotwana la naked</i>) • The Bafokeng tribe also applies <i>letsoku</i> on the body
9 Protection against bad spirits	9.1 Pregnant women have to protect themselves against bad spirits	<p>The following precautions are taken:</p> <ul style="list-style-type: none"> • Not walking in the streets at night in order to avoid harbouring bad spirits • Application of the following substances on the body to prevent invasion by bad spirits: • Application of paraffin in the form of a cross. A cross denotes the four poles of the world i.e. the North, South, West and East. This will prevent bad spirits coming from all over the world. This is applied on the abdomen and soles of the feet • Adding <i>stuijdruppels</i> in water when bathing to prevent invasion by bad spirits • Application of soil on the soles of feet and abdomen in order that they may not be weak when they come across other people who may overpower them with their <i>muti</i>. Soil is believed to harbour spirits from different people and is used as an antibody for many types of bad spirits
10 Application of some substances on the body and wearing of amulets	10.1 Wearing a string around the waist	<p>Some women put strings made of wool around their waists; others wear a band with no knot for the entire period of pregnancy on which <i>muti</i> is applied to ward off bad spirits. The string is burned on the day of delivery.</p>

Table 4.3 Summary of the structure of the data

The subcategories are used as subheadings within categories and indicate data units that provide evidence of the specific category.

THEMES	CATEGORY	SUB CATEGORY
11 Restrictive beliefs/taboo		
11.1 Eating eggs	11.1.1 Pregnant women should not eat eggs because they cause problems on the day of delivery	Eggs harden the amniotic membranes during delivery and the baby becomes covered with membranes (<i>lesira</i>). This causes difficult labour because the membranes feel "hot" as if the woman is burnt (<i>"Mosadi o tjheswa ke lehe"</i>).
11.2 Tearing meat with fingers	11.2.1 Pregnant women should not tear meat with fingers, they should use a knife for cutting meat	Tearing meat with fingers results into elongation of the baby's penis if the baby is a boy
11.3 Eating a kidney	11.3.1 Eating a kidney may lead to abnormal development of body parts of a baby	If a woman eats kidneys the baby's labia majora may be big or and turned outwards or even the baby's lips
11.4 Peeping at windows and doors	11.4.1 Pregnant women will have problems during delivery if they peep through a window or a door	Peeping may cause the baby's head to proceed and recede during delivery and this may cause delayed labour
11.5 Plaiting hair	11.5.1 Plaiting hair causes prolonged labour	Plaiting hair is like tying a knot. When a knot is tied, it is difficult for the baby to come out
11.6 Eating meat of a cow which died when it was delivering a calf	11.6.1 Causes difficult labour	Difficult labour in this case may be due to the fact that a woman ate the meat of a cow that died during delivery because the same bad spirit that caused a difficult delivery in a cow may do the same to a pregnant woman
11.7 Reversing when walking	11.7.1 The baby will reverse at birth	May cause breech presentation or any other abnormal position of the baby during birth even shoulder dystaxia
11.8 Eating tendons	11.8.1 Tendons harden the pelvic ligaments	If pelvic ligaments are tough this causes delayed labour
11.9 Sleeping in daytime	11.9.1 The baby will be lazy at birth and delay being borne	The baby will also sleep during labour
12 Themes which were discussed differently by different respondents		
12.1 Sexual activity	12.1.1 To be discontinued early in pregnancy 12.1.2 The couple should have sexual intercourse up until the last month of pregnancy 12.1.3 The baby's head will be covered with sperm	<ul style="list-style-type: none"> • May cause pre-term labour • It is healthy for both mother and child, the baby's skin becomes soft • It widens the maternal passage • The white fat on the baby's head will be difficult to remove if one has sex during pregnancy
13 The practice of clinic attendance	13.1 A woman may attend clinic early if she is not feeling well, otherwise at 6-7 months 13.2 A woman should be attended by a female 13.3 A woman should attend clinic early	<ul style="list-style-type: none"> • Women should attend clinic early only if there is a problem otherwise because pregnancy is a natural process no medical surveillance is needed • Women become embarrassed when examined by males, their privacy is invaded • Early clinic attendance leads to early detection of abnormalities

Table 4.3 Summary of the structure of the data

The subcategories are used as subheadings within categories and indicate data units that provide evidence of the specific category.

THEMES	CATEGORY	SUB CATEGORY
14 Visits to traditional birth attendants	14.1 Usually visited in order to get <i>muti</i> and also visited when there is a problem in pregnancy	Traditional birth attendants are visited to get <i>muti</i> at three months and thereafter at seven months. If the woman is feeling well she only visits the birth attendant to get " <i>Sehlapetso</i> ". <ul style="list-style-type: none"> • When not feeling well. • If bleeding per vagina • Having early rupture of membranes