

Conclusions and recommendations

5.1 INTRODUCTION

Chapter 4 discussed the results of the study with reference to the literature reviewed. This chapter presents the conclusions and makes recommendations for nursing education and practice. The conclusions and recommendations are based on the attained objectives.

5.2 ATTAINMENT OF OBJECTIVES

The purpose of the study was to explore and describe the beliefs and practices of Sotho antenatal women. For the purpose of drawing conclusions, the objectives set out in chapters 1 and 4 will be enumerated and discussed.

5.2.1 Objective 1

The objective stated was to describe the nature of pregnancy as perceived by Sotho antenatal women.

The data in theme 1: category 1.1 as well as theme 2: category 2.1 indicate that this objective was achieved.

Theme 1: The nature of pregnancy

Category 1.1: Pregnancy is a normal transition period.

The following conclusions were drawn from this data:

It was evident from the informants' interviews that pregnancy is regarded as a normal transition period by Sotho women. That is why these women believe that they may not go to the antenatal

clinic early in pregnancy, but should only go there late in pregnancy in order to book a bed for delivery as this is encouraged by the midwives.

The informants in this study perceived pregnancy as a normal transition period during which certain precautions should be taken. Doing household chores within certain limits and not working hard to the point of exhaustion were regarded as precautions during pregnancy.

Pregnancy is not viewed as an illness. Nompanda (1999:10) states that Podos do not view pregnancy as an illness but a value is placed on children and therefore a pregnant woman should stay healthy during pregnancy and have a safe delivery.

To a great extent, the beliefs and practices of pregnant women in different cultures determine their view of pregnancy. According to Isenalumbe (1990:192), the justification for home delivery is that pregnancy and childbirth are normal physiological processes, while May and Mahlmeister (1994:170) state that in Western countries pregnancy is viewed as a condition that necessitates medical observation.

Kuckelman Cobb (1995:359) states that women in rural Portugal see pregnancy as a natural event that does not necessitate medical intervention. According to Cannon (1995:108-109), in Ethiopia a traditional birth attendant would normally only see a woman if she came to her with antepartum haemorrhage after a fall, walking too far or carrying heavy loads. This confirms that pregnancy is seen as a natural event.

Lew (1991:48) concurs, saying that the Southeast Asians do not view child-bearing as an illness therefore the concept of seeking health-related advice during this period is strange to them.

From the above, it is clear that pregnancy is viewed differently by different cultures as natural or "not that natural" and that pregnancy is conceptualised and defined, as well as lived in these broad terms.

As indicated in chapter 2, section 2.3.1, pregnancy is regarded as a condition that necessitates continuous medical observation in Western terms. According Bennet and Brown (1998:24), antenatal women attend the clinic as early as the twelfth week of pregnancy or as soon as pregnancy has been confirmed. The reason for this is early detection of abnormalities. With the advent of increased cultural sensitivity and human rights, however, some women choose to go to the clinic late in pregnancy as long as they remain healthy.

In view of the above, pregnancy is therefore not regarded as a period that necessitates continuous medical surveillance. A pregnant woman may stay at home and only avoid risky behaviours without visiting the health care facility.

Recommendations

This finding has direct implications for nursing education that impact on nursing practice. Accordingly, proper education of antenatal women in different cultures and an emphasis on early clinic attendance is recommended so as to prevent complications in pregnancy. Such education should aim at culture care reappartening/restructuring as depicted in Leininger's (1997:41) sunrise model. This means that the pregnant women should be advised that early clinic attendance is necessary. This would necessitate restructuring on the part of Sotho antenatal women.

With regard to nursing practice, culturally congruent care of all antenatal women, including assessment of how a woman and her family perceive pregnancy, is recommended.

The data in category 1.2 (pregnancy as a family event) also achieved the above objective.

Theme 1: Nature of pregnancy

Category 1.2: Pregnancy is a family event

The women in this study stated that strangers should not know early about a woman's pregnancy for fear of sorcery and at the same time if family members know early about the pregnancy this allows them time to prepare for the usual pregnancy customs and for the baby's arrival.

Bobak and Jensen (1993:256) state 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) also point out that fathers become involved in the pregnancy by picking the child's name. Pilliteri (1995:234) states that if childbearing is a family affair, the father's degree of acceptance of the pregnancy should be assessed.

According to Okafar (2000:189), in Eastern Nigeria and most parts of rural Nigeria, pregnancy and childbirth are considered family events to be guided by experienced **mentors** in the family and are thus not left in the hands of the young and inexperienced couple alone.

According to Bobak, Lowdermilk and Jensen (1995:106), pregnancy involves all family members and warrants their adapting to it. This process of family adaptation to pregnancy takes place within a cultural environment influenced by societal trends. Grandparent, sibling as well as husband/father adaptation is necessary. Therefore family-oriented maternity care must include grandparents in implementing the nursing process in childbearing families. Grandparents' anxieties and concerns and their relationships with expectant parents should be discussed during antenatal care. That family plays a major role in the antenatal period was also evidenced by the fact that during the interviews most of the Sotho antenatal women stated that their mothers-in-law advised them to adhere to certain cultural practices and avoid practices regarded as taboo during pregnancy.

Kinship and social factors affect a pregnant woman as just as they affect all other individuals in the sense that pregnancy is a social event and midwifery occurs in a socio-cultural context (Hunt & Symmonds 1996:83). According to Hunt and Symmonds (1996:83), pregnancy and childbirth are social events in that they take place in a surrounding economic and social system. Rice (2000:22) states that the birth experience takes place in a cultural context and is shaped by the views and practices of that culture. Anderson (1986:102) also views childbirth within a biosocial framework and not only as a physiological process.

In relating the above with Leininger's theory of cultural care, diversity and universality, the researcher used kinship as "ancestral stock, family or blood relatives". Therefore in Leininger's (1997) sunrise model, the family as a social institution influences an individual's perceptions and meanings of health and developmental stages in life (in this case pregnancy). Hunt and Symmonds

(1996:59) state that midwives are concerned with the family because they offer care to women in all types of families, and if their care is to be thoughtful and helpful to women, they need to understand more about the environment where care takes place. According to Alexander, Levy and Roch (1990:121), pregnancy, especially a first pregnancy, is an important rite of passage; it is one of the major status changes that a woman and her partner experience. This confirms the fact that family members change status as they move from one developmental stage to another. In the case of pregnancy in the family, both the mother and father look forward to parenting, and their usual patterns of behaviour are affected by this waiting period. A mother changes her behaviour by avoiding eating certain foods and following certain prescribed practices in order to have a safe delivery. A father might have to change his patterns of behaviour and practices in order to support the pregnant woman. Callister (1995:327) states that pregnant African women are pampered by their husbands and extended family members. Ethiopian men help their pregnant women with responsibilities like collecting firewood and fetching water, as well as cooking meals, even though it is not generally acceptable for them to do women's work (Cannon 1995:108).

Recommendations

With regard to nursing education, it is recommended that midwives be given information on family support systems as well as rituals performed in pregnancy. This may help the pregnant woman not to feel guilty about not having performed certain customs prescribed during pregnancy. It is recommended that transcultural nursing be included in the basic midwifery programme.

With regard to nursing practice, there is a need to establish culturally competent organisations as recommended by Andrews and Boyle (2003:249-266).

It is recommended that policies be developed that facilitate the provision of clinical services that take into account the cultural caring values, beliefs, references and ways of life of people staying in a particular region for beneficial patient outcomes.

5.2.2 Objective 2

The second objective was to explore and describe the beliefs and practices of Sotho antenatal women.

The data presented in themes 2 and 3, categories 2.1 to 2.7 and 3.1 to 3.9 indicate that this objective was achieved.

Theme 2: Prescriptive practices

Category 2.1: Food

This study found that antenatal Sotho women eat everything except eggs, meat with tendons, meat of a cow that died during delivery, and kidneys. These types of food are also listed in restrictive practices as taboos to be avoided by pregnant women.

In line with this, Leininger (1988:17) maintains that the nurse should recognise cultural differences and similarities in food use. According to Leininger, there is a close relationship between food and culture according to transcultural nursing (in the case of this study, including midwifery). May and Mahlmeister (1994) state that most cultures encourage the pregnant woman to maintain a diet considered normal for that culture.

Recommendations

With regard to nursing education, it is recommended that the midwifery curriculum include cultural assessment regarding food and food practices.

In nursing practice, it is recommended that careful assessment of nutritional values be done to antenatal women on the first visit to the clinic. This will help midwives to plan the client's diet with her in order to identify any areas of concern which might necessitate cultural care reppartening/ restructuring and also preservation/maintenance as well as accommodation/negotiation of non-harmful food practices.

Objective 2 is also attained in the following themes and categories.

Theme 2: Prescriptive practices

Category 2.2: Hygiene

In respect of prescriptive practices and hygiene, cleanliness of the body and clothing was emphasised in case a woman delivers so that she should not feel embarrassed by bad hygienic status.

In theme 3.3, category 3.3.1, exercise was also included. This indicated that antenatal women should do normal household chores and not engage in vigorous exercise.

Recommendations

With regard to nursing education, it is recommended that the midwifery programme include hygiene as viewed by different cultural groups.

In nursing practice, it is recommended that patients be educated to preserve the practice of exercise because it is healthy to do mild exercise in pregnancy. Nolte (1998:63) found that a form of exercise is prescribed in the African cultures as well as relaxation methods.

Bobak and Jensen (1993:292) state that cultural groups encourage women to be active in pregnancy but not to engage in strenuous exercise to ensure that the baby is healthy but not too large. Clark (1996:32) points out that exercise is suggested as a remedy for illness in Asian cultures and the Crow Indians remain active during pregnancy to aid the baby's circulation.

Clark (1996:32) and Bobak and Jensen (1993:292) confirm that activity is important during pregnancy. Some cultures prescribe how active a woman should be during pregnancy. For example, Filipino women may be cautioned that any activity is dangerous and inactivity constitutes a protection for mother and child (Bobak & Jensen 1993:292). These references show the necessity for investigating rest and activity as prescribed by each culture (in this case, the Sotho antenatal women).

In Western culture exercise is commonly prescribed because exercising the abdominal muscles antenatally will ensure a speedy return of both the pelvic floor muscles and the abdominal muscles to their normal tone postnatally, effective pushing in labour and lessening of backache in pregnancy (Bennet & Brown 1998:651-652).

Theme 2: Prescriptive practices

Category 2.3: Exercise

From the data, it is clear that exercise is regarded as important by Sotho antenatal women. These women also reported that exercise should be practised in moderation.

Bobak and Jensen (1993:292) state that cultural groups encourage women to be active in pregnancy but not to engage in strenuous exercise to ensure that the baby is healthy but not too large. According to Clark (1996:32), exercise is suggested as a remedy for illness in Asian cultures and the Crow Indians remain active during pregnancy to aid the baby's circulation.

Recommendation

In nursing education, it is recommended that in the theory on exercise in the midwifery programme, midwives be made aware that in Sotho and other African cultures, exercise is regarded as any activity that a pregnant woman does, including household chores. Midwives should therefore accept any form of exercise done by pregnant women, not only exercise as viewed from a Western perspective.

In nursing practice, it is recommended that exercise be maintained because it does no harm to the pregnant woman and the baby. In fact, it is beneficial to both mother and baby.

Theme 2: Prescriptive practices

Category 2.4: Clothing

From the data, it is clear that Sotho antenatal women are advised to wear loose full-length dresses. Skirts are prohibited because they may necessitate using a belt or tying by any means. In Sotho culture, a belt should not be used when pregnant because it is equated to tying a knot and if a knot is tied when pregnant, it may cause difficult labour. Loose dresses should also be worn so that people do not know a woman's gestational period for fear of sorcery.

Recommendations

With regard to nursing education, it is recommended that student midwives be taught the importance of the values and practices of antenatal women in different regions, including the types of clothing that these women wear and for what reasons.

In nursing practice, it is recommended that women maintain their clothing practices because they are harmless to the pregnant woman and her baby.

Theme 2: Prescriptive practices

Category 2.4: Protective clothing

Category 2.4 is again discussed under protective clothing. The data indicate that Sotho antenatal women wear protective clothing prescribed by their culture. The Bakwena tribe put on a softened sheepskin beneath their breasts on which "*letsoku*" red clay ointment has been applied.

The researcher found no information on or reference to prescriptive practices and clothing in the literature review. Andrews and Boyle (1995:105) refer only to prescriptive clothing such as the *muneco* worn by Hispanic women to ensure a safe delivery and prevent morning sickness.

Recommendations

It is recommended that in nursing education, the midwifery curriculum include cultural practices of antenatal women, including the practice of wearing clothing prescribed by culture, so that antenatal women adhering to such practices are not negated by midwives.

In nursing practice, it is recommended that midwives be aware of the practice of wearing protective clothing prescribed by different Sotho subcultures, which is not harmful. Midwives should understand this custom and not negate clients who wear such protective clothing.

Theme 2: Prescriptive practices

Category 2.5: Massages

It is evident from the findings of this study that massages are done to pregnant women. The women in this study stated that during pregnancy they visit traditional birth attendants for massages, and the traditional birth attendants confirmed this. Cominsky (1977:17) points out that massages are beneficial to the woman to promote relaxation.

Recommendation

With regard to nursing education and patient education, it is emphasised that the practice of massaging a pregnant woman is not harmful, if not done vigorously. This may necessitate accommodation with caution. It is also recommended that a programme be introduced to teach traditional birth attendants in Owa-Owa about practices that are dangerous and the preservation of non-harmful practices.

Theme 2: Prescriptive practices

Category 2.6: Herbal and traditional medicine

From the findings of the study, it is evident that pregnant women from a Sotho culture do use herbs and traditional medicine. Cominsky (1977:10) found that herbs and teas are often administered to

Mexican women to remain healthy. In a study in Malawi, women were given traditional medicine for three months that was believed to widen the maternal passage. Nolte (1998:63) found that traditional birth attendants gave the following medication to pregnant women: herbs to facilitate quick delivery, *muti* enema to empty the lower bowel, and herbs to facilitate bleeding post-natally because retained blood will make the mother ill.

The pregnant women as well as the traditional birth attendants stated that three types of medications were used during pregnancy. Sotho antenatal women also take medication when labour begins in order to hasten delivery.

Recommendations

The practice of using medication to hasten labour might be dangerous, especially because this may cause rupture of the uterus. It is therefore recommended that these women be educated to stop this practice. Other types of medication can still be used because these might not be as dangerous as the medication that hastens labour. This type of medication may cause precipitated labour, especially when administered at the commencement of labour, before the uterus is dilated. Although the fact that the medication called "*potlaki*" (meaning quick) should not be provided at the commencement of labour was brought up during the interviews, it should be emphasised because not all traditional birth attendants might be aware of this type of complication, namely rupturing of the uterus, which might be caused by precipitated labour.

With regard to nursing education, it is recommended that transcultural nursing be included in the midwifery curriculum.

Theme 2: Protection against bad spirits

Category 2.7: Protection against bad spirits

Sotho pregnant women take precautions to protect themselves from bad spirits by:

- not walking in the streets at night
- applying certain substances

- putting string to which *muti* has been applied around their waists

With regard to nursing education, it is recommended that in the midwifery programme learner midwives be taught about the assessment of different world-views on health and disease as well as illness causation. These world-views will broaden midwives' understanding of magical-religious, biomedical, and holistic views. This, in turn, will enable midwives to understand that different people have different world-views on the causes of disease. For instance, a pregnant woman in Sotho culture is advised not to walk in the streets at night for fear of harbouring bad spirits. It is wise for midwives to be aware of beliefs of antenatal women in different cultures regarding magical-religious belief system so as to understand why some women behave in a certain manner. Student midwives should also understand the fact that because of the widely held belief that supernatural events can happen without any scientific explanation, antenatal women are advised to apply certain substances on the body that are believed to protect them from bad spirits.

In nursing practice and patient education, it is recommended that, since this practice is not harmful, midwives should not negate the clients who apply substances like "*letsoku*".

Theme 3: Restrictive beliefs/taboo

Category 3.1 to 3.9

From the data, it is clear that the following taboos are imposed on pregnant Sotho women:

- eating eggs
- tearing meat with their bare fingers
- eating kidneys
- peeping through windows and doors
- plaiting their hair
- eating the meat of a cow that died when it was delivering a calf
- sleeping during daytime

Category 3.1: Eating eggs

The study found that the above taboos were related to physical characteristics of a baby. For example, eating eggs is believed to harden the amniotic membranes. 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 unwanted features in the child.

Recommendations

In nursing education, it is recommended that student midwives be taught dietary replacement regarding all types of food avoided by Sotho and other antenatal women. This therefore necessitates the inclusion of dietary replacement in the teaching programme of traditional birth attendants. There is also a need to include transcultural nursing in the midwifery curriculum in South Africa.

The magical-religious world-view is often encountered in transcultural studies and represents belief in the supernatural (Andrews & Boyle 1995:105). Sotho women also feel a need to protect themselves and their unborn against possible harm from the realm of the supernatural.

With regard to nursing practice, it is recommended that a teaching programme be developed for traditional birth attendants in Qwa-Qwa in order to accommodate the cultural practices of Sotho antenatal women.

Category 3.2: Tearing meat with fingers

From the data, it is evident that Sotho antenatal women are prohibited from tearing meat with their bare fingers. These women avoid this practice because they think that it leads to elongation of the baby's penis.

On two occasions during the focus group interviews, the traditional birth attendants raised 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 that a baby may have.

Recommendations

It is recommended that in nursing education, cultural assessment be taught to midwives to enable them to assess any practices regarded as taboo by the pregnant women. This would also help midwives to identify any feelings of guilt that the women may have for fear of not adhering to the prescribed custom.

With regard to nursing practice, it is recommended that Sotho antenatal women be allowed to maintain this practice because it does no harm to them. However, it could happen that if a baby is born with certain unwanted physical characteristics, the women may feel guilty that they caused such misfortune.

Category 3.3: Eating kidneys

While the tearing of meat with their bare hands (see section 3.2 above) affects the development of the genitalia of the unborn male, eating kidneys affects the development of the female genitalia, namely the labia. Again, the researcher could not locate any references to this in the literature review.

From the data, it is clear that Sotho antenatal women do not eat kidneys because it is thought that they may affect the development of the female genitalia.

Recommendations

With regard to nursing education, it is once again recommended that transcultural nursing be included in the basic midwifery programme to enable midwives to assess antenatal women concerning dietary prescriptions in different cultural groups.

In nursing practice, avoiding meat like kidneys is not harmful to Sotho antenatal women. It is recommended that dietary replacement regarding food rich in protein be planned with the clients.

This also necessitates the inclusion of diet in the teaching programme for traditional birth attendants.

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. 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". In a study in Bophuthatswana, among the Setswana, Ntoane (1988:21) reported a similar finding.

Sotho antenatal women avoid peeping through windows and doors for fear of delayed labour. The informants reported that if a pregnant woman peeps through windows and doors, the baby's head would protrude and recede during labour.

Recommendations

In nursing practice, it is recommended that, since this is a harmless practice, Sotho antenatal women be allowed to maintain it.

Category 3.5: Plaiting hair

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

The Sotho antenatal women reported that plaiting hair is like tying a knot, and if a woman ties a knot anywhere around her body, she will have delayed labour. In Sesotho they say that "*mosadi o a itlamela*" which means that the woman is making it difficult for her to deliver. A knot is usually tight and, figuratively, a difficult or complicated situation in Sesotho is equated with a knot.

Recommendations

The practice of avoiding plaiting hair during pregnancy is not harmful to the mother or the unborn baby. It is therefore recommended that, in nursing practice, Sotho antenatal women be allowed to preserve the practice. Precaution should only be taken that Sotho women may feel guilty if they experience prolonged labour for some reason as they may think that delayed labour occurred because of their failure to adhere to customary prescriptions.

Category 3.6: Eating the meat of a cow that died during delivery of a calf

This study found that Sotho antenatal women do not eat the meat of a cow that died during delivery.

Recommendations

This is a good practice and, in fact, is healthy enough because although the cow died during delivery there may be other co-existing causes of death. It is therefore recommended that this practice be allowed to continue.

Category 3.7: Reversing when walking

From the data, it is clear that a pregnant Sotho woman should not reverse at all because this may cause delayed labour.

Recommendations

It is recommended that, since the above practice is not harmful, it should be preserved by Sotho antenatal women.

Category 3.8: Eating tendons

This is another dietary restriction placed on pregnant women in the Sotho culture.

Recommendations

It is recommended that this practice be preserved.

Category 3.9: Sleeping during the day

As discussed in chapter 4 section 4.3.9, despite Western medical opinion regarding the benefits of daytime rest periods for the expectant mother, Sotho culture contends the opposite. In their studies in Bophuthatswana and South Africa, respectively, Ntoane (1988:21) and Leféber (1994:17) reported similar findings.

Recommendations

With regard to nursing practice, it is recommended that pregnant women need to rest during pregnancy. Bennet and Brown (1998:121) state that it is wise to recommend that the mother lies down in the morning or has a rest in the afternoon when sleep comes easily. This) will prevent tiredness and depression that can occur in the last trimester of pregnancy. The women in this study stated that activity makes them and their unborn children healthy; nothing was said regarding depression in the last trimester.

It is recommended that a teaching programme be developed for traditional birth attendants in Qwa-Qwa in which the importance of rest, especially sleep, should be emphasised.

Theme 4: Sexual activity

Some of the women advocated engagement in sexual activity during pregnancy, and some had reservations regarding engagement in sexual activity during pregnancy, stating that coitus could 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 if sexual intercourse takes place in late in pregnancy, this will 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.

Recommendations

It is recommended that, as the women stated, sexual intercourse is a private issue and should not be discussed.

Theme 5: The practice of clinic attendance

Attending antenatal clinics is, strictly speaking, a Western medical phenomenon. Certain traditional beliefs have developed around this practice. According to the women in this study, clinic attendance should not be too early in pregnancy provided that there is no problem with the pregnancy.

Recommendations

With regard to nursing practice, it is recommended that a teaching programme be developed for traditional birth attendants to advise women about clinic attendance.

Theme 6: Practice of attending care to traditional birth attendant (dual medicine)

Sotho women often live by a dual medicine practice during pregnancy, practising both Western and traditional medicine. In this regard, some women in the study reported visiting traditional birth attendants during pregnancy. Nolte (1998:63) and Nompanda (1999:10) also found the use of traditional birth attendants.

Recommendations

It is recommended that a teaching programme be developed for traditional birth attendants in Qwa-Qwa as women in Qwa-Qwa use the services of traditional birth attendants during pregnancy.

5.3 CONCLUSION

This chapter presented conclusions and made recommendations based on the findings of the study. It is evident that culturally congruent care of various cultural groups of pregnant women is necessary. Each cultural group have certain beliefs and practices they uphold. Therefore if these are understood, cultural biases will be prevented. Again, it is important to develop a training programme for traditional birth attendants in order to eliminate some of their dangerous practices.